

ASS. REC. BY: Marcus

REF:

CS/U0122007390/Ucy3

**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.

Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

2

days

Res.:

Yes or No

Lum Sum:

1.B.1

%

3 Val.:

Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

28/9/22

P/P \$1300 in hand s.hu: (Red H600f, 78%)

Veh No:

XE7002M

Yr Regn:

19/01/22

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

Truck / Trailer or

(M)

Make:

Isuzu

CYH52T

c.c

15681

Colour:

Green

A/C:

Insured / Std / NI / NA

Sp. Reading

21238

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JALCYH52TM 7000117

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

275 / 70 R225 B5

R:

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

TOYO / YOKO or

Ana site

Front

Rear

R/Bal.

5/5 5/5 mm

R/Bal.

5/5 5/5 mm

L/Bal.

5/5 5/5 mm

L/Bal.

5/5 5/5 mm

D.O.A.

21/06/22

D.O.I.

7/9/22

Survey held at

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

Rear

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

Date/Time, File Pass to?

☐

Preli. Report

1)

☒

Final Report

Date/Time, File Return to?

2)

Days Of Repair:

2

Resurvey No. of Trip:

Report Format :

TP

Lump Sum / I(B.) (\$ 1300f)

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

# MAH LIAN MOTOR VEHICLE REPAIRER

No.38 Defu Lane 9 Singapore 539278  
TEL: 62823336 FAX: 62893336 Email: mahlian@singnet.com.sg  
GST:M90362564P RCB NO:201327339E

M/S : United Overseas Insurance Ltd  
3 Anson Road

#28-01 Springleaf Tower

Singapore 079909

TEL: 6222 7733

FAX: claim@uoi.com.sg

ATTN: Motor Claim Department

Your Ref No: WEE GUAN ENG PL

Claim Type: Third Party

Accident Date: 21/06/2022

TP Veh Reg No: YQ5960K

Estimate No: ES1700994

Date: 21 Jun 2022

Policy No: 2022-V5003194-VCV

Veh Reg No: XE7002M

Make/Model: ISUZU CYH52T

Chassis No: JALCYH52TM7000117

Engine No: 6WG1444712

Reg. Date: 19/01/2022

## Estimate Repair Cost to Vehicle No :XE7002M

Description	U/Price	Quantity	List Price	Amount
Net Price			<u>S\$</u>	<u>S\$</u>
1 Reflector Sticker	580.00	4 PC	2,320.00	2,320.00
Labour				
2 Labour to check self loader hydraulic system if any leaking & hydraulic shaft any damages .	1,800.00	1 JOB	1,800.00	1,800.00
3 Labour to check & connect rear tail lamp wiring .	280.00	1 JOB	280.00	280.00
4 To spray & painting rear self loader .	1,500.00	1 JOB	1,500.00	1,500.00
			3,580.00	3,580.00
Total				S\$ 5,900.00
Add GST @ 7%				413.00
Total Amount Payable				S\$ 6,313.00

TOTAL: SINGAPORE DOLLAR SIX THOUSAND THREE HUNDRED THIRTEEN ONLY

Not Authorized  
Lui

P17 & 13001

7/9/22

2 days.

For MAH LIAN MOTOR VEHICLE  
REPAIRER

AUTHORISED SIGNATURE

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:

[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle**

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Company
Owner ID:	158D
<b>Vehicle Details</b>	
Vehicle No.:	XE7002M
Vehicle to be Exported:	No
Intended Deregistration Date:	07 Sep 2022
Vehicle Make:	ISUZU
Vehicle Model:	CYH52T
Primary Colour:	White
Manufacturing Year:	2021
Engine No.:	6WG1444712
Chassis No.:	JALCYH52TM7000117
Maximum Power Output:	-
Open Market Value:	\$103,209.00
Original Registration Date:	19 Jan 2022
First Registration Date:	19 Jan 2022
Transfer Count:	0
Actual ARF Paid:	\$5,161.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	18 Jan 2032
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$39,139.00
COE Rebate Amount:	\$36,645.00
<b>Total Rebate Amount:</b>	<b>\$36,645.00</b>

