

ASS. REC. BY: Thuvan

REF: CS/1CS22005855/wy3

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. _____

Claims No. _____

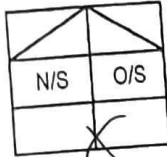
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value: 50k

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 4 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS _____

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: GBH2858M Yr Regn: 9/4 /18

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

Truck / Trailer or Make: Nia N2500 c.c. 2497

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

Sp. Reading: 73583 T/Radio: Insured / Std / NI / NA

Eng/No: _____ C/No: KNCS5776LH7186915

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195R15C R: 195R15C

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

TOYO / YOKO or triangle

Front R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. 15/6/22 D.O.I. 23/6/22 1400

Survey held at Hang Khang

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
	MU: <u>50k</u>
	rebate: <u>13844</u>
	NU: <u>36156</u>

Date/Time, File Pass to? : Prell. Report : Final Report

1) _____ Date/Time, File Return to? _____

2) _____

Report Format : _____ Lump Sum / I.B.I.: (\$ _____)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech. Invs (\$ _____)

: Weekend (\$ _____)

Survey Fee: _____

Transportation: _____

_____ S + RS, _____ SI

Photos _____

Others _____

TOTAL _____

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	
Owner ID:	Company
Vehicle Details	559E
Vehicle No.:	
Vehicle to be Exported:	GBH2858M
Intended Deregistration Date:	No
Vehicle Make:	19 Aug 2022
Vehicle Model:	KIA
Primary Colour:	K2500 6MT
Manufacturing Year:	White
Engine No.:	2017
Chassis No.:	D4CBH296235
Maximum Power Output:	KNCSJX76LH7186915
Open Market Value:	-
Original Registration Date:	\$16,317.00
First Registration Date:	09 Apr 2018
Transfer Count:	09 Apr 2018
Actual ARF Paid:	1
Intended PARF Rebate Details	\$816.00
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	08 Apr 2028
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$24,556.00
COE Rebate Amount:	\$13,844.00
Total Rebate Amount:	\$13,844.00

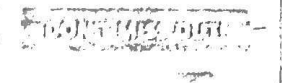
The information contained herein is correct as at 19 Aug 2022

OK



Honda Vezel

HONDA Vezel 1.5X with Guaranteed COE. Casetrust-SVTA Accredited Company. Visit AML #01-08. 65700007



Post an Advertisement Sell it yourself! Advertise it for just \$68 until it's SOLD!

05 Aug 2017 Mercedes-Benz CEA Class CLA180 AMG Line



Mercedes-Benz CLA180 AMG Line

PRIME MOTOR & LEASING banner with text: With over 200 units of vehicles to choose from, ranging from all European to Japanese Makes.

Post an Ad Advertise (login) Ways of Selling

Sort by Date Posted 20 results/page

2 vehicles



Kia K2500

Any Category

Advanced Search



Search

Table with columns: Make, Model, Price, Depreciation, Reg Date, Eng Cap, Mileage, Veh Type, Status. Contains two listings for Kia K2500 Single-Cab.

Save this search criteria, to get email alerts whenever a match is found.

Make Model Price Depreciation Reg Date Eng Cap Mileage Veh Type Status

For old advertisements, view Expired ads

20 results/page

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漢強汽車修理 HANG KHIANG MOTOR WORKSHOP

BLK 3012, BEDOK INDUSTRIAL PARK, #01-0042,
BEDOK NORTH AVE 4, SINGAPORE 489978.

TEL: 6442974 FAX: 64421944
Reg. No. S41403/00Lwed

Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

TO: ECCS Insurance

Date: 23/6/2022

Estimated cost of repairs vehicle no. 6BH 2858M

Parts Supply

- 1 Pc. rear bumper
- 1 Pc. rear lamp Lh
- 1 Pc. rear lamp panel
- 1 Pc. rear tailgate

List Items

- # 599.00 - DT
- 144.00 - CR9
- 132.00 - BT
- 677.00 - DT

1,552.00
 310.40
 1,241.60

Less 20%

S. Nett

- 1 Pc. rear tailgate "70" KM sticker
- 1 Pc. rear tailgate "13" PAX sticker
- 1 Pc. rear tailgate "KAO LEE" sticker
- 1 Pc. rear no. plate

- 10.00 - NCC
- 10.00 - NCC
- 108.00 - NCC
- 30.00 - ~~NCC~~ BT

Labour charges.

