

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 14/12/2021 16:10 (SGT)
Date of Accident 13/12/2021 16:45 (SGT)
Exact Location of Accident Singapore
Additional Location Information INSIDE 21 KRANJI CRESCENT
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBK385H

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner ASHKURE INSIGHT
Company Reg No
Email Address
Mobile Phone No (Phone) +65-
Alternative Phone No +65-

VEHICLE PARTICULARS

Manufacturer Toyota
Model DYNA 150 5MT
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 2982

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number GA589718/1
Cover Note Number -

DRIVER

Name of Driver RAMALINGAM VENGATESAN
Passport No/FIN

Date Of Birth	[REDACTED]
Occupation	Outdoor
Date Of Driving Pass	[REDACTED]
Driving experience	[REDACTED]
Gender	Male
Mobile Number	(Phone) +65 [REDACTED]
Alt. Phone Number	-
Email Address	[REDACTED]
Address	B
Address complement	-
Postcode	-
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	MOSTAFA GOLAM
Gender	Male

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.

NOTE: VEHICLE REPAIR AT OWNER W/SHOP - WAH YU AUTOMOTIVE

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	XD2680T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	CHIN SEOW BENG
-	<div></div>
Contact Number	-
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 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. The 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.

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

I understand, acknowledge, agree and consent that:

(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or 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 all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:

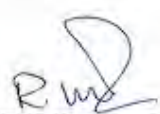
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
- (collectively the "Purposes")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time
14/12/21 14:15 hrs



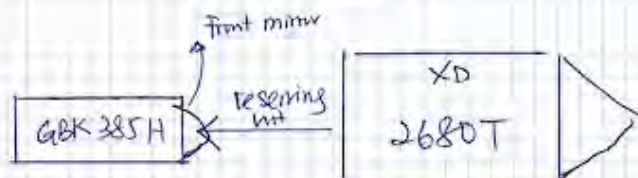

Driver's Signature (If driver is not the policyholder) / Date & Time
14/12/21 14:15 hrs



Witnessed by Reporting Centre Personnel

Sketch Plan

Inside at Kranji cres



16:45 PM

Describe Circumstances of the Accident

My lorry stationed at 21 Kranji Cres and a skip tank truck reserved and hit my lorry front portion. I honked a couple of time but he did not hear and continue reserving (see attach video).

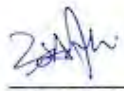
Witness: ① Chandru [REDACTED]

[REDACTED]

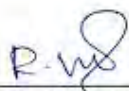
[REDACTED] driver.
Ipak - Mostafa Golam (M)

Declaration

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


Policyholder's Signature / Date & Time
14/12/21 14-15hrs




Driver's Signature (If driver is not the policyholder) / Date & Time
14/12/21 14-15hrs

Witnessed by Reporting Centre Personnel



POLICYHOLDER ACKNOWLEDGEMENT FORM

Date: 14/12/2021

To: Owner of Vehicle Number: 748K 985H

The following has been advised to you via your workshop, Falcon-Air Auto Services Pte Ltd through their staff, Florence Loh. Please tick the applicable box if you had been advised on any of the following:

- ☒ You had been advised by the workshop that in the case that you wish to claim against your own policy, there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.
- ☒ You had been advised by the workshop on the liability and merits of the case accordingly.
- ☐ You had been advised by the workshop on the claims procedure for the type of claim that you will be making due to this accident.
- If fire damage and you claim under your own insurance, any applicable excess will be waived. However, there will be **no recovery prospect** and NCD will be affected.
 - If fire damage and you are claiming against the Third Party, your NCD will not be affected. However, **the recovery is not guaranteed**, and AXA will not be held responsible.
- ☐ You have agreed to let AXA **assign a workshop** for your vehicle repairs. In the process, your vehicle might be towed out to another workshop assigned by AXA. In return, you will get:
- \$200 off on your Basic Own Damage Excess **or**
 - \$200 as a benefit if your policy has \$0 excess and no Loss of Use benefit **or**
 - Additional \$200 on top of existing Loss of Use Benefit if your policy has \$0 excess and existing Loss of Use benefit.
- ☐ There will be delay to your vehicle repair due to the unavailability of spare parts locally and there is no other option except to indent it from overseas.
- ☐ There will be no cancellation/withdrawal of the Own Damage claim once the order of spare parts have been placed. If you wish to cancel/withdraw the claim, you shall bear all costs, expenses &/or related charges incurred directly &/or indirectly to the procurement of the spare parts.
- ☐ The estimated waiting time for the spare parts to arrive is _____ The estimated arrival time does not include the repair period.
- ☐ You will be driving the vehicle out despite being advised by the workshop mechanic/ personnel that the vehicle may not be road worthy.
- ☐ For vehicles below three (3) years old or under warranty with a local distributor, your insurance company will use only original parts to repair your vehicle.
- ☐ For vehicles above three (3) years old and no longer under warranty with a local distributor, your insurance company will be carrying out repairs where any damaged part that can be repaired will be repaired and any part that needs to be replaced will be replaced using **any combination** of original parts and/or original equipment manufacturer (OEM) parts and/or second-hand parts.
- ☐ You had been advised by the workshop of the Twelve (12) months warranty for Own Damage repairs on workmanship related to the accident.
- ☐ For vehicles that are under warranty with a local distributor, you have been advised by the workshop to check with your local distributor on any effect to your warranty prior to making this Own Damage claim.

☒ Others thirty party (owner w/ shop)

Signed and acknowledged by:

Name and signature of policyholder/authorized driver* and company stamp (where applicable)

*authorized driver to either the named driver of a motor insurance policy or in the case of commercial vehicles, permitted drivers who are permitted to drive the insured vehicle.


Florence Loh

Name and signature of workshop personnel including company stamp



To Whom It May Concern,

Accident involving my vehicle no GBK 385 H on 13/12/2021 (date) with
XD 26807 (other veh no) along inside 21 Kranji Crescent

I, Kang Beng Huat NRIC No : [REDACTED]
 owner of vehicle no - GBK 385 H am aware of the accident of my vehicle on
GBK 385 H (Date) while car was driven by Ramalingam Vengatesan
 IC No [REDACTED] I hereby authorise him/her to make the report.

[Signature]