The information contained herein is correct as at 07 Sep 2022

OK

SK0L226M0004 / KAN FOOK SING MOTOR WORKSHOP [539147]  
ENTRY DATE & TIME: 22/06/2022 16:03 (SGT)  
SUBMITTED BY: Boo Miow Hwa  
VERSION: 1 (22/06/2022 16:03 (SGT))

## 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	22/06/2022 16:03 (SGT)
Date of Accident	21/06/2022 08:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BKE TOWARD PIE (LAMP POST 182)
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	XE7002M
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	WEE GUAN ENGINEERING PTE LTD
Company Reg No	199804158D
Email Address	alex.chia@weeguan.com.sg
Mobile Phone No	(Phone) +65-96868669
Alternative Phone No	+65-96868669

#### VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	CYH52T
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	15681

#### INSURANCE COMPANY

Name of Insurance Company	Great Eastern General Insurance Limited
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2022-V5003194-VCV
Cover Note Number	19/01/2022 TO 18/01/2023

#### DRIVER

Name of Driver	SELVARASU THIRUMURUGAN
Work Permit No	G7801742U



Date Of Birth	10/03/1987
Occupation	Outdoor
Date Of Driving Pass	26/02/2018
Driving experience	4 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93487456
Alt. Phone Number	-
Email Address	alex.chia@weeguan.com.sg
Address	37 KRANJI LINK SINGAPORE 728643
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

#### 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 WITH ATTACH.

#### 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	YQ5960K
Vehicle Manufacturer	Mitsubishi
Vehicle Model	Canter
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	LAI HUEY SIANG
Work Permit No	G8180781M
Contact Number	(Phone) +65-93628087
Address	-

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

SKETCH PLAN

## SKETCH PLAN

### IMPORTANT NOTICE

1. Please read correctly the details of the accident to speed up the claim process.
2. This form must be completed by the **Policyholder and/or the Authorized Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any willful misrepresentation, withholding of facts, false claim, or failure to disclose material facts may constitute **repudiate policy liability**.
4. The information supplied in this form will be used by the insurer to settle the claim and for the purpose of policy administration.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded to the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of the report will 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 the report in their write and to its use for the purpose mentioned above.
8. Consent under the Personal Data Protection Act (PDPA):
- I, the undersigned, acknowledge, agree and consent that:
- (a) I, my agent, my workshop and the General Insurance Association of Singapore (GIA) may be permitted to collect, use, disclose and process my personal data (personal information set out in this form) and any other personal information provided by me or generated by my insurers, collectively the **Personal Information**, and disclose and transfer such Personal Information to all insurers who have insured vehicle(s) involved in this accident and/or insurer(s) who have insured vehicle(s) involved in the accident should 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 may involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelops/mailed packages; and/or
- (v) complying with applicable law, in administering, processing, handling and/or dealing with my claims, collectively the **Purposes**.
- (b) All Insurers, who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may be permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes, and my Personal Information may be disclosed by any of the Insurers and/or GIA to their third party service providers, if any, including their lawyers/law firms, which may be located 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 Unit - Signature

Sketch Plan

Describe Circumstances of the Accident

While traveling along left hand side of road, I was driving slowly  
to the east. At the time, there was traffic in both directions. I was  
stopped at a red light. As the light turned green, I started moving  
forward. At the same time, a car from the opposite direction  
was also moving forward. We collided. I was driving on the left  
side of the road. The other car was driving on the right side.  
The accident occurred at the intersection of the road. I was  
driving a car. The other car was a car. I was driving at a  
slow speed. The other car was driving at a slow speed.  
No one was injured.

