

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

☒ OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. D20MCV0004095_01

Claims No. MCV2022D0002603

Sum Insured: _____ Excess: 750

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Report: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: _____ days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: YP2418K Yr Regn: 22/4/16

Type: M.Car / M.Cycle / Bus / Van / ☒ Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Hino XZU110R c.c. 4000

Colour: white A/C: Insured / Std / NI / NA

Sp. Reading: 390783 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JH HUC S3 F150 K016816

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 195R15C

R: 11

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or _____

Front Rear

R/Bal. 4 mm R/Bal. 4 mm

L/Bal. 4 mm L/Bal. 4 mm

D.O.A. 19/5/22 V-Tech D.O.I. 24/5/22

Survey held at

Des. of Damages: ☒ Frt / Rear / O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	MY-49K
5/7/22	LS 4800 confirmed with Ms Chong (red 8537 65, 64%)

Date/Time, File Pass to?

☐ : Preli. Report

Days Of Repair: 5

1)

☐ : Final Report

Resurvey No. of Trip: 1

Date/Time, File Return to?

2) 5/7/22-typist

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech, Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

TOTAL

Report Format: Merimen

Lump Sum / L.S. (\$4800)



V-TECH AUTO SERVICE

No.1 Soon Lee St #06-04/05/06/07 Pioneer Centre Singapore 627605

Tel: 62646211, 62646222 Fax: 62646233 Email: vtech.autoservice@gmail.com

Reg. 52949633W, GST Reg No. M90364098A

24 HRS TOWING SERVICES

Website: <http://vtechauto.com.sg>

Vehicle No. YP 2418 K

Parts and Labour Assessment

Description of part

PARTS (LIST ITEMS)

	Qty	Cost
1 FRONT PANEL / <i>DD</i>	1	1,148.10
2 FRONT PANEL 300 STICKER / <i>nc</i>	1	45.00
3 FRONT PANEL HINO STICKER / <i>nc</i>	1	50.00
4 FRONT INNER PANEL	1	887.15
5 HEAD LAMP L/R / <i>cnt</i>	1	1,220.00
6 FRONT CENTRE GRILLE ASSY / <i>BR</i>	1	542.20
7 FRONT CENTRE GRILLE ASSY LOGO / <i>ms</i>	1	56.00
8 AIRCON COOLING PIPE	1	340.00
9 AIRCON DISCHARGE PIPE	1	550.00
10 AIRCON SUCTION PIPE	1	410.00
11 AIRCON DRYER UNIT	1	118.00
12 AIRCON BLOWER UNIT	1	893.00
13 AIRCON EVAPORATOR COIL	1	871.20
14 FRONT BUMPER ASSY / <i>DD</i>	1	981.80
15 FRONT BUMPER BRACKET L/R X	2	240.20
16 FRONT BUMPER CENTRE INNER BEAM / <i>DD</i>	1	230.00
17 FRONT BUMPER FOG LAMP L/R X	2	420.00

Percentage discount 0%

	\$	9,002.65
	\$	-
Sub-total	\$	9,002.65

SPECIAL NETT ITEMS

FRONT PANEL 'LENG AIK' STICKER / MK
FRONT GRILLE CLIPS - SET / MK
FRONT BUMPER NUMBER PLATE / BT

1	100	240.00
1	15	30.00
1		25.00

Sub-total \$ 295.00

LABOUR

- | | | | |
|---|---|-----|----------|
| 1 | To remove, reinstall electrical wiring harness, check lighting and resetting headlamp focussing. | 30 | 120.00 |
| 2 | To remove, change dashboard fascia and transfer where necessary. | 200 | 350.00 |
| 3 | To remove, replaced aircon piping, check evaporator unit, aircon blower motor and etc to vacuum system and top up gas. | 150 | 200.00 |
| 4 | To re-spray painting on the change bodyparts, repair portion, and where consistent to the accident. | 500 | 1,200.00 |
| 5 | To provide labour, workmanship to change the above damaged bodyparts, repair, re-construct and re-align body structure, body alignments and damaged consistent to the accident. | 800 | 1,200.00 |
| 6 | To apply anti-rust chemical on repaired and replaced panel. | 30 | 120.00 |

Labour Total \$ 3,190.00

Parts & Labour Total \$ 12,487.65

Best Regards,

Steve (LKK)
24/5/22, 9:30am

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EX-11-7
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission	20/05/2022 10:39 (SGT)
Date of Accident	19/05/2022 18:30 (SGT)
Exact Location of Accident	AYE, Singapore
Additional Location Information	AYE TOWARDS CITY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YP2418K

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	LENG AIK ENGINEERING PTE LTD
Company Reg No	199903176N
Email Address	accounts@lengaik.com
Mobile Phone No	(Phone) +65-83023884
Alternative Phone No	(Office) +65-65154553

VEHICLE PARTICULARS

Manufacturer	Hino
Model	HINOXZU710R
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	Yes
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	4009

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D20MCV0004095_01
Cover Note Number	-

DRIVER

Name of Driver	KARUPPAIAH NATESH KANNAN
Passport No/FIN	G5488298Q

Driving Pass experience	28/06/1992
Phone Number	Outdoor
Phone Number	05/08/2016
Mail Address	5 YEARS AND 9 MONTHS
Address	Male
Address complement	(Phone) +65-83023884
Postcode	-
Is the driver the policyholder?	accounts@lengalk.com
If No, Relationship of the Driver with the Insured	17 SOON LEE ROAD
Does Driver Own Other Vehicles?	-
Vehicle Registration Number of Other Vehicle Owned by Driver	628080
Insurance Company of Other Vehicle Owned by Driver	No
	Employee
	No
	-
	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Chain Collision
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBH2236H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	ALAM ZAHANGIR
Passport No/FIN	G8435068R
Contact Number	-
Address	-

plement	-
Company Name	-
Of Damage	-
of property damaged in accident	-
Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMK2952C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	FRANCO YUE CHEE FONG
NRIC No	S7886800G
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

H PLAN

Smk 2952C

GBH
2236H

YP
2418K

AYE

Junong

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving on lane 2 of AYE towards City.

Vehicle No. GBH 2236H which was in front of me

slow down & filter to lane 3 but stopped suddenly.

I was unable to brake in time & hit onto the


RH rear of GBH 2236 H. Upon checking, I

understand that there is another vehicle Regn No


Smk 2952C too involve in this accident.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

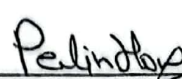

Policyholder's Signature

Date & Time:


Driver's Signature

(If driver is not the policyholder)

Date & Time:


Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.: