

(08/11/21)

ASS. REC. BY:

REF: CS | EQ I 22007550 | DC

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: 4 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: GBH 5834L Yr Regn: 2018 / JulyType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Kia K2500 C.C. 2497Colour: White A/C: Insured / Std / NI / NASp. Reading: 109231 T/Radio: Insured / Std / NI / NAEng/No: D4CBH319439C/No: KNCSJX76LH7193757Gen. 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: 195 R15CR: 155 R12C (double)

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

TOYO / YOKO or

Westlake

Front

Rear

R/Bal. 5 mm R/Bal. 5/5 mmL/Bal. 5 mm L/Bal. 5/5 mmD.O.A. 01/08/2022 D.O.I. 05/08/2022Survey held at Goh Lee Hwa AMICDes. 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
	<u>EQ GBK 6485M</u>
<u>23/08/22</u>	<u>Impul HS 2,600+ with 4 days gran (Red \$3,171.20 / 55%)</u>

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Report Format :

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

GOH LEE HWA AUTOMOBILE PTE LTD

Block 5033 Ang Mo Kio Industrial Park 2
#01-255 Singapore 569536
Tel No: (65) 6482 5168
Fax No. (65) 6482 4452
Co.reg no. 200808259H

Reference No: 30822**[WITHOUT PREJUDICE SAVE AS TO COSTS]****Date: 03.08.2022****ASIA Fabrication Pte Ltd****31 Woodlands Close #07-13 Woodlands Horizon
Singapore 737855.****KIA K2500 6MT****Estimated Repair Cost for Vehicle Reg. No: GBH 5834 L**

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

A Acknowledged by Repairer

Signature:

Date:

REPLACEMENT OF DAMAGED PANELS / PARTS

1 Pc. Rear Boot <i>Dent</i>		910.00	✓
2 Pcs. Rear Boot Lock <i>SH</i>	@ 91.00	182.00	X
3 Pcs. Rear Boot Hinger <i>BT</i>	119.00 @ 162.00	486.00	✓ 357.00
2 Pcs. Rear Lamp Assy. <i>W/S broken</i>	@ 189.60	379.20	✓
2 Pcs. Rear Lamp Housing <i>W/S BT. 0/5mm</i>	@ 182.00	364.00	✓
3pc H/W 4 Pcs. Rear Housing Stopper <i>1pc only nec</i>	@ 45.00	90.00	✓ 22.50
1 Pc. Rear Reinforcement Assy. <i>Dent</i>		980.00	✓ 325.00
1 Pc. 70 KM/H Sticker <i>H/W</i>		15.00	✓ SH
1 Pc. 13 PAX Sticker <i>H/W</i>		20.00	✓ SH
1 Pc. No. Plate Lamp <i>SH</i>		55.00	X
1 Pc. NO. Plate & Box <i>BT</i>		50.00	45/- SH

Total (Panels / Parts): 3,531.20 (SGD)**LABOR CHARGES**

To check wiring & remove refit wire. Accident affected area.	120.00	30/-
To welding, knocking, straightening repair & renew All accident damaged affected area.	1,000.00	600/-
To respray painting on all accident affected area.	1,000.00	600/-

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Block 5033 Ang Mo Kio Industrial Park 2

#01-255 Singapore 569536

Tel No: (65) 6482 5168

Fax No. (65) 6482 4452

Co.reg no. 200808259H

To rust proof all accident damaged area.

120.00 40/-

Total (Labor Charges): 2,240.00 (SGD)

List

2175.70

SW 80.00 =

Labor 1270.00 =

TOTAL COST SUMMARY

1075 1958.13 =

PANELS / PARTS

3,531.20

LABOR CHARGES

2,240.00

Grand Total:**5,771.20 (SGD)**05
24/08/2022 e 1700

3308.13

H17 1000

4/5 2,600/-

2 hours 4 days

For payment.

1. PAYNOW: UEN 200808259H

2. BANK TRANSFER: Maybank Singapore Acct. No. 04141090974

ACKNOWLEDGED BY	DATE	GOH LEE HWA AUTOMOBILE PTE LTD
		Alfred Quah

Note: Full payment must be completed 7 days from the invoice date. There will be an interest of 1.5% imposed per month on overdue invoice. Thank you.