Declaration

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

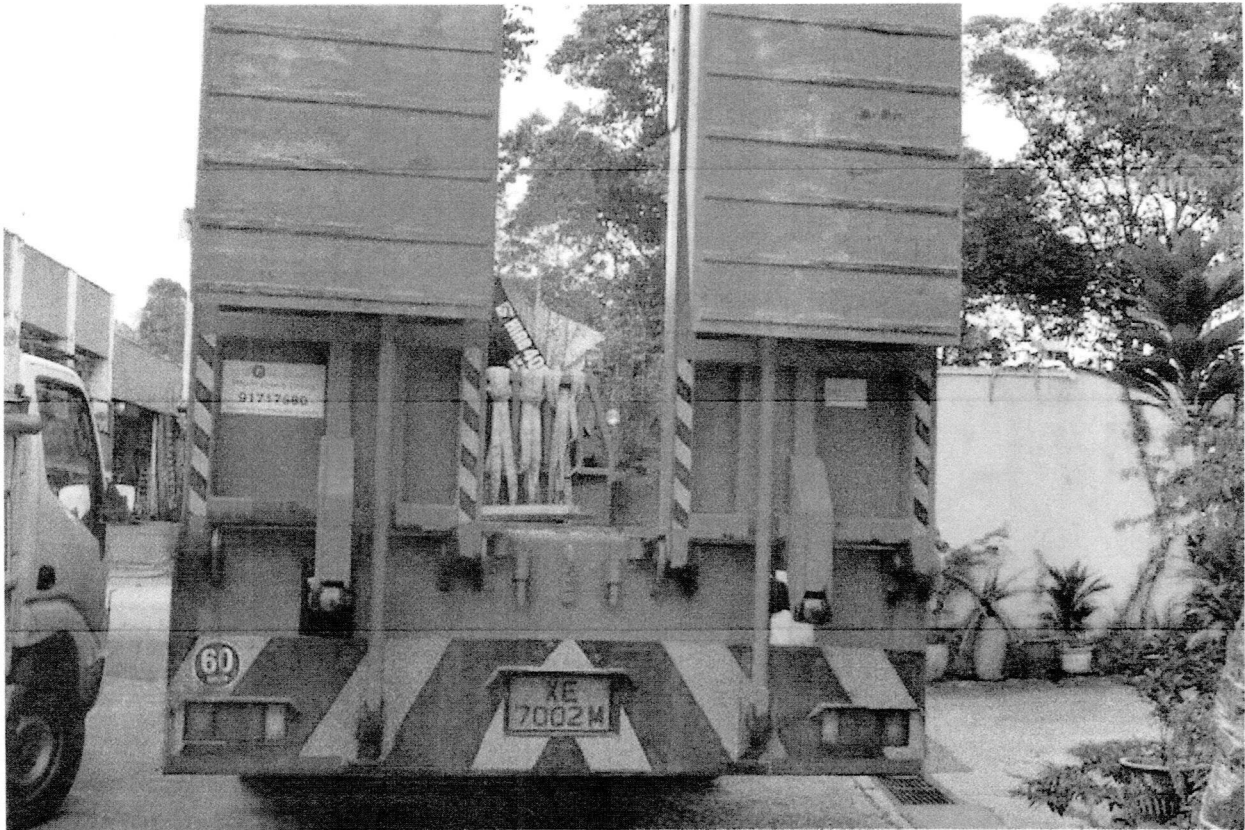


Policyholder's Signature / Date & Time

