

ASS. REC. BY:

REF:

1CS / 22 007460/K93

C

Kenneth

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. _____

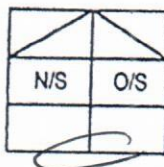
Sum Insured: _____

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: _____

02 days

Res.: Yes or No

Lum Sum: _____

1. B. / %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: _____

GBL 517P

Yr Regn: _____

02 21

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

Truck / Trailer or _____

Make: _____

Toy Dyna

c.c

2982

Colour: _____

Silver

A/C: _____

Insured / Std / NI / NA

Sp. Reading: _____

18927

T/Radio: _____

Insured / Std / NI / NA

Eng/No: _____

C/No: _____

JTF-AT35460K 216278

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: _____

F: _____

195R15X8

R: _____

155R12X8107

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or

Front

Rear

R/Bal. _____

9

mm

R/Bal. _____

9

9

mm

L/Bal. _____

9

mm

L/Bal. _____

9

9

mm

D.O.A. _____

13/7/22

D.O.A. _____

5/8/2022

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

13/10

2328.75 Confirmed (Red & 260, 44%)

Date/Time, File Pass to?

1) 18/10/2022

Date/Time, File Return to?

2)

: Prell. Report

: Final Report

Days Of Repair: _____

2

Resurvey No. of Trip: _____

1

Survey Fee: _____

Transportation: _____

S - RS. SI

Fees

Others

TOTAL

Report Format: _____

MER-TP

Lump Sum / I.B.I. (\$) _____

328.75

Add Fee: _____

: Site Insp (\$ _____)

: Interview (\$ _____)

: Tech Invs (\$ _____)

: Weekend (\$ _____)

來發 (明記) 摩多有限公司 LAI HUAT (MENG KEE) MOTOR PTE LTD

160 Sin Ming Drive #04-01, #04-02 & #07-03 Singapore 575722 Tel: 6453 8110 Fax: 6459 6267
GST No: M2-0128609-3
UEN: 199407592C

ESTIMATE

EST. No EST0029962
Yong Huat Hardware Pte Ltd

Page 1 of 1
Your ref. TP-SGX 1388R ECICS
Job No. 72910
Our ref 22.08.04
Payment
Date 4/8/2022

Attn

Vehicle No GBL 517P
Vehicle Model : Toyota Dyna
Accident on ... 13/7/2022

NOT with haste
Resurvey After Paint
2 day
\$328.75

Quantity	Unit	Description	Unit price	Disc. pct.	Amount
Supply of Parts:					
1.00	Pc	DYNA sticker	45.00	25.00	<i>mc</i> 33.75 ✓
Special nett item:					
1.00	Pc	Rear number plate	25.00		<i>mc</i> 25.00 ✓
1.00	Pc	70km/h sticker	10.00		<i>mc</i> 10.00 ✓
Labour & Misc:					
1.00		To replace company logo lettering decal	220.00		<i>nn</i> 220.00 X
1.00		To spray paint on rear tailgate and rear floor end panel	300.00		300.00 <i>260</i>

Sub-Total
GST 7.00%
Total

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 588.75
Signature: 41.21
Date: S\$ 629.96

本公司拥有最先进的 CAROLINER MARK IV 机械，可提供给多种款式的车身及给于快速与准确的测量方式和大铁修理。除外，还有先进的 SAICO Deluxe 喷漆烘炉。

"Our services include the latest and reliable CAROLINER MARK IV repair bench, draw-aligner and the support dolly system to provide accurate re-alignment and speedy repairs. We also provide the new and advanced SAICO Deluxe oven heater for re-spraying all motor vehicles."