Name Kang Beng Huat

Date: 18/12/21

To fill in if there is a OD claim

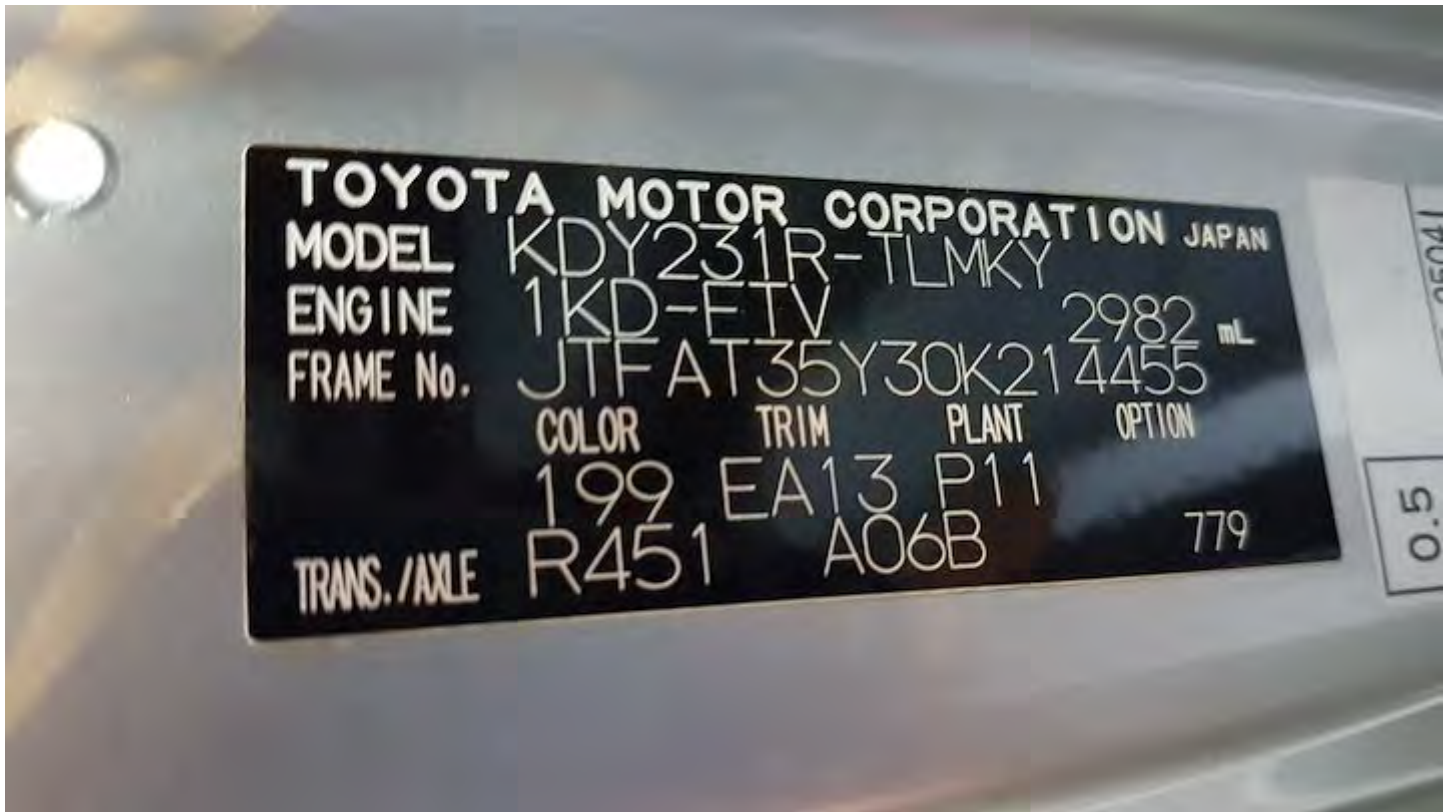
I am aware of the circumstances and agreeable to claim my own insurance for the
 above accident.

 Name

 Date











To: Wah Yu Automotive Body Work

**SATISFACTION VOUCHER/
NO. OF DAYS OF LOSS OF USE/RENTAL
(To be filled upon collection of vehicle)**

Re: **Accident involving**

1) I confirm that my/our vehicle was repaired by you to my/our **full satisfaction**.

2) I/we have **collected** my/our vehicle on _____.

3) I/We confirm that my/our vehicle was with you for repairs for _____ days
from _____ to _____.

4) During the period that my/our car was with you for repairs:-

☐ A rental car was provided ☐ A rental car was NOT provided

(Please tick ✓ where applicable)

5) I/We wish to claim: (i) loss of use _____ days

(ii) loss of rental _____ days

Signature of
owner :

RWD



Name of owner :

Date :

Witnessed by :

[Signature]

(signature of the representative of the repairer)

Your Ref :

Our Ref :

Date :

Acknowledgement

This is to confirm that I _____ *[Full Name of Surveyor]* of
_____ *[Surveyor's Company]* have completed as follows:-

(a) Pre- Repair Survey/Inspection on _____ [Date] at _____ [Time].

Name and signature of Appointed Surveyor
Company Stamp

Witnessed by:
Date:

(b) Pre- Repair Survey/Inspection (during dismantling) on _____ [Date] at _____ [Time].

Name and signature of Appointed Surveyor
Company Stamp

Witnessed by:
Date:

(c) Re-Inspection of new replacement part (part by part) on _____ [Date] at _____ [Time].

Name and signature of Appointed Surveyor
Company Stamp

Witnessed by:
Date:

(d) Post – Repair Survey/Inspection on _____ [Date] at _____ [Time].

Name and signature of Appointed Surveyor
Company Stamp

Witnessed by:
Date:

VEHICLE RENTAL AGREEMENT

NO. 11107

HIRER'S PARTICULAR		Veh No : <u>GBL1986L</u>		Replace Veh No :	
Name : (as in I/C) <u>R. Venkatesan</u>		Mileage Out :		Mileage Out :	
NRIC / PASSPORT No : <u>G7796291W</u>		Make & Model <u>Toyota</u>		Make & Model	
Address (Res) :		Auto / Manual <u>Dyna</u>		Auto / Manual	
Name & Address of Employer :		OUT : Date <u>14/12/2021</u>		OUT : Date <u>2.50 pm</u>	
Occupation :		OUT : Time		OUT : Time	
D/L No : <u>G7796291W</u>		CHARGES			
D/L Type : Local/International		Daily <u>7</u> @ \$ <u>140</u>		<u>980</u> <u>00</u>	
Pass Date : <u>08032019</u>		Weekly @ \$			
Date of Birth : <u>12-04-1986</u>		Monthly @ \$			
Tel : (O) (R) HP : <u>87413973</u>		Hours @ \$			
Email :		Others @ \$			
ADDITIONAL DRIVER'S PARTICULARS		CDW @ \$			
Name : (as in I/C)		PAI @ \$			
NRIC / PASSPORT No :		Delivery Service			
D/I No :		SUB-TOTAL \$		<u>980</u> <u>00</u>	
D/L Type : Local/International		OUT IN			
Pass Date :		E 1/2 F E 1/2 F			
Date of Birth :		EXTENSION			
Occupation :		Collection Service			
Driving Exp :		Misc.			
Refundable Deposit :		ESTIMATED TOTAL RENTAL \$		<u>980</u> <u>00</u>	
Cash/Nets/Cheque/VISA/MC Cards No :		Rented out by :			
(A) - ACCIDENTS (D) - DENTS (S) - SCRATCHES		Hirer is responsible for the first \$ <u>2000</u> excess			
<u>GBK 385K</u>		for collision / damage to first party. (i.e.) RENT & DRIVE PTE.			
FRONT		LTD. Vehicle (including windscreen) and also first \$			
LEFT		<u>1500</u> excess for collision / damage to third party's			
RIGHT		vehicle for each and every accident / damage.			
REAR		NO SMOKING, NO ILLEGAL ACTIVITIES			
ACCESSORIES CHECK		Hirer's Signature			
<input type="checkbox"/> Ashtray		Addition Driver's Signature			
<input type="checkbox"/> STD Tools					
<input type="checkbox"/> Radio / Cass					
<input type="checkbox"/> Cig Lighter					
<input type="checkbox"/> Jack					
<input type="checkbox"/> CD/Cartridges					
<input type="checkbox"/> S / Tyre					
<input type="checkbox"/> Hub Caps					
<input type="checkbox"/> S / RIM					

I/We agreed to the terms and conditions above, overleaf and that all information given in true & correct in all respect. My/Our driving licence(s) is/are current and not disqualified from driving. You may charge all amount due on the rental to my/our credit card.

* IMPORTANT

- ONLY PERSONS ABOVE 25 YEARS OF AGE WITH MORE THAN 2 YEARS DRIVING EXPERIENCE, AUTHORISED, LICENSED AND SIGNING THIS AGREEMENT MAY DRIVE THE VEHICLE.
- VEHICLE IS STRICTLY FOR SINGAPORE USE ONLY AND MAY NOT BE DRIVEN OUT OF SINGAPORE WITHOUT PRIOR CONSENT OF THE COMPANY RENT & DRIVE PTE LTD.
- IN THE EVENT OF AN ACCIDENT, THE HIRER OR AUTHORIZED DRIVER :
 - shall report all accidents involving the said vehicle to the Owner immediately.
 - shall take immediate steps to complete and sign Form MAR 1 (Motor Accident Report Form) and do all other acts required in compliance with the "NON INJURY MOTOR ACCIDENT REPORT SCHEME" (the form will be made available when the accident is report to the Owner);
 - shall report to the police within 24 hours from the occurrence, the following types of accidents :-
 - injury case;
 - non-injury case involving a Government vehicle or damage to Government property;
 - non-injury case involving a foreign vehicle (to obtain their motor insurance policy, Passport No/Name of the driver, Vehicle number, Log card and Vehicle road tax information);
 - non-injury case involving a pedestrian or cyclist.