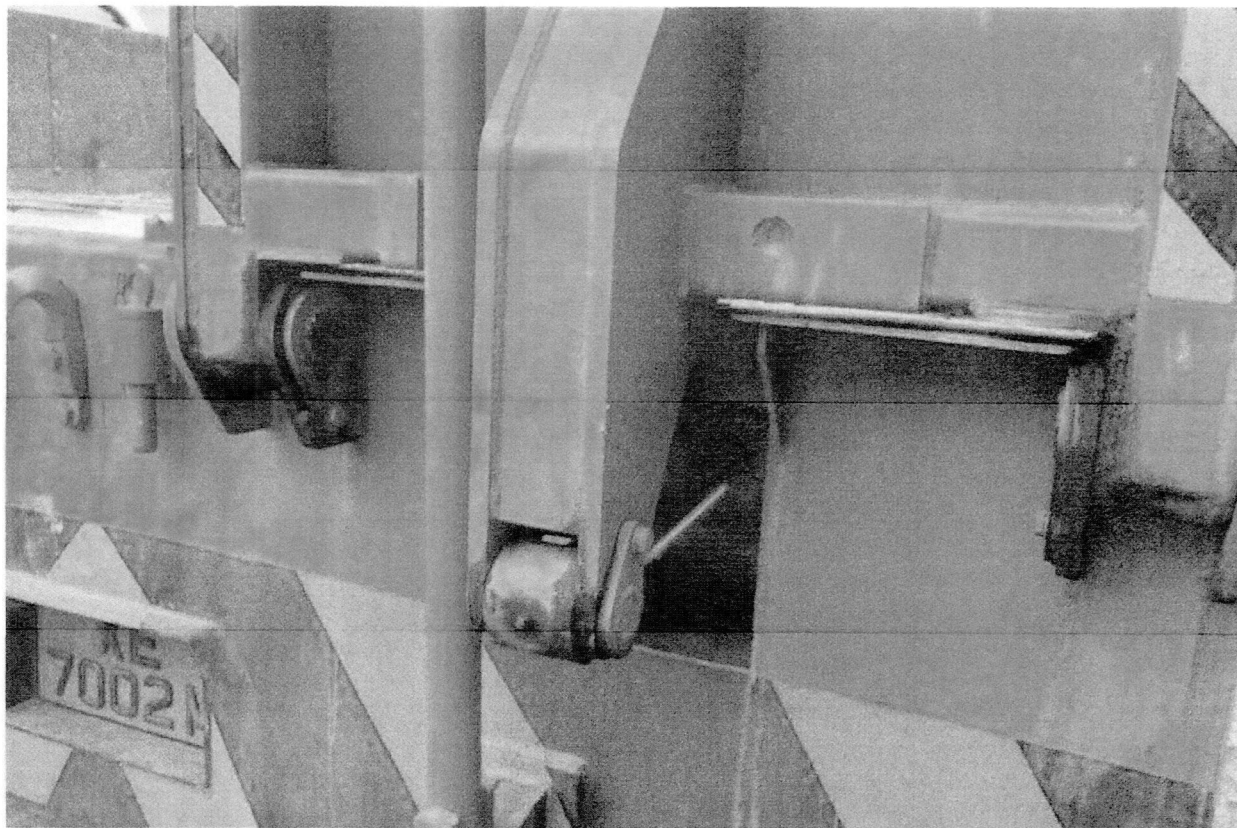
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Officer / Personnel

