

ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
 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

Bel. 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: GBL 8926P Yr Regn: 30/6/22  
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or  
 Make: DAF ECSS c.c. N/A  
 Colour: Silver A/C: Insured / Std / NI / NA  
 Sp. Reading: 3246 T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: LVPRPRUBINC 899594  
 Gen. Cond: Good / Fair / Poor / Burnt  
 Steering: In order / Jammed / Leaked / Burnt or  
 Brake: In order / Jammed / Leaked / Burnt or  
 Modl: Nil / S/Rim / STD A/Rim or  
 Tyre Size: F: 185R14  
 R: 1  
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or Maxtrac  
 Front  
 R/Bal. 4 mm  
 L/Bal. 4 mm  
 D.O.A. 7/8/22  
 Survey held at Hang Seh  
 Rear  
 R/Bal. 4 mm  
 L/Bal. 4 mm  
 D.O.I. 16/8/22  
 Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

NIV-99K

Date/Time, File Pass to?

☐ : Prell. Report  
☐ : Final Report

1) Date/Time, File Return to?

2)

Report Format:

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

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

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

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

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

TOTAL



Motor Claim Department  
United Overseas Insurance Limited  
146 Robinson Road  
#0-01 UOI Building  
Singapore 068909

[Josephinewong@UOI.com.sg](mailto:Josephinewong@UOI.com.sg)

16 August 2022 CK 96536619

Dear Sir / Madam

RE: DFKS, Vehicle Reg.No: GBL8926P

We are pleased to submit Finalization for the repair of the above-mentioned vehicle:

A) Labour Description		Labour Cost
1 Remove, install & renew :- Front Lh fender, Lh headlamp, fender liner, Front Lh door, Lh rocker panel, Fender Grills, wind mirror, door window Pillar B, Lh sliding door .	\$	3,600.00 3200
2 Panel beating for Rocker panel inner, Pillar B, Lh Sliding door, and Lh quarter panel (Remove & Refit)	\$	3,200.00 1200
3 Computer Wheel Alignment - All 4 Wheels	\$	200.00 ?
4 Transfer door fitting and window mechanism to new door	\$	800.00 x
5 Secure security area for Electric vehicle unplug OEM with release current	\$	1,800.00 1200
6 Respray premier & paint: Front Lh fender, Lh front door, Lh Sliding Door, Rocker panel, B pillar, Center pillar, Lh quarter panel and surface rear bumper	\$	4,200.00 3000 600 x 5

#### B) Parts

		Qty		
1	Front Lhs door / DP	1	\$	678.42
2	Front Lhs door inner trim	1	\$	265.85
3	Front Lh door window / RP	1	\$	99.35
4	Front Lh door window outer grille / RM	1	\$	41.17
5	Front Lh door outer handle	1	\$	36.52
6	Front Lh door window regulator	1	\$	124.73
7	Front Lh door window motor	1	\$	220.56
8	Side mirror LH assy	1	\$	148.10
9	Side mirror Lh inner cover / MH	1	\$	22.00
10	Front Lh wheel mudguard / BR	1	\$	42.31
11	Front Lh Door inner window run moulding / BT	1	\$	89.90
12	Front Lh door window run channel / CR4	1	\$	49.76
13	Front Lh door upper hinge / BT	1	\$	32.40
14	Front Lh door lower Hinge / BT	1	\$	32.40



15	Lh rocker panel / <i>DN</i>	1	\$	2,373.70
16	Lh pillar B (between frt door and sliding dr) / <i>DN</i>	1	\$	1,987.90
17	Front Lh door lock	1	\$	48.99
18	Front Lh door speaker JBL / <i>7</i>	1	\$	230.00
19	Front Lh door visor <i>X</i>	1	\$	35.00
20	Front Door Step / <i>BT</i>	1	\$	30.15
21	Front Rest Panel <i>X</i>	1	\$	40.24
22	Front door clips / <i>MC</i>	12	\$	60.00
23	<i>Sliding door LH / <i>DN</i></i>			<i>695.91</i>
24				
25				
26				
27				
28				
29				
30				
31				

**TOTAL:**

Total Labour	\$	12,000.00
Total Parts	\$	6,689.45
	\$	18,689.45
Plus 7% GST	\$	1,308.26
Grand Total	\$	19,997.71

Should this repair job require any additional parts, we will inform you and bill you accordingly.  
Please confirm your acceptance of this quotation by sending us a return fax with your signature and company stamp on it.

