

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

☒ 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

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: XD2842T Yr Regn: 18/8/08

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

Truck / Trailer or

Make: Mitsubishi PVS1 c.c. 1967Colour: White A/C: Insured / Std / NI / NASp. Reading: N/A T/Radio: Insured / Std / NI / NA

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

C/No: PVS13JA003PA

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 / R/Rim or

Tyre Size: F: 295/80R225R: 295/80R225

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

TOYO / YOKO or: HELLMAN

Front

Rear

R/Bal. 4 mm R/Bal. 4 mmL/Bal. 4 mm L/Bal. 4 mmD.O.A. 19/6/22 D.O.I. 5/7/22Survey held at: Lee Kuan HingDes. of Damages: ☒ Front / ☐ Rear / ☐ O/S / ☐ N/S / ☐ U/C / ☐ Rooftop or

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

Date / Time	Action / Instruction
<u>MR-23K</u>	<u>Workshop agreed 19K repair limit</u>
<u>PL-3476</u>	
<u>NK-19,524</u>	

Date/Time, File Pass to?

☐ : Prel. Report☐ : Final Report

1)

Date/Time, File Return to?

2)

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

Lump Sum / I.B.E. (\$) \_\_\_\_\_

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

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

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

Survey Fee:

Transportation:

\$ + RS. \$ \_\_\_\_\_

Photos

Others

TOTAL


**Lee Kuan Hwa Motor Service** (Co Reg No: 364635008)20 Gul Crescent  
Singapore 629529

Tel: 62699192 Fax: 62692239 Email: kuanhwa@singnet.com.sg

INSURER:

96311712  
**ERGO Insurance Pte. Ltd. (HQ)****PARTICULARS OF CLAIM**

Claim Type:	OD (Own Damage)	Ref. No:	
Policy No:	DMCG21008903	Date of Loss:	29/06/2022
Vehicle Reg. No.:	<b>XD2842T</b>	Driveable?	
Driver Age/Info:		Party At Fault:	UNKNOWN
TP Injury Involved?	YES	Third Party Involved?	YES
Insured/Claimant:	T.T.CHUA CONSTRUCTION PTE LTD		

Make/Model:	MITSUBISHI FV51JJD4RDEA, 12.9 D (M)	Vehicle Reg. Date:	18/08/2008
Vehicle Colour:	White		
Engine No:	6M70417726	Chassis No:	FV51JJA00304
Odometer:	0 KM		

Paint Type:

Total Loss? **NO**

Est. Duration of Repair (day) 21

Present Location: **LEE KUAN HWA MOTOR SERVICE (GUL CRESCENT)****COST OF CLAIMS**

	Amount
Parts	33,696.30
Miscellaneous Items	0.00
Labour	6,180.00
Paintwork Labour	0.00
Towing	0.00
<b>Nett Amount (\$\$)</b>	<b>39,876.30</b>

**This claim is handled by: ADELINE LEE SU FANG**

Generated using Merimen e-Claims Internet Estimation &amp; Adjusting System



## REPAIR DETAILS

### Reference

Part Source: (Last Synchronised: 04 Jul 2022)  
 Parts: N/A MITSUBISHI FV51JJD4RDEA 12.9 D (M) (Model not available in database)  
 Labour: Repairer's (Price-denominated Standard List)  
 Print Code: Lee Kuan Hwa Motor Service/XD2842T/04/07/2022 12:25  
 Validity: These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page  
 Further Info: Items/values not in reference catalogue are prefixed with an asterisk \*.