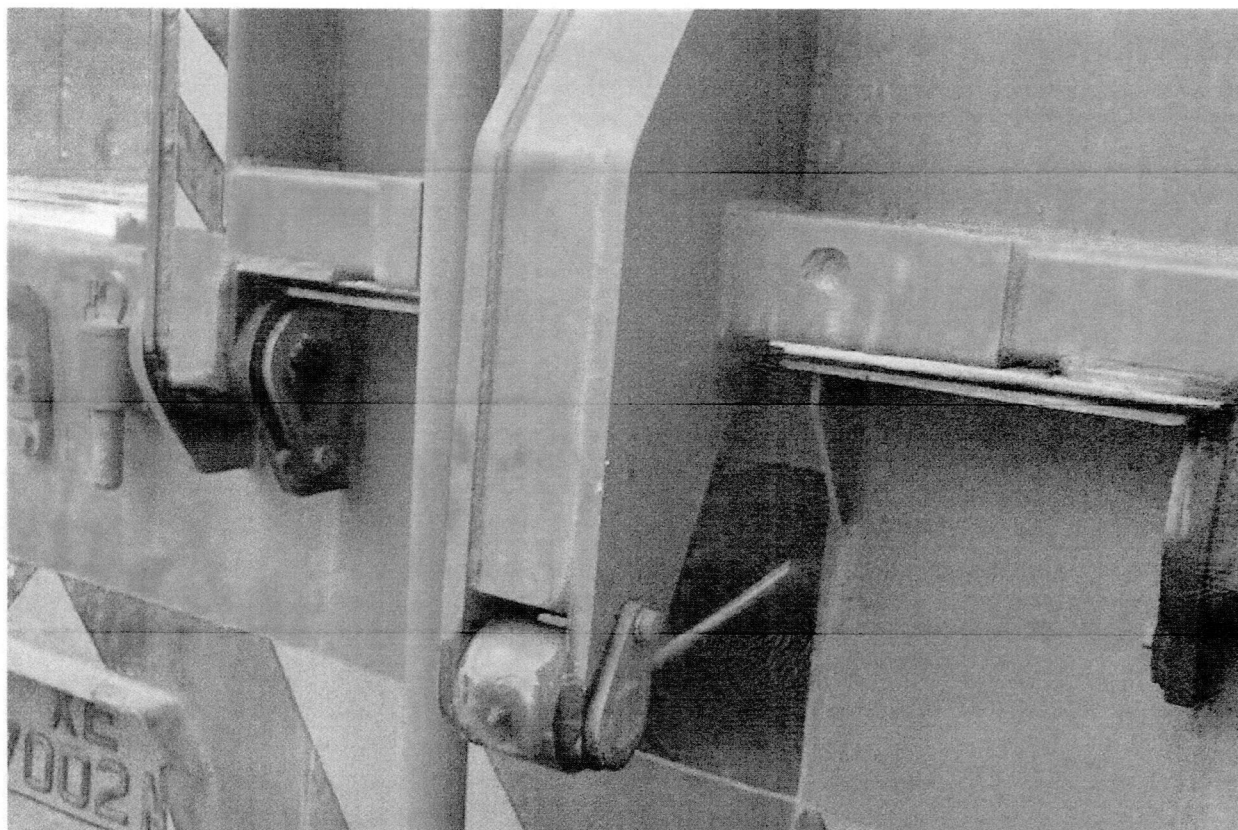
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IMAGES #4