RETURN OF VEHICLE - THE HIRER / DRIVER IS REQUIRED TO SIGN IN THE COLUMN "SIGNATURE OF HIRER / DRIVER" FAILING WHICH THE DAY AND TIME INSERTED BELOW SHALL BE DEEMED TO BE THE DAY AND TIME THE VEHICLE IS RETURNED TO RENT & DRIVE PTE. LTD. AND THE SAME SHALL BE ACCEPTED AS CONCLUSIVE EVIDENCE OF THE SAME AND SHALL NOT BE CHALLENGED OR QUESTIONED ON ANY ACCOUNT WHATSOEVER.

DATE IN	TIME IN	MILEAGE	CHECKED BY	REMARKS	DEPOSIT REFUND
21/12 2021	2.00 pm				
					SIGNATURE OF HIRER/DRIVER



Blk 15 Sin Ming Industrial Estate Sector A #01-103
Singapore 575673 Tel: 6451 4450 Fax: 6451 4402
(Co. Reg. No. 201535359D)

OFFICIAL RECEIPT

No. 10636

Date: 21/12/2021

Received from Ramalingam Vengatesan

the sum of Dollars Nine hundred & Eighty only

Being payment for 11107 GBK1986L 14/12/2021 to 21/12/2021

\$ 980 $\frac{xy}{xy}$

☒ Cash ☐ Nets

☐ Cheque / Visa / Master

RENT & DRIVE PTE LTD for RENT & DRIVE PTE LTD
160, Sin Ming Drive
Sin Ming Autocity #05-10
Singapore 575722

24 HRS
TOWING
SERVICES

HO TOWING SERVICES

Block 25 Toa Payoh East #05-130
Singapore 310025
H/P : 9777 7878 • Reg. No : 53107398W

CASH SALES
WORK ORDER

No : 12601

Date : 14/12/21

宝号

Messrs : Yew

车号

Vehicle No : GBK 385 H

由

From : SKST 4 #01

其他

Others :

时间

Time :

司机

Driver :

Tuck

拖车号码

Tow Truck No :

JK80255

支票 / 现款

Cheque / Cash

#50 ✓

预订者

Order by :

发单者

Issued by :

收货员

Received by :

本公司对所拖之车辆, 在进行中如有任何损坏或遗失, 一概由车主自行负责

Note : Vehicle is towed at owner's risk. The company
accepts no responsibility for damages or other
misdemeanour to your vehicles whilst being towed

Contact No :

Wahyu Automotive Body Work

176 SIN MING DRIVE #05-09 SIN MING AUTOCARE SINGAPORE 575721

G8/21/SS51/6A/JP/sl

TO: Ashkure Insight
Blk 422 Fajar Road
#02-517 Singapore 670422

Date : 28 December 2021

Tax Invoice : WYU/GBK385H/TP218602

Vehicle No : GBK 385 H
Make/Model : Toyota Dyna 150 5MT
Date Of Accident : 13.12.2021

PARTICULAR	Amount S\$
------------	------------

Front windscreen glass portion Damaged Parts replacement, repair, straighten, panel beating, reset, remove, reinstall labour And spraypainting etc.	
---	--

Cost Of Repair (Lump Sum Basis)	\$8,700.00
-----------------------------------	------------

Singapore Dollars : Eight Thousand Seven Hundred Only

Total	\$8,700.00	Nett
-------	------------	------

Wahyu Automotive Body Work



*****INVOICE*****

M/S: Ashkure Insight
C/O Wahyu Automotive Body Work
Blk 176 Sin Ming Drive #05-09
Sin Ming Autocare Singapore 575721

Invoice No : 21-08602
Invoice Ref : TP/WYU/GBK385H/8602
Date : 27 December 2021

DESCRIPTION	AMOUNT
For Services Rendered Inspection Report Fees Inclusive Of : Re-Inspection, Transportation And Photographs Seventy-Six (76) Copies Vehicle No : GBK 385 H Make/Model : Toyota Dyna 150 5MT	\$ 641.00
Singapore Dollars: Six Hundred Forty One Only	\$ 641.00

Cheques should be made payable to **KTO AUTOMOBILE ASSESSORS**. Please indicate our Invoice No. on the reverse of your cheque.

KTO AUTOMOBILE ASSESSORS

Ong Ah Keng (CAE, AMIMI, MSAAA)
Automotive Appraiser

**ACCIDENT DAMAGED VEHICLE INSPECTION REPORT**

M/S : Ashkure Insight
C/O Wahyu Automotive Body Work
Blk 176 Sin Ming Drive #05-09
Sin Ming Autocare Singapore 575721

Date : 27 December 2021
Our Ref : TP/WYU/GBK385H/8602

REFERENCE PARTICULARS

Date of Accident : 13 December 2021
Date of Inspection : 15 December 2021

Type of Inspection : Third Party Claim
Date of Re-Inspn : 20 December 2021

VEHICLE PARTICULARS

Registration No : GBK 385 H
Make : Toyota
Model : Dyna 150 5MT
Year : 2019 (COE Expiry 24 Nov 2029)

Engine No : 1KD2867801
Chassis No : JTFAT35Y30K214455
Odometer : 53810 km
Colour : Silver

CONDITION OF VEHICLE (STATIC CHECKS AT TIME OF INSPECTION ONLY)

Engine condition : Good
Foot Brake : Serviceable
Hand Brake : Serviceable

General Body Work : Good
Steering : Serviceable
Lightings : Serviceable

TYRE CONDITION (Remaining estimated life of tyre in mm)

	<u>Make</u>	<u>Size</u>	<u>Thread Balance</u>
Front Near side	: Yokohama	195/R15C	8 mm
Front Off Side	: Yokohama	195/R15C	8 mm
Rear Near Side	: Yokohama	155R12C	6 mm
Rear off Side	: Yokohama	155R12C	6 mm

GENERAL DESCRIPTION OF DAMAGES

The vehicle sustained damaged at the front windscreen glass portion.

For details, refer to assessment for repairs and photographs attached.

ASSESSMENT SUMMARY

Our assessment of the repair costs to pre-accident condition was **\$8,700.00 nett** at lump sum basis.(Subject to GST if applicable)

Under normal circumstances, estimated period required for repairs : Six (6) working days.

Enclosed Seventy-Six (76) photographs depicting damage to the vehicle and after repair.

Inspection conducted at : WAHYU AUTOMOTIVE BODY WORK.
176 Sin Ming Drive, #05-09 Sin Ming Autocare Singapore 575721.

In accordance to your instruction, we have **not authorise** repairs and inspection was conducted strictly on a **"WITHOUT PREJUDICE BASIS"**.

