

ASS. REC. BY:

REF: GAZ/ CS/GAI22005937/Kqy3Kenneth

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. CLMOMVC000004184Sum Insured: _____ Excess: 700

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.Bal. or Market Value: \$34K

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 06 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or NoCA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: GBF551XYr Regn: 06/16

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

Truck / Trailer or _____

Make: FordC.G. 1598Colour h. Red

A/C: Insured / Std / NI / NA

Sp. Reading 137261

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: ZFA 26300006C 66758Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: MT / S/Rim / STD A/Rim orTyre Size: F: 195/60R16

R: _____

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

TOYO / YOKO or Maxmiller

Front

Rear

R/Bal. 9 mmR/Bal. 9 mmL/Bal. 9 mmL/Bal. 9 mmD.O.A. 18/6/22D.O.I. 22/6/2022

Survey held at _____

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

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

Date / Time Action / Instruction

22/06/22 @ 3.01pm revert to GAI by email.

23/06/22 @ 7.11am Elizabeth informed C/A & ex:\$700 by email.

23/06/22 @ 10am Informed Doris C/A on LS basis & ex:\$700 by email.

Kenneth finalised LS \$5300, 6 days. (Red \$5095.45, 49%)

Date/Time, File Pass to?

☐

: Prell. Report

1) 13/01 Typist

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 6Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S - RS. \$

Fees

Others

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Report Format: ODLump Sum LBI (\$) 5300

TOTAL



The Motor Claims Department

M/s Great American Insurance Company, Singapore Branch

3 Temasek Avenue, #16-01

Centennial Tower

Singapore 039190

File No :

SH/2022/147/06/024/OD

Date :

21-June-2022

Not Withheld
11 Day &
Recovery After Paint
EX TRA
6 days

Estimated cost of repair for vehicle no :

GBF551X

Fiat Doblo

Policy no: MOMVC000008202-02-000

Accident Date:

16.06.2022

Description	Quantity	Cost Price
Bonnet	1	\$ Bu 380.00 ✓
RH bonnet hinge	1	\$ R 120.00 X
LH bonnet hinge	1	\$ R 120.00 X
Bonnet lock	1	\$ D/I 80.00 ✓
Front grille	1	\$ R 280.00 ✓
Front grille emblem	1	\$ CM 120.00 ✓
RH head lamp	1	\$ My CM 280.00 ✓
LH head lamp	1	\$ 280.00 ✓
LH front fender	1	\$ Bu 230.00 ✓
LH front fender wheel cowling	1	\$ CM 280.00 ✓
LH front fender wheel cowling clips (1 set)	1	\$ R 18.00 ✓
Front bumper	1	\$ Bu 450.00 ✓
Front bumper centre grille	1	\$ D/I 280.00 ✓
Front bumper sponge	1	\$ 150.00 ?
Front bumper reinforcement	1	\$ 250.00 ?
RH Front bumper retainer	1	\$ D/I 55.00 ✓
LH Front bumper retainer	1	\$ D/I 55.00 ✓
Front bumper lower reinforcement	1	\$ 130.00 ?
Front bumper centre plastic reinforcement	1	\$ 75.00 ?
Front support panel	1	\$ 250.00 ?
RH head lamp inner panel	1	\$ R 160.00 X
LH head lamp inner panel	1	\$ 160.00 ?
Wiper water tank	1	\$ 290.00 ?
AC condensor	1	\$ 380.00 ?
AC condensor pipe inlet	1	\$ 140.00 ?
AC condensor pipe outlet	1	\$ 160.00 ?
AC condensor upper air guide	1	\$ 130.00 ?
AC condensor surround air guide	1	\$ 250.00 ?
Radiator	1	\$ 360.00 ?
Radiator fan assembly	1	\$ 350.00 ?
Radiator spare tank	1	\$ 140.00 ?
Turbo intercooler	1	\$ 480.00 ?
		\$ 6,883.00
		Add 15% \$ 1,032.45
		\$ 7,915.45

Front number plate	1	S. nett	\$	<i>RM</i>	45.00	✓
Engine coolant	1	S. nett	\$	<i>RM</i>	30.00	✓
LH front door company sticker	1	S. nett	\$	<i>RM</i>	25.00	✓

To remove and check air con condenser, dryer, aluminium pipes, valves and reinstall components and vacuum and charge refrigerant R134a and check for leakage and full functionality

\$ 120.00 *100d*

To remove front damaged parts, to jack out front support panel, front body, and cut out damaged parts, to straighten out front chassis, to reweld, reshape and repair LH front door, RH front fender, bonnet hinge panel, front fender and inner panel, head lamp inner panel, front support panel, front chassis member, to replace damaged parts and adjust body panel alignment

\$ 750.00 *600d*

To spray paint affected front and inner damaged portion inclusive of preparatory works and material

\$ 1,250.00 *1000d*

To disconnect wire harness to facilitate repairs and check for damage and reconnect wiring system and check for full functionality