IMAGES #6



IMAGES #8

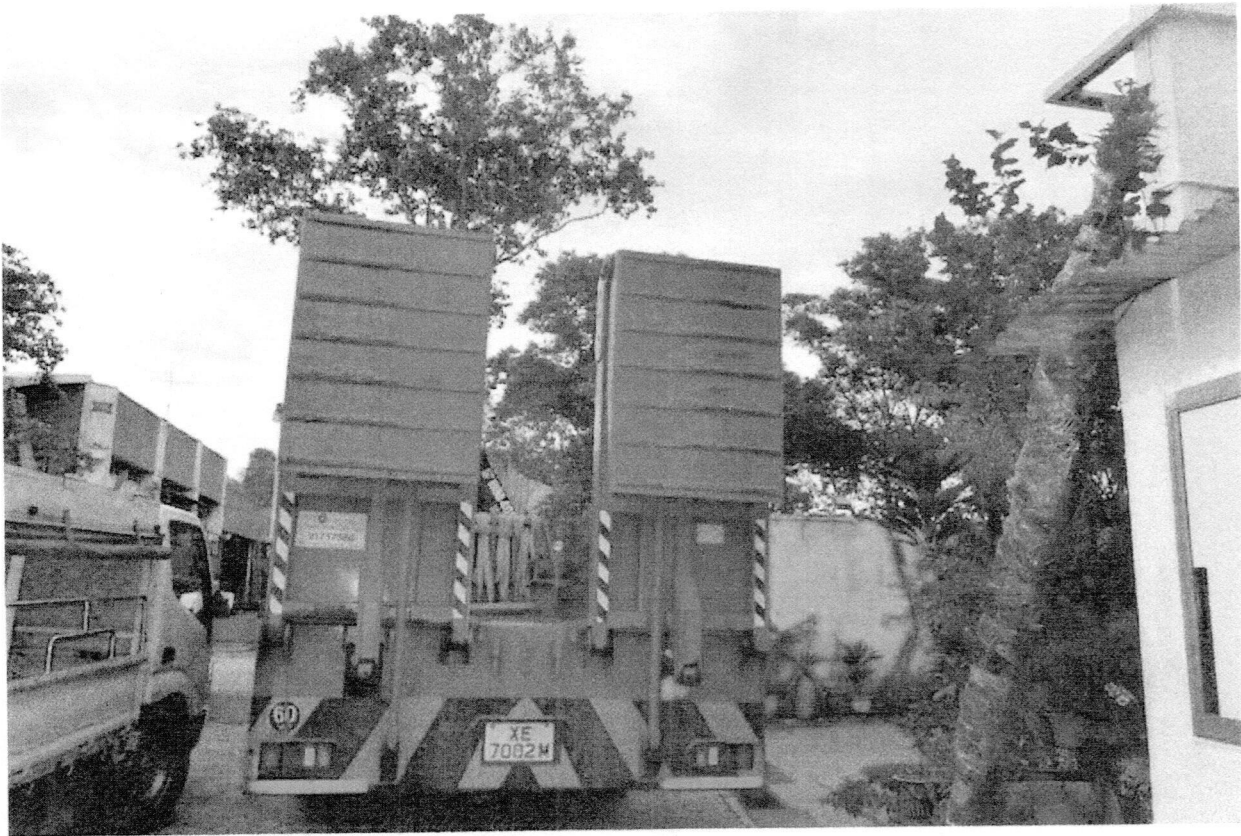




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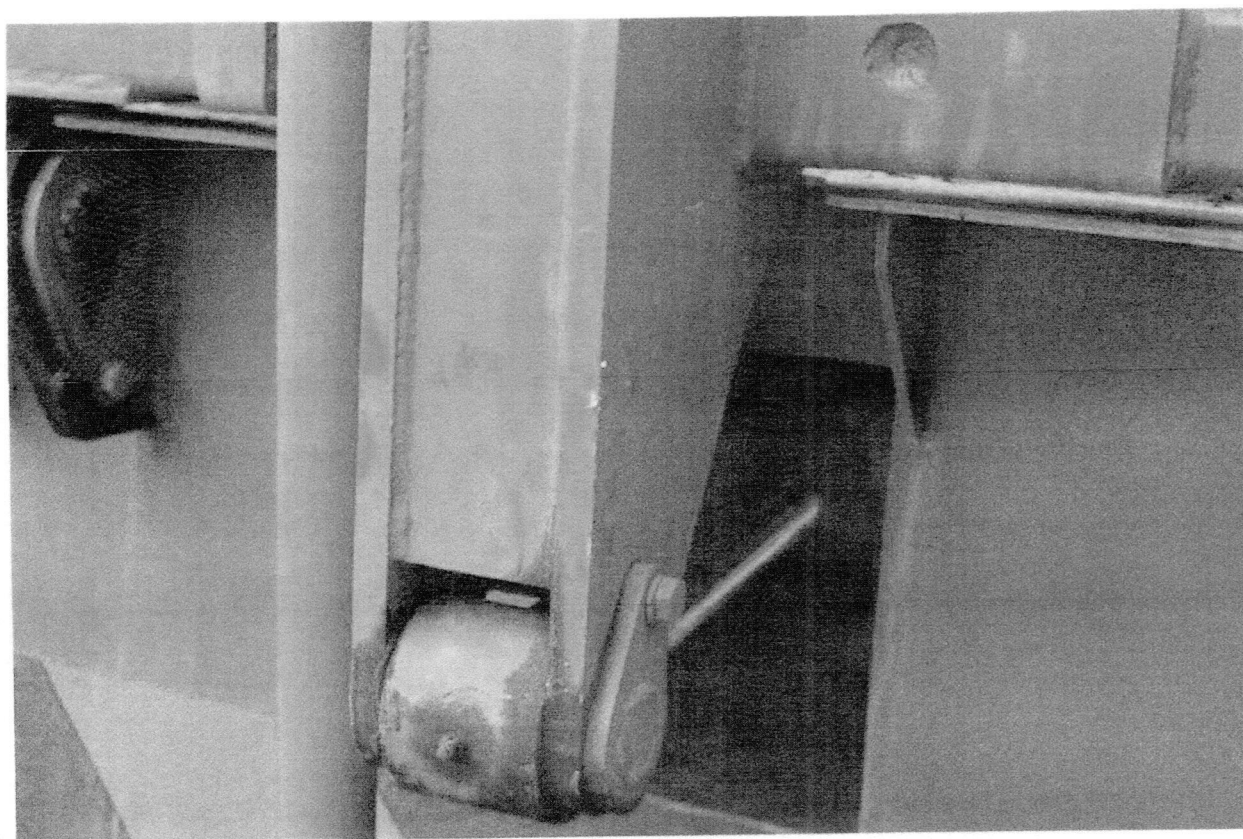