ASSESSMENT OF REPAIRS AND SPARE PARTS COSTS

DESCRIPTION OF PARTS AND NATURE OF REPAIRS

A)	SPARE PARTS	QTY PC/SET	ASSESSED CONDITION	ORIGINAL QUOTATION	REVISED QUOTATION
1	Front windscreen glass	1	Shattered	\$ 1,695.30	\$ 1,695.00
2	Front windscreen glass rubber moulding	1	Necessary/Cut	\$ 268.70	\$ 268.70
3	Front folder mirror bracket assy LH	1	Bent/Malfunction	\$ 681.90	\$ 681.90
4	Front view mirror LH	1	Broken	\$ 280.00	\$ 280.00
5	Front view mirror LH (Small)	1	Grazed	\$ 58.00	\$ 58.00
6	Front corner panel LH	1	Serviceable	\$ 292.20	~
7	Front grille	1	Serviceable	\$ 597.60	~
8	Front headlamp LH	1	Serviceable	\$ 560.10	~
9	Front instrument panel sub assy	1	Chipped/Torn	\$ 850.80	\$ 850.80
10	Front instrument panel cluster finish LH	1	Chipped/Torn	\$ 174.00	\$ 174.00
11	Front instrument panel cluster finish center	1	Chipped/Torn	\$ 214.00	\$ 214.00
12	Front instrument panel cluster finish RH	1	Chipped/Torn	\$ 174.00	\$ 174.00
13	Front body outer pillar assy L/R @ \$957.00	2	Bent	\$ 1,914.00	\$ 1,914.00
14	Front body inner pillar assy L/R @ \$592.00	2	Bent	\$ 1,184.00	\$ 1,184.00
15	Front pillar garnish L/R @ \$119.00	2	Kinked	\$ 238.00	\$ 238.00
16	Front door panel LH	1	Dented	\$ 3,972.00	\$ 1,986.00
17	Front door panel RH	1	Repair	\$ 1,986.00	~
18	Front door rubber LH	1	Cut	\$ 219.80	\$ 219.80
19	Front door upper/lower hinge LH @ \$96.00	2	Serviceable	\$ 192.00	~
20	Front door upper/lower hinge RH @ \$96.00	2	Serviceable	\$ 192.00	~
21	Front door outer weather-strip L/R @ \$96.40	2	LH only (Necessary)	\$ 192.80	\$ 96.40
				\$ 15,937.20	\$ 10,034.60
			Less 25%	\$ 3,984.30	\$ 2,508.65
				\$ 11,952.90	\$ 7,525.95
B)	<u>S/Nett Item</u>				
22	Front windscreen glass I.U bracket	1	Necessary	\$ 38.00	\$ 38.00
23	Front grille 'Toyota' logo	1	Scraped	\$ 52.60	\$ 52.60
24	Front pillar garnish clips L/R @ \$24.00	2 set	Necessary	\$ 48.00	\$ 48.00
25	Front windscreen glass wiper blade	1 set	Serviceable	\$ 77.40	~
26	Front windscreen glass wiper arm LH	1	Serviceable	\$ 121.70	~
27	Front windscreen glass wiper arm RH	1	Serviceable	\$ 131.69	~
28	Front door lettering sticker L/R	1 set	Necessary	\$ 120.00	\$ 120.00
	Parts Total :			\$ 12,542.29	\$ 7,784.55
C)	<u>LABOUR CHARGES & MISC</u>				
29	Remove damaged parts, knock out dents, straighten, jack out damaged panel, cutting, welding, remove & reinstall necessary fittings to facilitate repairs, reshape, refit, adjust, replace and realign all relevant parts.			\$ 1,500.00	\$ 1,200.00
30	Putty, clean, spray painting & polishing on affected portions including supply of paint materials.			\$ 1,000.00	\$ 800.00
31	Remove & reinstall front instrument panel, reconnection wiring & socket, adjust, refit & reset audio system.			\$ 600.00	\$ 450.00
32	To reset & re-programmed ECU system .			\$ 350.00	\$ 280.00
33	To remove & replace front windscreen glass.			\$ 180.00	\$ 120.00
34	To transfer both front door mechanism.			\$ 80.00	\$ 40.00
35	To anti-rust proofing on affected panel & re-seal body panel welding joint.			\$ 250.00	\$ 120.00
36	To provide towing services.			\$ 120.00	\$ 100.00
	Labour Total :			\$ 4,080.00	\$ 3,110.00
	Total Parts and Labour			\$ 16,622.29	\$ 10,894.55
	FINAL LUMP SUM ADJUSTMENT				\$ 8,700.00

Automobile Consultants, Insurance Loss Assessors/Adjusters, Inspection and Evaluation

POINT OF IMPACT

The impact was confined to the front windscreen glass portion of the vehicle.
The damages appeared to be consistent as per the accident report statement.
Please refer the attached schedule and photographs for details.

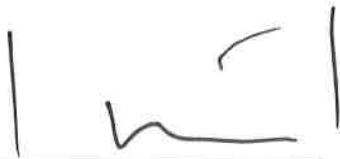
ADJUSTMENT/RECOMMENDATIONS

We have thoroughly inspected each and every item on the repairer's estimates against the actual damaged found on the vehicle. We have listed the breakdown of our findings and recommendations as per assessment above.