\$ 80.00 *20d*

To perform computer diagnostic on drivetrain, ABS systems, parking system, headlamp systems, and clear fault codes

\$ 180.00 *?*

\$ 10,395.45

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

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 17/06/2022 18:17 (SGT)
Date of Accident 16/06/2022 13:30 (SGT)
Exact Location of Accident Hougang Ave 2, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBF551X

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner T-Square Flooting Pte Ltd
Company Reg No 2XXXXX934Z
Email Address midasray@yahoo.com.sg
Mobile Phone No (Phone) +65-97887897
Alternative Phone No (Home) +65-97887897

VEHICLE PARTICULARS

Manufacturer Fiat
Model Doblo
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 Auto
CC 1598

INSURANCE COMPANY

Name of Insurance Company Great American Insurance Company
Type of Coverage Comprehensive
Fleet Policy No
Policy Number MOMVC000008202-02-000
Cover Note Number -

DRIVER

Name of Driver Lee Kong Eng (Li GuangRong)
NRIC No SXXXX883D

SKETCH PLAN**IMPORTANT NOTICE**

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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.
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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

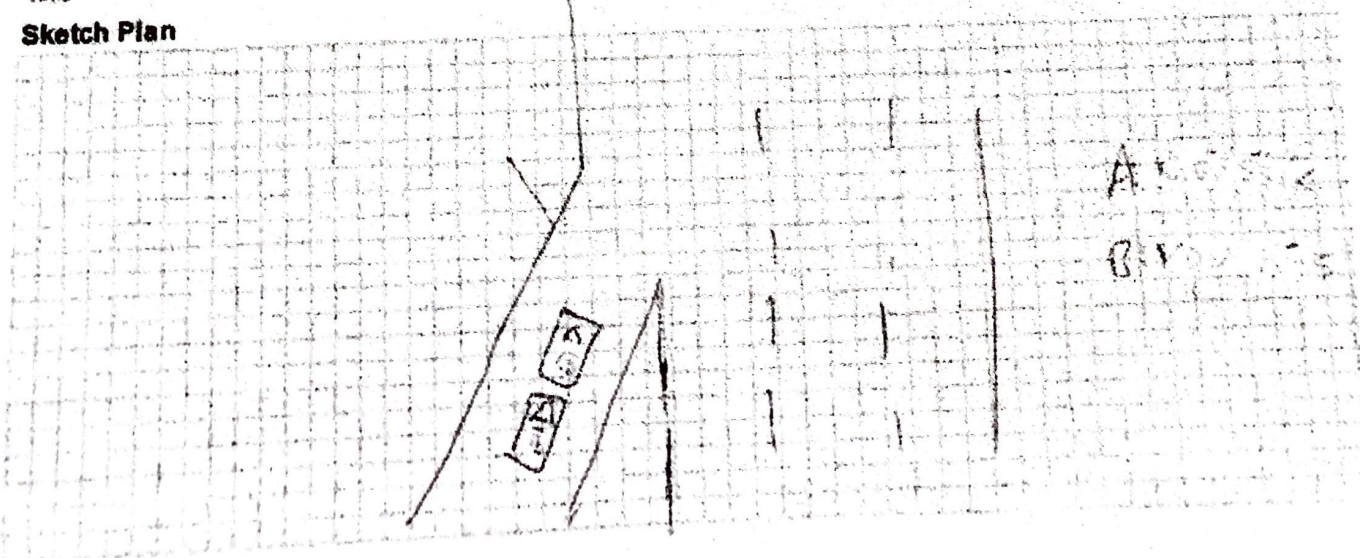
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

Enquire PARF/COE Rebate for Registered Vehicle Vehicle Owner Particulars

Owner ID Type:

Owner ID:

Vehicle Details

Vehicle No.:

Vehicle to be Exported:

Intended Deregistration Date:

Vehicle Make:

Vehicle Model:

Primary Colour:

Manufacturing Year:

Engine No.:

Chassis No.:

Maximum Power Output:

Open Market Value:

Original Registration Date:

First Registration Date:

Transfer Count:

Actual ARF Paid:

Intended PARF Rebate Details

PARF Eligibility:

PARF Eligibility Expiry Date:

PARF Rebate Amount:

Intended COE Rebate Details

COE Expiry Date:

COE Category:

COE Period(Years):

QP Paid:

COE Rebate Amount:

Total Rebate Amount:

Company

934Z

GBF551X

Yes

23 Jun 2022

FIAT

DOBLO CARGO MAXI 1.6 MTJ AMT GLAZE

Red

2016

263A50007640454

ZFA26300006C66758

-

\$19,608.00

06 Jun 2016

06 Jun 2016

1

\$981.00

No

-

\$0.00

05 Jun 2026

C - Goods Vehicle & Bus

10

\$42,302.00

\$16,718.00

\$16,718.00

The information contained herein is correct as at 21 Jun 2022

OK