

ASS. REC BY: Steve

CC4/LR 99007985/ea3

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.

N/S	O/S
<del>X</del>	<del>X</del>

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 4950X Yr Regn: 19/6/19  
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or  
 Make: UD TRUCK GKB5ALDPICRA 10,837  
 Colour: Blue A/C: Insured / Std / Nil / NA  
 Sp. Reading: 170131 T/Radio: Insured / Std / Nil / NA  
 Eng/No: \_\_\_\_\_  
 C/No: JNCMB POA / KUO4 2020  
 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: 295/80R225  
 R: \_\_\_\_\_  
 BS / DUN / EXNOVA / SY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or .  
 Front Rear  
 R/Bal. 5 mm R/Bal. 5 mm  
 L/Bal. 5 mm L/Bal. 5 mm  
 D.O.A. 28/7/22 D.O.I. 28/7/22  
 Survey held at Sin Sheng  
 Des. of Damages: Frit / 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>MP-200K</u>

Date/Time, File Pass to?  : Prel. Report  
 : Final Report  
 Date/Time, File Return to? \_\_\_\_\_  
 Days Of Repair: \_\_\_\_\_  
 Resurvey No. of Trip: \_\_\_\_\_  
 Survey Fee: \_\_\_\_\_  
 Transportation: \_\_\_\_\_  
 Add Fee:  : Site Insp (\$ \_\_\_\_\_ )  
 : Interview (\$ \_\_\_\_\_ )  
 : Tech. Invs (\$ \_\_\_\_\_ )  
 : Weekend (\$ \_\_\_\_\_ )  
 S + RS. \$ \_\_\_\_\_  
 Photos \_\_\_\_\_  
 Others \_\_\_\_\_  
 TOTAL \_\_\_\_\_

# SIN SHENG AUTO WORKSHOP PTE LTD

REGISTRATION NO.: 202019500G

NO. 5 TUAS AVE 3 SINGAPORE 639405

TEL: (+65) 6416 1996 FAX: (+65) 6863 1944 EMAIL: ENQUIRY@SINSHENG.COM.SG

Pioneer Districentre Pte Ltd

10 Tuas Avenue 13

Singapore 638983

Attn: Motor Claims Department

Estimate No : ES2022/0070

Date : 02/08/2022

Vehicle No : XE4950X

Make/Model : UD / GKB5A

Date of Accident : 28/07/2022

Prepared By : Hoe

S/N	Description	Qty	Unit Amount (\$)	Amount (\$)
<u>Parts</u>				
1	Air tank / <i>OD</i>	1	2,995.50	2,995.50
2	Air tank bracket / <i>OT</i>	2	477.50	955.00
3	Air tank u-bolt / <i>OT</i>	2	355.50	711.00
4	Holder, rear license plate / <i>OT</i>	1	467.50	467.50
5	Lamp assy, license plate / <i>OR</i>	1	125.50	125.50
6	Crossmember chassis frame / <i>X R</i>	1	785.50	785.50
7	Cock, air tank drain / <i>?</i>	1	295.50	295.50
8	Check valve clutch air line / <i>?</i>	1	225.50	225.50
				<u>6,561.00</u>
Less : 30%				<u>(1,968.30)</u>
Parts total				<u>4,592.70</u>
<u>Special nett</u>				
1	Rear number plate / <i>OT</i>		20.00	20.00
2	Red sticker / <i>ARC</i>		40.00	40.00
Parts total				<u>4,652.70</u>
<u>Labour charges</u>				
To panel beat/repair rear body			}	950.00 <i>600</i>
To dismantle/replace above-mentioned parts			}	
To spray painting on affected areas				<u>400.00 <i>200</i></u>
Labour total				<u>1,350.00</u>

Loss of Use : 4 days @ S\$220/day

*Ston (LKK)*  
*2/8/22, 10.30c*  
*m h*  
*PIP*  
*by RL y*  
*3 dy*

TOTAL

- LKK Auto Consultants hence notify the Repairer of the following:
- To resurvey before/after spray painting
  - To display damaged part during resurvey
  - Part prices **6,002.70** 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 the Insurer Company

Acknowledged by Repairer

Signature:

Date:

SIN SHENG AUTO WORKSHOP PTE LTD

## 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 Actual 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	29/07/2022 23:13 (SGT)
Reported by	Driver
Date of Accident	28/07/2022 09:55 (SGT)
Exact Location of Accident	Jln. Ahmad Ibrahim, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	XE4950X
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	PIONEER DISTRICT CENTRE PTE LTD
Company Reg No	1XXXXX307M
Email Address	yang@pioneerdistrictcentre.com.sg
Mobile Phone No	(Phone) +65-68613055
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	UDTrucks
Model	GKB5ALDHCQA
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	10836

### INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	A 300445698 MKC

### DRIVER

Name of Driver	LI YINGXI
Passport No/FIN	GXXXX173W
Date Of Birth	13/08/1978
Occupation	Outdoor

Date Of Driving Pass	04/06/2008
Driving experience	14 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-82010386
Alt. Phone Number	-
Email Address	yang@pioneerdistrictcentre.com.sg
Address	Nil.
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

I WAS DRIVING VEHICLE A (XE4950X) TRAVELLING ALONG JALAN AHMAD IBRAHIM TOWARDS AYE. VEHICLE B (GBA9511D) REAR ENDED MY COMPANY VEHICLE, XE4950X.

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	GBA9511D
Vehicle Manufacturer	Toyota
Vehicle Model	Dyna
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Commercial vehicle
Name of Driver	YEO KIM SOON

NRIC No  
Contact Number  
Address  
Address complement  
Postcode  
Insurance Company Name  
Nature Of Damage  
Details of property damaged in accident  
No. Of Passenger (Including Driver)

SXXXX309F  
-  
-  
-  
-  
-  
FRONT PORTION  
VEH B  
-

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:

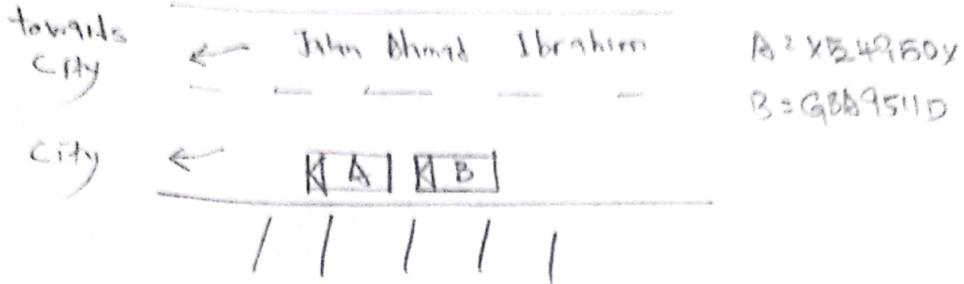
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.



Policyholder's Signature  
Date & Time:

L. Yung x1  
Driver's Signature  
(if driver is not the policyholder)  
Date & Time: XE4 950x

[Signature]  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FUN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

XE4950X 9.55 Am 28/7/2022 h/p 82010386  
 Jalan Ahmad Ibrahim toward ATE, lamp Post 566A

I was driving vol "A" XE4950X traveling along  
 Jalan Ahmad Ibrahim toward ATE, vol "B" GBA9511D  
 rear ended my company vehicle XE4950X.

DECLARATION

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



Policyholder's Signature  
Date & Time:

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

Reporting Officer/Personnel's Signature  
Name:  
NIC/ID No.:

*Handwritten signature: L. Yangxi*

*Handwritten text: XE4950X*

*Handwritten signature*