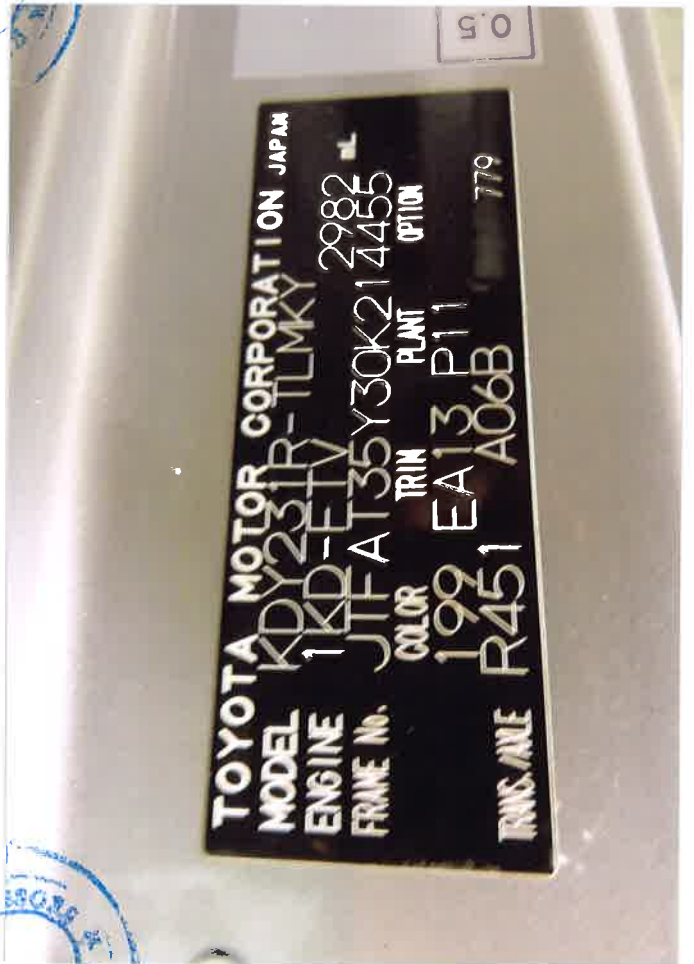
CONCLUSION

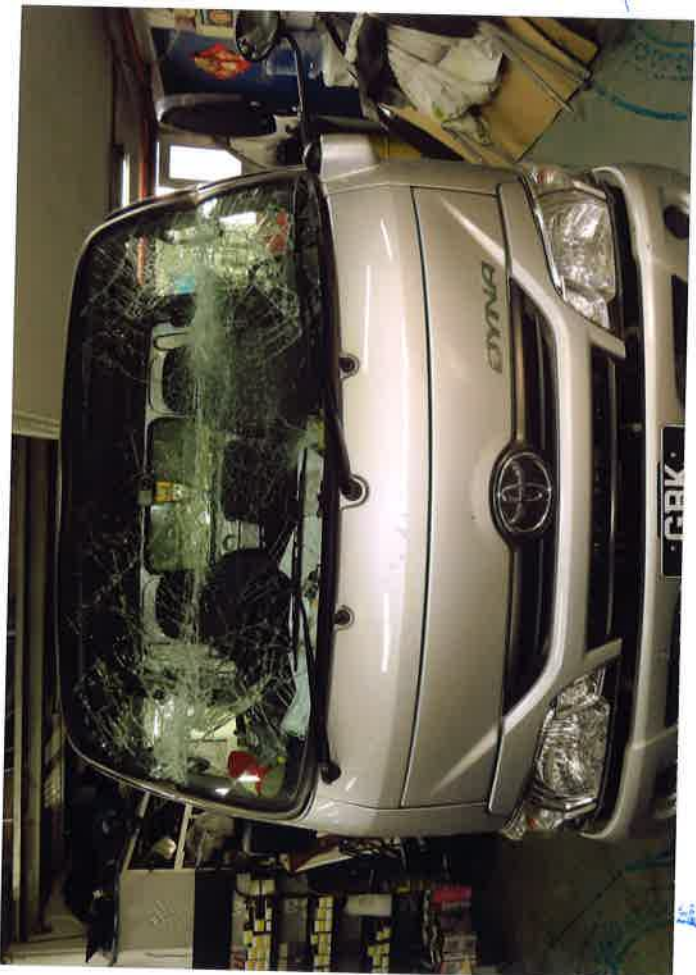
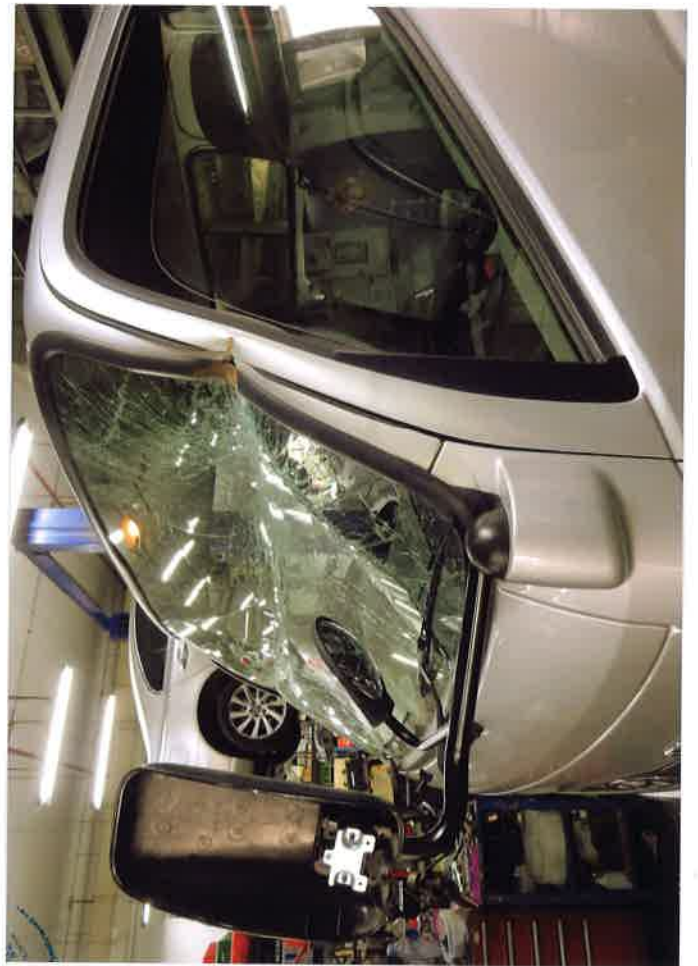
The repairer has agreed to undertake repair the vehicle at a lump sum basis of **\$8,700.00 nett** corresponding to replacement of parts, spray painting and labour charges. We now revert for your decision on the above claim.

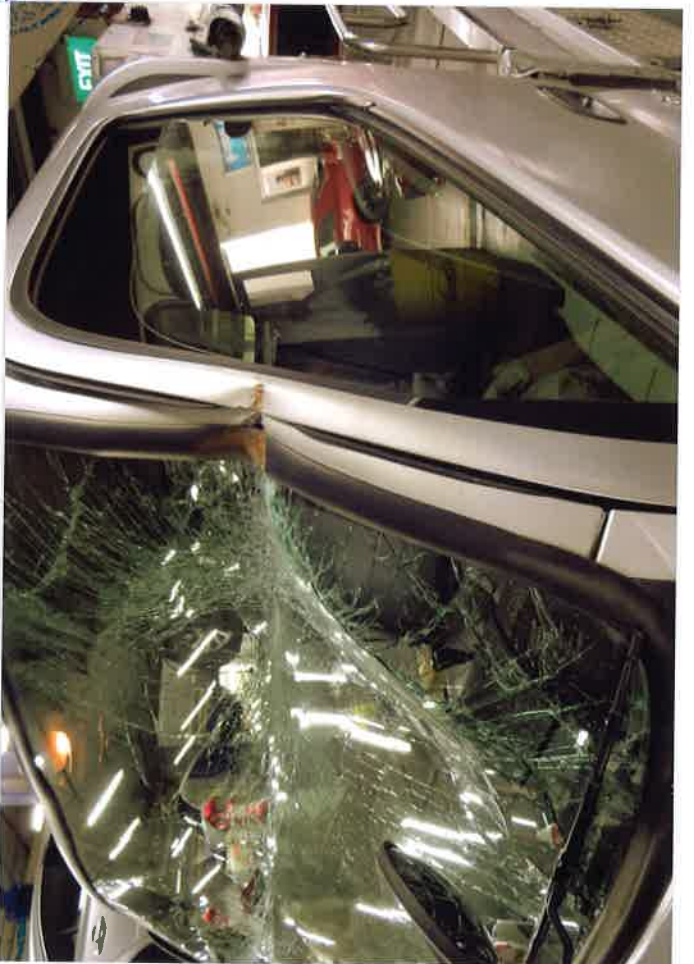
Yours faithfully
KTO Automobile Assessors