### Estimates on Parts

No.	Qty	Part No.	Particulars	%Disc	%Depr	Amount
1	1		*CABIN / DO	0.00	0.00	*19,000.00 F
2	1		*CABIN CROSS MEMBER / BT	0.00	0.00	*1,285.00 F
3	2		*AIR PUMP LH & RH, CABIN / CRU	0.00	0.00	*600.00 F
4	2		*AIR PUMP BRACKET LH & RH, CABIN / BT	0.00	0.00	*560.00 F
5	2		*CABIN ABSORBER LH, RH / BT	0.00	0.00	*240.00 F
6	1		*INTERCOOLER / BT	0.00	0.00	*2,500.00 F
7	1		*RADIATOR / BT	0.00	0.00	*1,200.00 F
8	1		*RADIATOR FAN COWLING / BT	0.00	0.00	*480.00 F
9	1		*ENGINE FAN / 1 (CRU) / BT	0.00	0.00	*680.00 F
10	1		*ENGINE FAN CLUTCH	0.00	0.00	*1,250.00 F
11	1		*FRONT BUMPER / BT	0.00	0.00	*1,750.00 F
12	1		*FRONT BUMPER TOP PROTECTOR / BT (CRU)	0.00	0.00	*185.00 F
13	1		*FRONT BUMPER CENTER COVER / MS	0.00	0.00	*105.00 F
14	1		*Headlamp BEZEL RH / BT	0.00	0.00	*98.00 F
15	1		*CHASSIS CROSS MEMBER	0.00	0.00	*700.00 F

F=Franchise part.

Sub Total (S\$) 30,633.00  
 + Margin on L,N Items 10.00% (S\$) 3,063.30  
 Total Parts (S\$) 33,696.30

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 Generated using Merimen e-Claims IEAS

## Estimates on Miscellaneous Items

There are no new miscellaneous items selected.

## Estimates on Labour

No	Particulars	Lab.Type	Amount
<b>Labour Items</b>			
1	TOWING SERVICES 2 TRIPS	New	360.00
2	WIRING SERVICES	New	300.00
3	CRANES SERVICES	New	320.00
4	REMOVE & REFIX INTERCOOLER & RADIATOR FAN	New	1,200.00
5	LABOUR CHARGES	New	2,800.00
6	SPRAY PAINTING	New	1,200.00
<b>Gross Labour Cost (\$\$)</b>			<b>6,180.00</b>

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< END OF ESTIMATES >

Steve CLKK)  
5/7/22, 19.30a  
8392 8813

00-M HL  
EXCER - ?  
L/S  
L AL Y  
19 Lyr

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 to be on a "no prejudice" basis
- Third party survey is not allowed
- No legal action is allowed
- Settlement of 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	01/07/2022 10:54 (SGT)
Reported by	Driver
Date of Accident	29/06/2022 11:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TUAS SOUTH AVE 3
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number XD2842T

#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	T.T.CHUA CONSTRUCTION PTE LTD
Company Reg No	1XXXXX247D
Email Address	ttchuaconst@singnet.com.sg
Mobile Phone No	(Phone) +65-67730122
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Fv51j
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?	Yes
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	12882

#### INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number	-

#### DRIVER

Name of Driver	KOH HOCK SOON
NRIC No	SXXXX406G
Date Of Birth	24/12/1953
Occupation	Outdoor



Date Of Driving Pass	07/12/1977
Driving experience	44 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90308170
Alt. Phone Number	-
Email Address	ttchuaconst@singnet.com.sg
Address	BLK 112 TECK WHYE LANE #09~646
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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

#### 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 E FILING

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XE5491Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-

Describe Circumstances of the Accident

Vehicle B in front of me jammed brake,  
I couldn't stop in time & hit to  
the rear.

Declaration

We declare the foregoing particulars are true in every respect.



1/04/14

Policyholder's Signature / Date &  
Time

1/20/14

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

李光華摩托燒焊

LEE KUAN HWA MOTOR SERVICE

39, Westwood Avenue, Singapore 648719

TEL: 6269 9192 FAX: 6269 2239 H/P: 9631 1712

Witnessed by Reporting Centre  
Personnel



## 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

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

Witnessed by Reporting Centre Personnel

LEE KUAN HWA MOTOR SERVICE  
39, Westwood Avenue, Singapore 648719  
TEL: 6269 9192 FAX: 6269 2239 H/P: 9631 1712

#### Sketch Plan

XD 2842T      XE 5491Y  
→ [A] [B]  
Tuas South Ave 3