

## 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.

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
N/S	O/S
<input type="checkbox"/>	<input type="checkbox"/>

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

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: XE 17146 Yr Regn: 3/5/16

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

Truck / Trailer or

Make: WD Truck GTRSE c.c. 10837Colour: Gray

A/C: Insured / Std / Nil / NA

Sp. Reading 336940

T/Radio: Insured / Std / Nil / NA

Eng/No: \_\_\_\_\_

C/No: JNCPMIF 1A91 100605

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 295/80R20.5R: 11

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

TOYO / YOKO or \_\_\_\_\_

Front

Rear

R/Bal. 4 mmR/Bal. 4 mmL/Bal. 4 mmL/Bal. 4 mmD.O.A. 20/6/22D.O.I. 24/6/22

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

MV-72K

PV-12961

NV-59,839

Repair limit 50K

Date/Time, File Pass to?

☐ : Prel. Report☐ : Final Report

1)

Date/Time, File Return to?

2)

Report Format: \_\_\_\_\_

Lump Sum / I.B.J. (%) \_\_\_\_\_

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

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

Survey Fee:

Transportation:

S + RS. \$1

Photos

Others

TOTAL



# NLT VEHICLE SERVICE PTE LTD

NO.2 BUKIT CRESCENT #02-10 ACE@BUKIT SINGAPORE 627546

TEL: 6846 2058 FAX: 6846 2059

EMAIL: nltvehicle@gmail.com

From TAN HOCK CHAI  
 To Allianz Insurance Singapore Pte Ltd  
 Attn Officer-In-Charge  
[claims@allianz.com.sg](mailto:claims@allianz.com.sg)

Date 22/6/2022  
 Our ref HCO/2206/CL01  
 Tel 6714 3369  
 Fax -

VEH NO XE1714G

MODEL UD GK85

## QUOTATION FOR TRUCK OWN DAMAGE CLAIM

PARTS	Qty	Unit Price	Discount	Amount
FRONT CABIN / DD	1	\$45,000.00	30%	\$31,500.00
FRONT BONNET / DD	1	\$3,250.00	30%	\$2,275.00
LOGO EMBLEM / OR	1	\$250.00	30%	\$175.00
ANTI ROLL BAR / BT	1	\$2,850.00	30%	\$1,995.00
ANTI ROLL BAR BRACKET / BT	1	\$850.00	30%	\$1,190.00
RADIATOR ASSY ?	1	\$2,500.00	30%	\$1,750.00
INTER-COOLER ASSY / BT	1	\$7,800.00	30%	\$5,460.00
FRONT BUMPER INNER / BT	1	\$2,200.00	30%	\$1,540.00
FRONT BUMPER CENTER / BT	1	\$1,250.00	30%	\$875.00
LH SIDE BUMPER / BT	1	\$550.00	30%	\$385.00
LH HEAD LAMP / OR	1	\$950.00	30%	\$665.00
LH FOG LAMP /	1	\$220.00	30%	\$154.00
LH SIGNAL LAMP / OR	1	\$180.00	30%	\$126.00
CABIN ABSORBER ?	4	\$350.00	30%	\$980.00
CABIN AIR BELLOW ?	4	\$380.00	30%	\$1,064.00
LH STEP BRACKET / BT	1	\$450.00	30%	\$315.00
AIRCON SET ?	1	\$2,800.00	30%	\$1,960.00
WIPER TANK ?	1	\$650.00	30%	\$455.00
LH MIRROR ARM / BT	1	\$420.00	30%	\$294.00
MIRROR ARM MOTOR /	1	\$1,850.00	30%	\$1,295.00
LH MIRROR ARM BRACKET / BT	2	\$280.00	30%	\$392.00
LH SIDE MIRROR / OR	3	\$180.00	30%	\$378.00
ENGINE FAN ASSY C/W FAN CLUTCH ?	1	\$3,200.00	30%	\$2,240.00

### LABOUR

TO CARRY OUT ACCIDENT REPAIR AND REPLACE THE ABOVE MENTIONED PARTS  
(21 DAYS X \$480EA)

\$10,080.00

300 X 15

4500

TO APPLY PUTTY, PRIMER AND DO SPRAY PAINTING ON ALL AFFECTED AREA

1500

\$2,500.00

Sub Total

\$70,043.00

7% GST

\$4,903.01

Total Amt Payable

**\$74,946.01**

### **REMARK:**

1. The above quotation is based on initial visual inspection only. Please be advised that any additional parts replaced or labour performed will incur supplementary charges accordingly.
2. Please be informed that the acceptance of this quotation will render the company herein liable for all repair costs incurred in accordance with the above quotation

Thank you and regards,

**TAN HOCK CHAI**  
HP: 9665 4182

Steve (LKK)

24/6/22, 12.30pm

8377 8813

OD- M PL

EXCISI - ?

L/S

M AL by

14 45

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before after repair
- To display
- Parts or
- Third party
- No fee
- Supplier(s) must be
- is subject to

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	20/06/2022 17:25 (SGT)
Date of Accident	20/06/2022 11:20 (SGT)
Exact Location of Accident	Near 27 Pioneer Rd, Singapore 628500
Additional Location Information	PIONEER ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	XE1714G
INSURED POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	MASINDO LOGISTIC PTE LTD
Company Reg No	200301939M
Email Address	FCL.OPS.MSI@MASINDOLOGISTIC.COM
Mobile Phone No	(Phone) +65-91701909
Alternative Phone No	+65-91701909

### VEHICLE PARTICULARS

Manufacturer	UDTrucks
Model	Escot
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	10837

### INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	SPMF1000000465
Cover Note Number	-

### DRIVER

Name of Driver	LU WEI
Passport No/FIN	G5311853X

Date Of Birth	12/11/1980
Occupation	Outdoor
Date Of Driving Pass	05/09/2012
Driving experience	9 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91701909
Alt. Phone Number	-
Email Address	FCL.OPS.MSI@MASINDOLOGISTIC.COM
Address	9 TUAS BASIN LINK
Address complement	-
Postcode	638763
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	Raining
Road Surface	Wet

#### 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)	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

THE VEHICLE B CHANGE LANE FROM THE RIGHT, WHILE HE WAS IN FRONT OF ME. SUDDENLY HE JAM BRAKE, I TRY TO STOP MY TRUCK BUT I STOP IN TIME AND COLLIDED TO THE BACK OF VEHICLE B.

#### 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	XD7805T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
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 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. 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

Sketch Plan

20/6/2022  
@ 14:19

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

*[Signature]*

Witnessed by Reporting Centre Personnel

*[Signature]* *[Signature]*  
170W



A = XE 1714 G

B = XD 7805 T



Describe Circumstances of the Accident

The vehicle B change lane from the right, while he was in front of me, suddenly he jam brake, I try to stop my truck but I cannot stop in time and collided to the back of vehicle B.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time  
20/6/2022  
@ 14:19

*[Signature]*

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



Witnessed by Reporting Centre Personnel  
*[Signature]*  
17/06