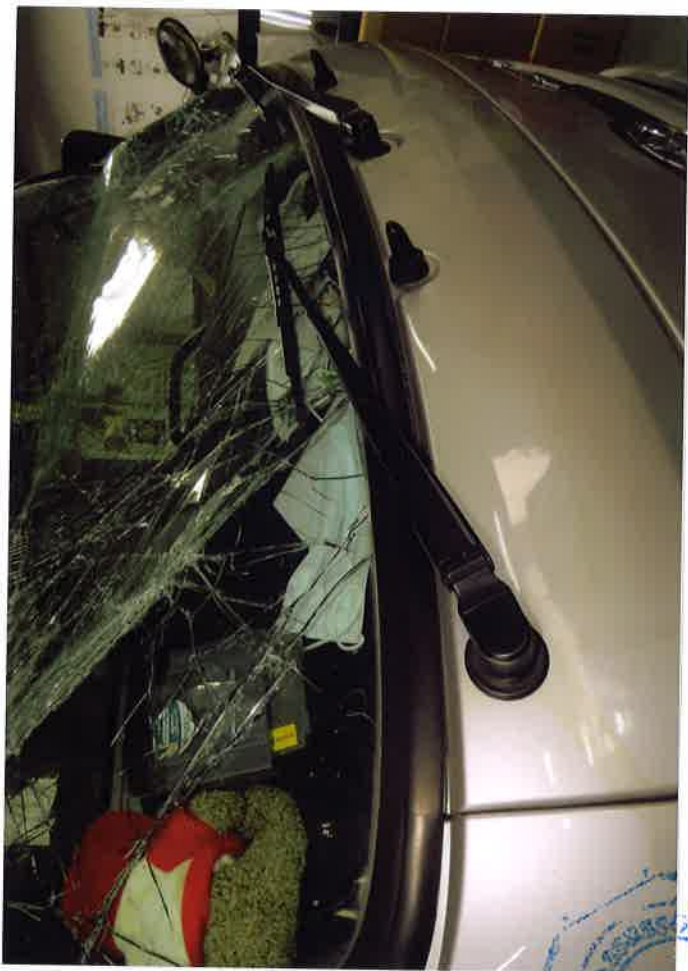


Ong Ah Keng (CAE, AMIMI, MSAAA)
Automotive Appraiser













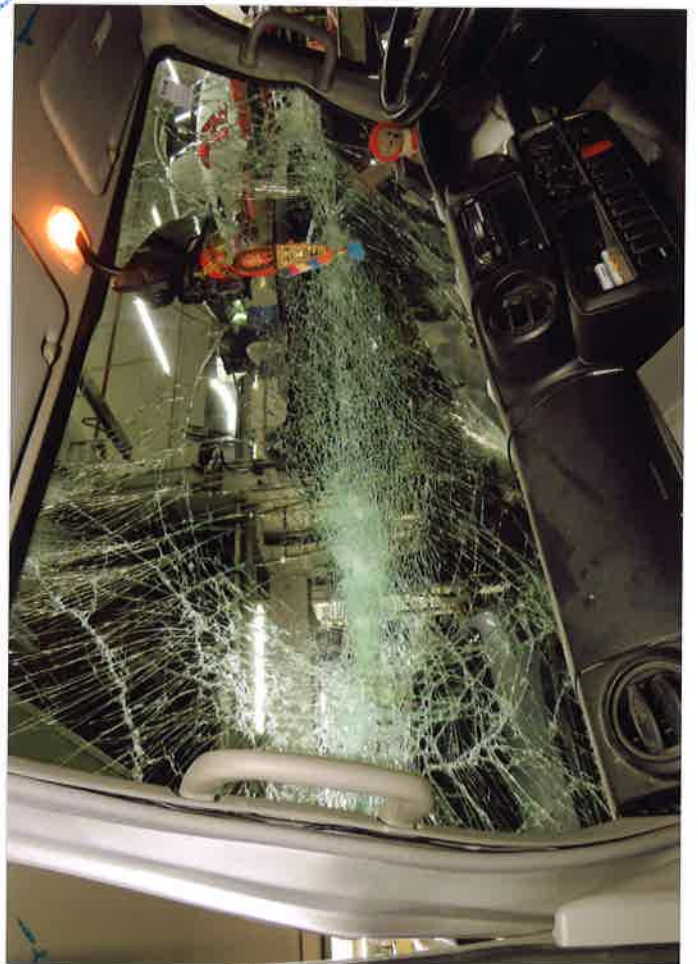
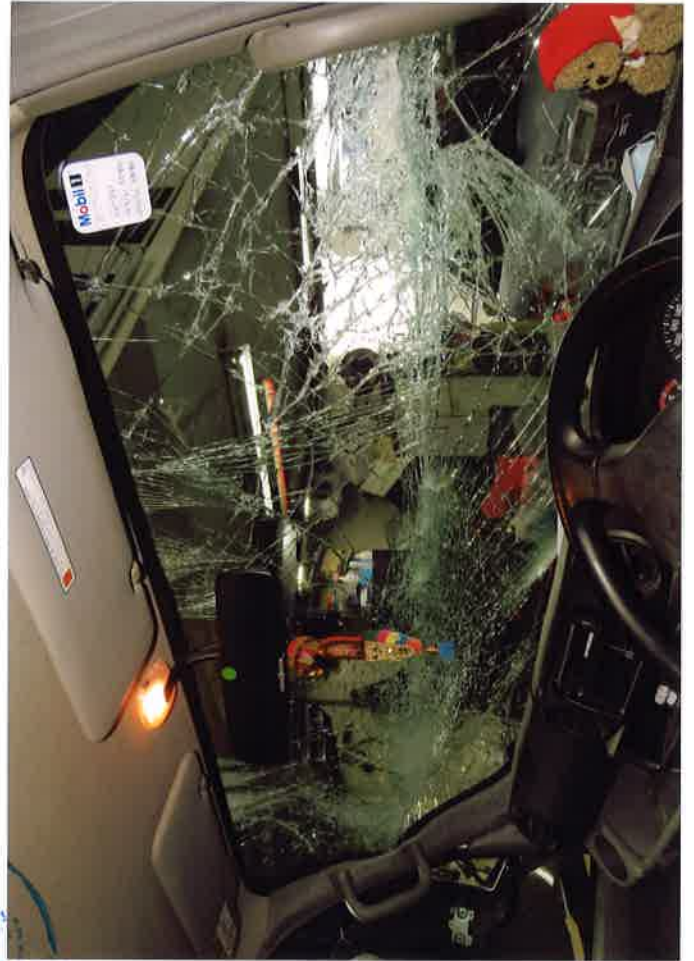
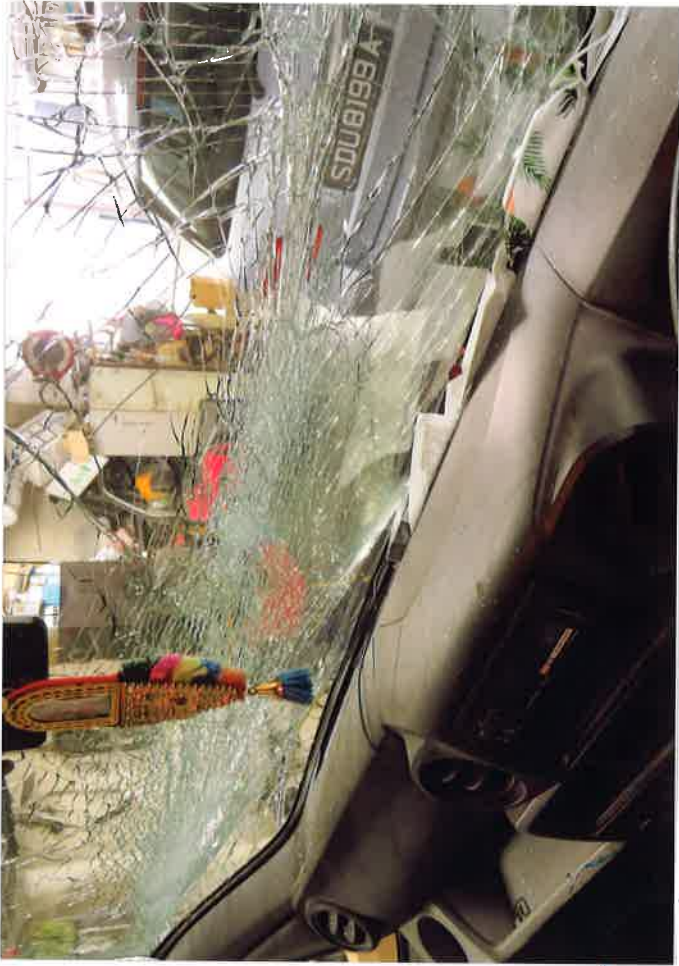