Yours sincerely,

I agree and accept the above quotation.

Workshop Department

Signature & Company stamp

*Steve (LKK)*  
*16/8/22, 3:30pm*  
*8322 8813*

*Stevechen@lkkauto.com*

*OM-MAL*  
*EXARR-?*  
*P/P*  
*My Bel my*  
*14 dys*

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

is subject to final approval from Insurance Company

## 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	08/08/2022 16:52 (SGT)
Reported by	Both
Date of Accident	07/08/2022 07:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	WOODLANDS ROAD AND KRANJI ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBL8926P
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	LIANG CONSTRUCTION AND RENOVATION PTE LTD
Company Reg No	201819302D
Email Address	LIANGCONSTPL@GMAIL.COM
Mobile Phone No	(Phone) +65-83762402
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	DFSK EC35
Model	DFSK EC35
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?	Yes
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	1000

### INSURANCE COMPANY

Name of Insurance Company	United Overseas Insurance Ltd
Policy Number / Cover Note Number	20159249

### DRIVER

Name of Driver	ERULANDI BASKARAN
Work Permit No	G8230454T
Date Of Birth	10/03/1977
Occupation	Outdoor



Accident report SC1X2288000A

Driving Pass  
Licence  
Number  
Phone Number  
Address  
Postcode  
Is the driver the policyholder?  
If No, Relationship of the Driver with the Insured  
Does Driver Own Other Vehicles?  
Vehicle Registration Number of Other Vehicle Owned by Driver  
Insurance Company of Other Vehicle Owned by Driver

07/11/2013  
8 YEARS AND 9 MONTHS  
Male  
(Phone) +65-83762402  
-  
LIANGCONSTPL@GMAIL.COM  
1 BT BATOK CRESCENT  
#08-38 WCEGA PLAZA  
658064  
No  
Employee  
No  
-  
-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident  
Weather Conditions  
Road Surface

Collision - Cross Junction  
Clear  
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? Yes  
Was any injured conveyed to hospital by ambulance? Yes  
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 ROYSUBRATA KUMAR  
Gender Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? Yes  
Police Station Name Choa Chu Kang Neighbourhood Police Centre  
Police Station Phone No (Phone) +65-18007659999  
Alt. Police Station Phone No (Fax) +65-67644104  
Police Station Address No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286  
Was notice of intended Prosecution given? No  
If yes, against whom? -

#### CIRCUMSTANCES OF ACCIDENT

#### REFER ATTACHMENTS.

##### ATTACHMENT(S)

Are accident photos available for attachment? Yes  
Was there any video captured by Car Camera? Yes  
Reasons for not uploading a video of the accident WITH TRAFFIC POLICE

#### DETAILS OF OTHER VEHICLE PROPERTY 1



Registration Number	FBL7764X
Manufacturer	-
Model	-
Variant	-
Colour	-
Vehicle Category	Motorcycle
Name of Driver	UNKNOWN
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person	UNKNOWN
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBL7764X
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

## 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 Authorized 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, or 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 lodging 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 elsewhere.
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/envelope 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/are 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) in complying with requirements under any regulations, laws or court orders.



Policyholder's Signature  
Date & Time

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

Report made by the Insurer's Representative  
Name  
NRIC No.

## SKETCH PLAN



A : GBL 296 P

B : FBL 7164 Y

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.