To remove, cut out damaged portion, jack out, straighten, panel beating, welding, align and renew replace parts.

480.00 U00

To putty and respray painting on affected areas.

400.00 /

To check wiring and lightings.

30.00 /

To anti rust on affected areas.

80.00 40

Total # 2,389.60

F: L/S/800

RD: 4

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 Authorized Driver
3. Information provided must be as truthful and accurate as possible. Any willful 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 lodging 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	16/06/2022 15:22 (SGT)
Date of Accident	15/06/2022 10:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Near Esplanade Theatres
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH2858M
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INSURED POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	Kao Lee Aluminium Industrial Pte Ltd
Company Reg No	199200559E
Email Address	aaronwang@kaolee.com.sg
Mobile Phone No	(Phone) +65-98582323
Alternative Phone No	+65-98582323

VEHICLE PARTICULARS

Manufacturer	Kia
Model	K2500 6MT
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2497

INSURANCE COMPANY

Name of Insurance Company	EQ Insurance Company Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCPHQ22-001001
Cover Note Number	-

DRIVER

Name of Driver	Than Aung
Passport No/FIN	G3034585T

Date Of Birth	19/01/1979
Occupation	Outdoor
Date Of Driving Pass	28/03/2019
Driving experience	3 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-85716213
Alt. Phone Number	-
Email Address	aaronwang@kaolee.com.sg
Address	Blk 441B Clementi Ave 3, #10-15
Address complement	-
Postcode	122441
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	Zaw Min
Gender	Male

PASSENGER 2

Name	Hnin Hmin Oo
Gender	Female

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 attached sketch plan.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMG4222J
Vehicle Manufacturer	-

Model	-
Variant	-
Colour	-
Category	Private car
Name of Driver	Wang Kuan Chou
NRIC No	S7817446C
Contact Number	(Phone) +65-90017628
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (including Driver)	-

SKETCH PLAN



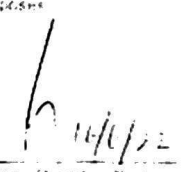
IMPORTANT NOTICE

- 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 willful misrepresentation or withholding of material facts may allow insurers to repudiate **policy liability**.
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- 7. By the last part 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.

c. Consent under the Personal Data Protection Act (PDPA)

I understand and acknowledge and consent that the Motor Claims Workshop and the General Insurance Association of Singapore (GIAS) may be permitted to collect, use, disclose and process my personal data/personal information set out in this [Form] and any other personal information provided by me or possessed by my insurer (collectively the **Personal Information**) and disclose and transfer such **Personal Information** to individuals who have insured (vehicles) involved in this accident (all insurers) who have insured (vehicles) involved in the accident and the **Insurers**, the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government authority (such as the police) for the purpose of of conducting, handling and settling with my claims including the settlement of the claims and any necessary investigation relating to the claims.

- 1. I have stated the accident and my claim.
- 2. I am indemnified and/or dealing with my insurer in respect of responsibility to any companies by me.
- 3. I am indemnifying my claim on, taking the making of correspondence, statements, reports or responses to me which may contain disclosure of certain personal data about me including about delivery of the same as well as on the external cover of envelopes and packaging used.
- 4. I am complying with special data law and data protection processing handling and/or dealing with my claims.
- 5. I consent to the **Purposes**.
- 6. I will be required to have insured (vehicles) involved in this accident and the Insurers' lawyers/law firms may be permitted to collect, use, disclose and process my Personal Information for one or more of the above Purposes, and
- 7. My Personal Information may be disclosed by any of the Insurers and/or GIAS to the third party service providers, agents and/or the lawyers/law firms, which may be based outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature Date & Time Driver's Signature (if driver is not the policyholder) Date & Time Witnessed by Reporting Centre Personnel

Sketch Plan



Please note that you might be able to submit an Own Damage claim under your own policy within 14 days of the accident (page 100)

Claim Third Party (TP) Report only Claim Own Damage (at other workshop)


PLAN#2


Describe Circumstances of the Accident


While entering a slip road to an oncoming vehicle section,
 suddenly I heard a bang and realised that a vehicle
 (AMG 49327) had hit my vehicle rear
 (BTH 2855M) from behind.

Declaration

I/we declare the foregoing particulars are true & correct.


 Reporting Centre's Signature, Date & Time


 Driver's Signature (If driver is not the reporting centre) Date & Time

 14/1/17
 Witnessed by Reporting Centre (Signature)