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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 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	02/08/2022 16:26 (SGT)
Reported by	Driver
Date of Accident	01/08/2022 08:45 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	TOWARDS JURONG EXIT 8B
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH5834L
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ASIA FABRICATION PTE. LTD.
Company Reg No	2XXXXX745H
Email Address	candykong@asiafab.com.sg
Mobile Phone No	(Phone) +65-90550355
Alternative Phone No	(Office) +65-62556477

VEHICLE PARTICULARS

Manufacturer	Kia
Model	K2500 6MT
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	2497

INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number	DMCG21011382

DRIVER

Name of Driver	RAHMAN SYDUR
Passport No/FIN	GXXXX452T
Date Of Birth	11/06/1998
Occupation	Outdoor

Date Of Driving Pass	01/11/2017
Driving experience	4 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90550355
Alt. Phone Number	-
Email Address	candykong@asiafab.com.sg
Address	23 WOODLANDS SECTOR 1
Address complement	-
Postcode	738250
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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)	2
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	-

PASSENGER 1

Name	UNKNOWN
Gender	Male

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

ON 01/08/22 AT AROUND 0845HRS I WAS DRIVING MY VEHICLE A(GBH5834L) AT CTE. AS I WAS TRAVELLING SLOWLY AT LANE 2 DUE TO TRAFFIC CONGESTION, I FELT IMPACT BEHIND. VEHICLE B(GBK6485M) COLLIDED ONTO ME AT MY REAR PORTION. THERE WAS VEHICLE C(SHB9538B) BEHIND VEHICLE B WHICH COLLIDED ONTO VEHICLE B. NO ONE WAS INJURED.

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	GBK6485M
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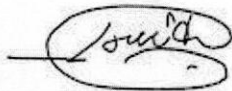
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	YIN MOE HLAING
Passport No/FIN	GXXXX461U
Contact Number	(Phone) +65-83635048
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SH9538B
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Red
Vehicle Category	Taxi
Name of Driver	TING BOON AUN
NRIC No	SXXXX716J
Contact Number	-
Address	-
Address complement	508B YISHUN AVENUE 4 #02-62
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	762508

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' 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.

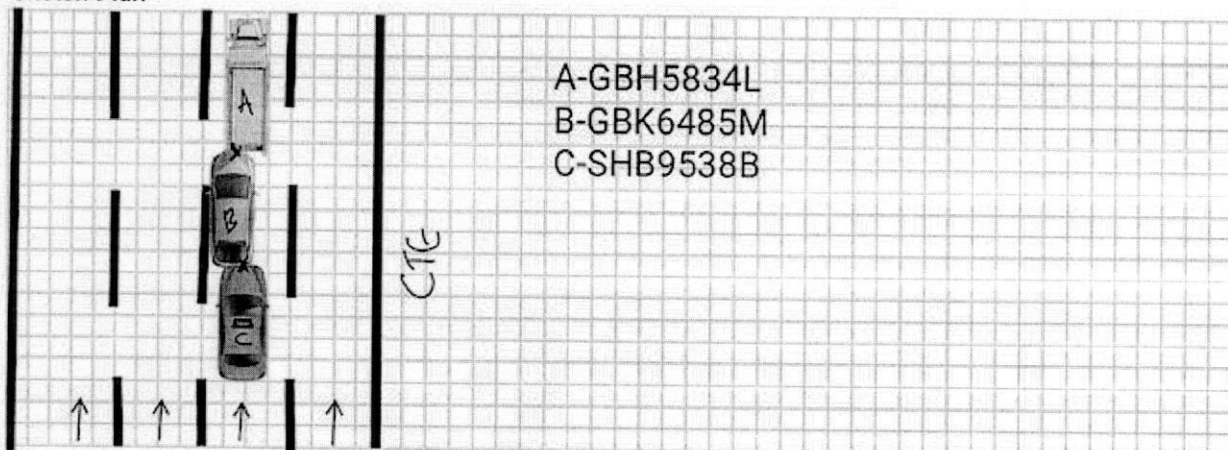


Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time 01/08/22 1600 HRS



Witnessed by Reporting Centre Personnel Zikrul

Sketch Plan


Describe Circumstances of the Accident

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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 01/08/22 1600HRS



Witnessed by Reporting Centre
Personnel Zikru