Reporting Only

Claim OD

☒ Claim TP

Claim OD / TP at other workshop

## 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 Centre Personnel's Signature  
Name  
NR/C/IN No







**SINGAPORE  
POLICE FORCE**



T/20220807/2012

1 of 3

Report No. T/20220807/2012

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 07/08/2022 09:52	Vide Report No.: L/20220807/0060	Station Diary No.: 25
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**Informant's Particulars**

Name of Informant: ERULANDI BASKARAN			Address:	
ID Type / ID No.: FIN NO / G8230454T			Contact No.: Home/Office:	Mobile: 83762402
Nationality: INDIAN			Email:	
Sex: Male	Age: 45	Date of Birth: 10/03/1977	Type of Informant: Driver	
Race: Indian			Language:	Institution / School Name:
Occupation: Van driver			Driving Licence Information: Class: 3 Date of Expiry: 06/11/2023	

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 07/08/2022 08:35	Type of Location: Bend
Location:  WOODLANDS ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBL7764X	Motorcycle				Seriously Damaged	0
GBL8926P	Van				Slightly Damaged	1

**Details of Person Involved**

Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL	



**SINGAPORE  
POLICE FORCE**



T/20220807/2012

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Report No. T/20220807/2012

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

## CONTINUATION OF REPORT

<b>Rider</b>			
Name	Unknown Rider		ID No. NIL
Related Vehicle	FBL7764X (Motorcycle)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
<b>Driver</b>			
Name	ERULANDI BASKARAN		ID No. G8230454T
Related Vehicle	GBL8926P (Van)		Contact No. 83762402
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: 06/11/2023
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On the abovementioned date and time, I was driving my vehicle (GBL8926P) along Woodlands Rd, while i was turning right to Kranji Rd, A bike(FBL7764X) came from the left and hit onto the left side of my vehicle.

Bike owner was conveyed by ambulance and TP were at scene. 1 MicroSD card was seized under IO Daniel.

**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999



T/20220807/2012

1 of 3

Report No. T/20220807/2012

**CONTINUATION OF REPORT****Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report:

J/

SGT 2 ZENG JIE MIN, JASMINE

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

07/08/2022 09:52

Officer In Charge Of Case:

TP / GIT /

STAFF SGT ROIZMAN BIN MOHAMED

POSARI

Contact No.: 65476131

Classification Of Case:

NP168





**SINGAPORE POLICE FORCE**  
**ACKNOWLEDGEMENT SLIP**

10 Annie  
6547 6252

Ref: Report No: 1/202208001/0060

Woodlands Rd Kfarzi Rd 41

I, SSS T150049 Azri

(Recipient's Name, Contact No. / NRIC or Passport No. / Rank and No.)

of TP

(Address / Police Station / NPC / NPP)

hereby acknowledge receipt of the below mentioned items of:

1 1 x micro SD card 32GB

2

3

4

5

6

7

8

9

10

from G8230454T/Erulandi Baskaran

(Name, NRIC or Passport No. / Rank and No.)

of C/O: Liang Renovation in Construction works, 1 Bt Batok Crescent

(Address / Police Station / NPC / NPP)

on 07/08/2022

at 0835

(Date)

(Time)

#08-38 WCEGA Plaza  
8658264

Witnessed by / \* Handed over by:

(\* Delete if applicable)

E. Baskaran

(Signature)

Received by:

[Signature]

Signature

Erulandi Baskaran G8230454T SSS T150049 Azri

(Name, NRIC or Passport No. / Rank and No.)

(Name, Contact No. / NRIC or Passport No. / Rank and No.)

Other Remarks:



**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SC1X2288000A Vehicle Registration No: GBL 8926P  
 Name (as shown in NRIC): Liang Construction And Renovation Pte Ltd NRIC/FIN/Passport No: \_\_\_\_\_  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: \_\_\_\_\_ Singapore ( )  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 83762402  
 Email Address: \_\_\_\_\_  
 Date of Accident: 07/08/2022 Time of Accident: 07:30  
 Place of Accident: Woodlands Road And Kranji Road  
 Insurance Company: UOI

**(B) ADDITIONAL INFORMATION /AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Amend From 'Reporting Only' → 'Own Damage' claim  
Company Reg No: 201819302D



Policyholder / Driver's Signature  
Date:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Date: 11/08/2022