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	14/07/2022 17:52 (SGT)
Reported by	Driver
Date of Accident	13/07/2022 13:14 (SGT)
Exact Location of Accident	Airport Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBL517P
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	YONG HUAT HARDWARE PTE LTD
Company Reg No	1XXXXX100W
Email Address	yhardwarepl@gmail.com
Mobile Phone No	(Phone) +65-62510826
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
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?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2982

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNW00024742200

DRIVER

Name of Driver	Subramanian Brabu
Passport No/FIN	GXXXX165M
Date Of Birth	05/06/1990
Occupation	Outdoor

Date Of Driving Pass	15/02/2021
Driving experience	1 YEAR AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91984318
Alt. Phone Number	-
Email Address	yhhardwarepl@gmail.com
Address	Blk 20 Lorong 7 Toa Payoh #04-740
Address complement	-
Postcode	310020
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

Please refer to the sketch plan.

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	SGX1388R
Vehicle Manufacturer	Toyota
Vehicle Model	Estima
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-

Date Of Driving Pass
Driving experience
SKETCH PLAN
Mobile Number
Alt. Phone Number
Email Address
Address
Address complement

15/07/2021
1 YEAR AND 5 MONTHS
Male
(Phone) +65-8-984318

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 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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 dispose 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.

Sketch Plan

Was the accident reported to the police? ☒ Yes

Was notice given? ☒ Yes

If yes, against whom? ☒ Against the driver

Policyholder's Signature & Time: *J. N. Lim* 14-07-22

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card): *SOH JIT HOON*

Sketch Plan

Please refer to the sketch plan.

ATTACHMENT(S)

Are accident photos taken? ☒ Yes

Was there any video taken? ☒ Yes

Car Camera? ☒ Yes

Traffic Light

AirPort RD

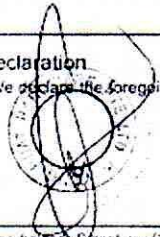
A - GBL517P
B - SGIX1388R

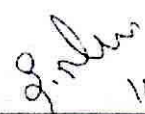
Describe Circumstance of the Accident

I stopped my lorry during traffic signal light on 13/07/2022 at 1.14PM Airport Road. The car [SGX] SGX1388R suddenly hit my back of the lorry.

Declaration

We declare the foregoing particulars are true in every respect


Police Officer's Signature (Date & Time)


14-07-22
Driver's Signature (If driver is not the police officer) Date & Time


Witnessed by Reporting Centre Person (Name & NRIC card) SOH JIT HOON

Motor Commercial

MZ300/C

N SN

AN0334A

Cov. Type:C

CERTIFICATE OF INSURANCEMotor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMCVSNW00024742200

Engine No.: 1KDB068944

Cha. No.: JTFAT35Y60K216278

1. Index Mark and Registration
Number of Vehicle

GBL517P

AUTOSAFE

2. Name of Policy Holder

YONG HUAT HARDWARE PTE LTD

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment26/02/2022
(00:00:00)Excess Sect I . S\$500.00
EX ON WINDSCREEN . S\$100.00

4. Date of Expiry of Insurance

25/02/2023

5. Persons or Classes of Persons entitled to drive*

Any person who is driving on the Policyholder's order or with their permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to use:

- (1) Use in connection with the Policyholder's business.
- (2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.
- (3) Use for social, domestic or pleasure purposes.

The Policy does not cover

- (1) Use for hire or reward or racing, pace-making, reliability trial or speed testing.
- (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

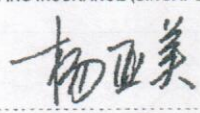
HIRE PURCHASE CO. : HL BANK

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

I/We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: GIM'S INSURANCE AGENCY PTE LTD
Authorised Officer
Authorised Signatory


INSURER ENQUIRY

Find
insurer

Vehicle reg. no.

SGX1388R

Date of Accident

13/07/2022 

Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance ECICS Limited

Period of Insurance 29/04/2022 - 28/04/2023

Requested By Jenny Lim (Lai Huat (Meng Ke...

Requested Date 03/08/2022 16:54

Payment details

Request Amount: **S\$1.87**

GST Amount: **S\$0.13**

Total Amount Due (GST Inclusive): **S\$2**

General Insurance Association

Records Management Centre

GST Registration No: **M400017735**