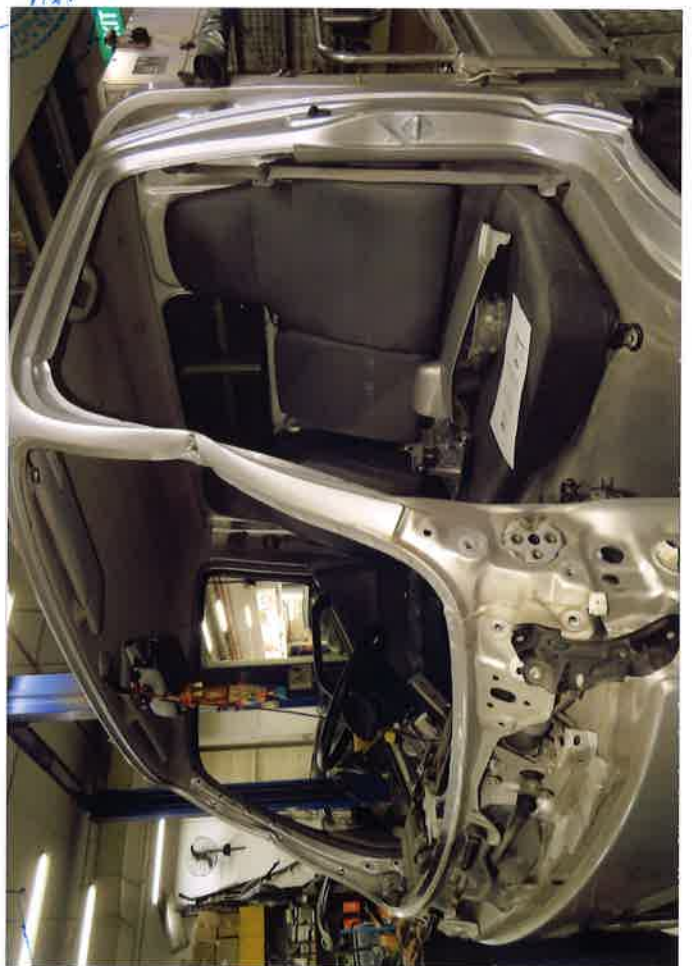
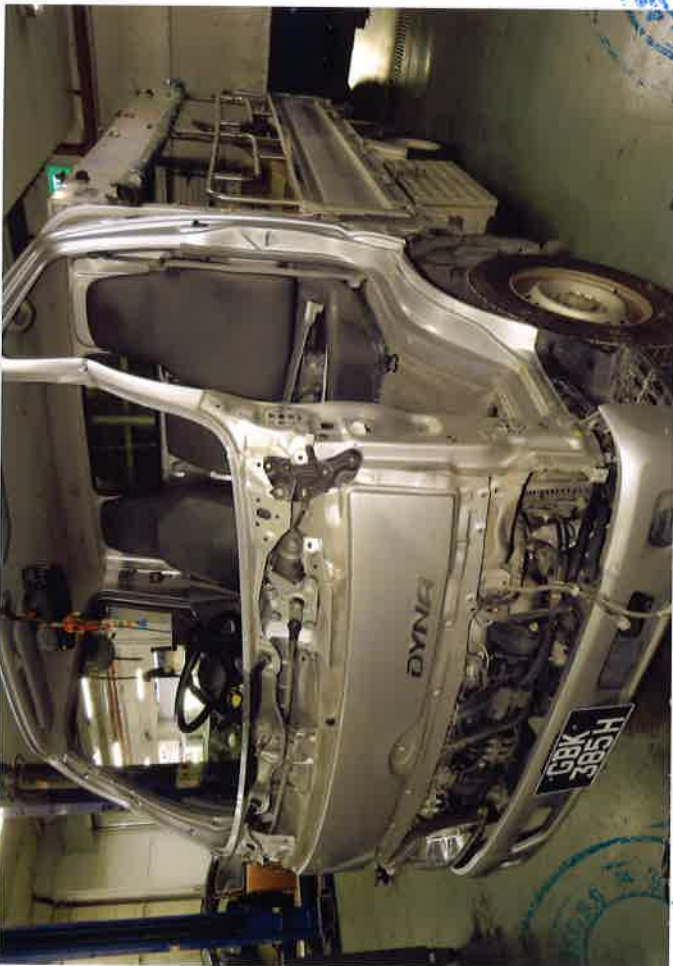






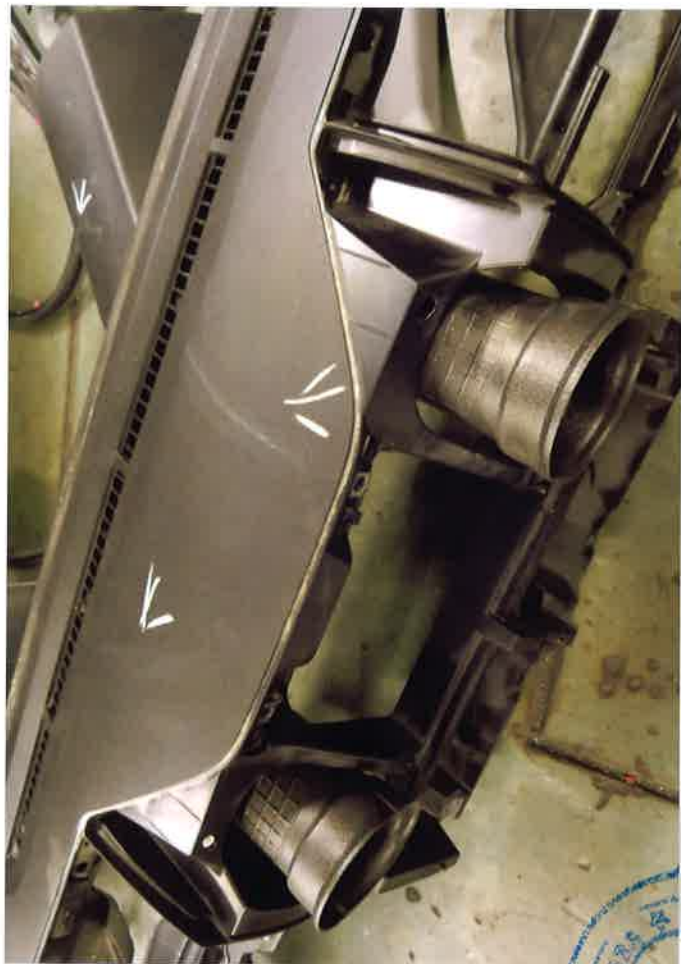
















RE-INSPECTION AFTER REPAIR



RE-INSPECTION AFTER REPAIR

Your Ref : XD 2680T
Our Ref : **JP/SL/GBK 385H/GA**
Date : 15 December 2021

Fax : **6538 3708**
Tel : **3152 0985**
Email : **jiapei@kscgp.com**

AXA Insurance Pte Ltd

BY EMAIL ONLY

DATE OF ACCIDENT: 13 DECEMBER 2021

NOTICE TO INSURER TO CONDUCT PRE-REPAIR SURVEY / INSPECTIONS

We are instructed by the owner of GBK 385H to notify you of a road traffic accident on 13 December 2021 at about 4.45 p.m. inside 21 Kranji Crescent, involving our client's vehicle registration number GBK 385H and vehicle registration number **XD 2680T** which was insured by you at the material time. A copy of the Singapore accident statement is enclosed.

As a result of the accident, our client's vehicle has been damaged. Before our client proceeds to repair the damaged vehicle, please let us know within 2 working days excluding any intervening Saturday, Sunday and/or Public Holiday of your receipt of this notice whether you would like to conduct a pre-repair survey of the vehicle. If we do not receive any reply from you within the stipulated timeline, our client shall proceed to repair the vehicle without further reference to you.

NB. Any settlement or offer is on the express condition that this settlement is in respect of our client's claim for property-related damages only and shall not preclude client's driver/passenger from claiming injury-related damages arising from this accident.

Yours faithfully,

f SL

Enc.

Your Ref : S1M03OFC_[TP REF:JP/SL/GBK 385H/GA]

Our Ref : **JP/SL/GBK 385H/GA**

Date : 16 December 2021

Fax : **6538 3708**

Tel : **3152 0985**

Email : **jiapei@kscgp.com**

AXA Insurance Pte Ltd

BY EMAIL ONLY

DATE OF ACCIDENT: 13 DECEMBER 2021

NOTICE TO INSURER TO CONDUCT PRE-REPAIR SURVEY / INSPECTIONS

We refer to your email of even date.

Please be informed that our client is not agreeable to your proposed motor surveyors. Instead we propose you to choose a surveyor from our client's list of surveyors as appended below:-

S/no	Name of Surveyor
a)	Ong Ah Keng Kent
b)	Lee Kok Weng
c)	Ong Poh Meng
d)	Dave Chang Fuh Keong
e)	Patrick Ng

Please be informed that if we do not hear from you within 2 working days from the date hereof, we will assume, as per the Protocol, that you have no objections to our list of motor surveyors. You will be deemed to have agreed to any of the above motor surveyors as a "single joint expert". We will inform you who the "single joint expert" is in due course.