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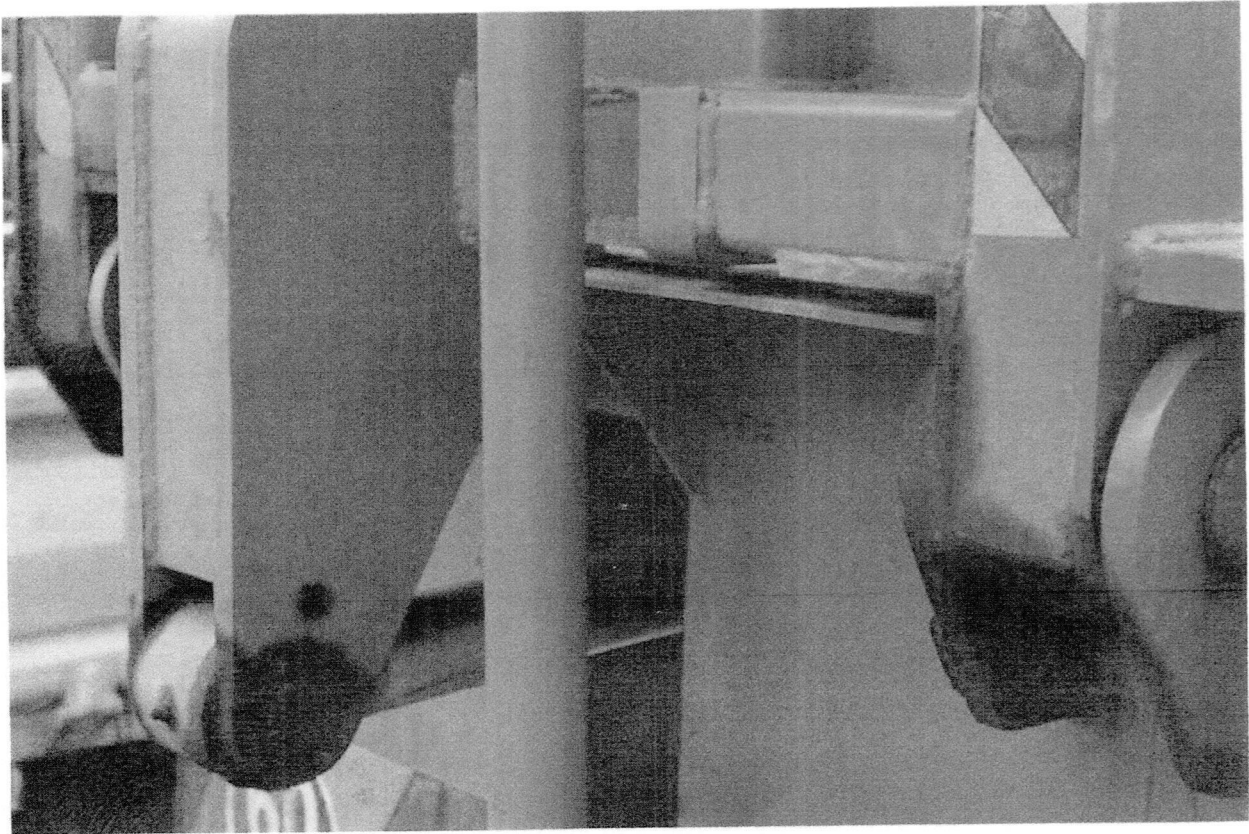
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IMAGES #5



IMAGES #7





IMAGES #9