If you object to our client's list of motor surveyors, we will accordingly inform the client to instruct his choice of motor surveyor to conduct the pre-repair survey. Also, please let us know within 2 working days excluding any intervening Saturday, Sunday and/or Public Holiday of your receipt of this notice whether you would like to conduct a pre-repair survey of the vehicle failing which our client will commence repairs thereafter without any further notice or reference to you. Please be informed that the said vehicle can be surveyed / inspected at:

Address : Wah Yu Automotive Body Work
176 Sin Ming Drive
#05-09 Sin Ming Autocare
Singapore 575721

Contact Person/Tel : Mr. Yeo (6455 3309 / 9736 0862)

Yours faithfully,

SL

Your Ref : S1M03OFC_[TP REF:JP/SL/GBK 385H/GA]

Our Ref : **JP/SL/GBK 385H/GA**

Date : 16 December 2021

Acknowledgement

This is to confirm that I _____ *[Full Name of Surveyor]* of _____ *[Surveyor's Company]* have completed as follows:-

(a) Pre- Repair Survey/Inspection on _____ [Date] at _____ [Time].

Name and signature of Appointed Surveyor
Company Stamp

Witnessed by:
Date:

(b) Pre- Repair Survey/Inspection (during dismantling) on _____[Date] at _____[Time].

Name and signature of Appointed Surveyor
Company Stamp

Witnessed by:
Date:

(c) Re-inspection of new replacement part (part by part) on _____ [Date] at _____[Time].

Name and signature of Appointed Surveyor
Company Stamp

Witnessed by:
Date:

(d) Post – Repair Survey/Inspection on _____ [Date] at _____ [Time].

Name and signature of Appointed Surveyor
Company Stamp

Witnessed by:
Date:



RECORD MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580

Phone: +65 6224 0010 Fax: +65 6224 0030

Operating Hours: Monday to Friday 9am to 5pm

GST Registration No: M400017735

TAX INVOICE

Date of Request: 03/01/2022

Your Ref No: JP/SL/21/5551/GA

Dear Sir/Madam,

Date of Accident: 13/12/2021 00:00 (SGT)

Vehicle No: GBK385H

Place of Accident: 21 Kranji Cres, Singapore 728678

With reference to your application for the accident report, we have attached the following accident report as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
XD2680T	21 Kranji Cres, Singapore 728678	(29.00)	1	(27.10)
GST Amount				(1.90)
Total Amount Due (GST Inclusive)				(29.00)

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

Thank you.

This is a computer generated document and requires no signature.

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 15/12/2021 18:03 (SGT)
Date of Accident 13/12/2021 16:50 (SGT)
Exact Location of Accident 21 Kranji Cres, Singapore 728678
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number XD2680T

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner SOON YONG METAL INDUSTRIES PTE LTD

VEHICLE PARTICULARS

Manufacturer Isuzu
Model Cyh52t
Variant -
Vehicle Category Commercial vehicle
Transmission Manual
CC 15681

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number GA544565
Cover Note Number -

DRIVER

Name of Driver CHIN SEOW BENG
NRIC No S2153024G
Address BLK 119 HO CHING RD #06-121
Address complement -
Postcode 610119
Does Driver Own Other Vehicles? No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collided into Parked Vehicle
Weather Conditions	Clear

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Was anybody injured in the Accident?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1

CIRCUMSTANCES OF ACCIDENT

REFER TO SKTECH 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

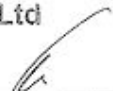
Vehicle Registration Number	GBK385H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	RAMALINGAM VENGATESAN
Insurance Company Name	-


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 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. The 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 lodgment 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.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, agree and consent that:
 - (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or 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 all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
 - (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
 - (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
 - (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
 - (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

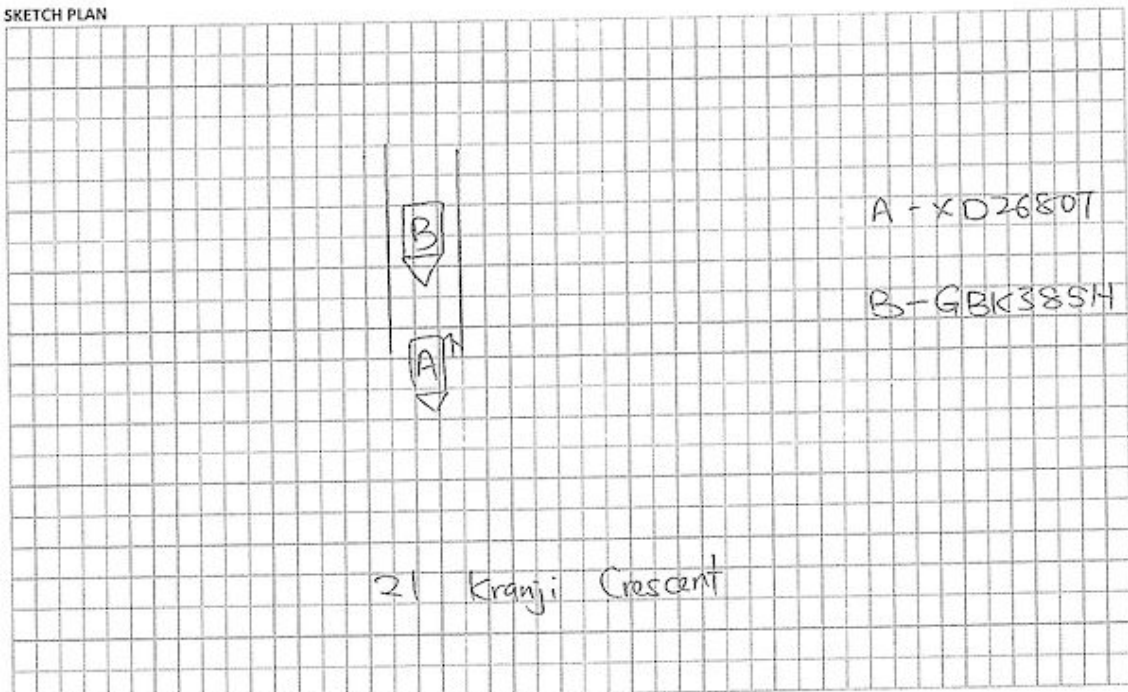
I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

Soon Yong Metal Industries Pte Ltd
No. 10 Soon Lee Road
Singapore 628074

Policyholder's Signature: 
Date & Time:
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature: 
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 13/12/2021 @ 1650 hrs.

When I was reversing my truck, my truck accidentally touch onto front portion of Vehicle B. No one was injured.

DECLARATION

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

Soon Yong Metal Industries Pte Ltd
No. 10 Soon Lee Road

Singapore 628074
Tel: 6268 2668 Fax: 6265 7505
Date & Time:

GIARMC SketchPlanForm_V3

2

☐ Claim own policy
☐ Claim third party
☐ Claim OD / TP at other workshop
☒ For record purpose
Policy No. GA544565
Insurer AXA Veh. No. XD2680T

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:













INSURER ENQUIRY

Find
insurer

Vehicle reg. no.

XD2680T

Date of Accident

13/12/2021 

Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance **AXA Insurance Pte Ltd**
Period of Insurance **01/07/2021 - 30/06/2022**
Requested By **KSCGP02 (KSCGP JURIS LLP)**
Requested Date **14/12/2021 17:52**

Payment details

Request Amount: **S\$1.87**
GST Amount: **S\$0.13**
Total Amount Due (GST Inclusive): **S\$2**

General Insurance Association

Records Management Centre
GST Registration No: **M400017735**