

ASS. REC. BY: Taupp

REF:

CT1

ASSIGNMENT

From: DATE Date: DATE
Estimated Cost: DATE
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
To Inspect Vehicle No: DATE
at Workshop: DATE
of DATE
Insured: DATE
Policy No: DATE
Claims No: DATE
Sum Insured: DATE Excess: DATE
(Client's Record)
Make of Veh: DATE

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

Bal. or Market Value: 88012
IDAC Accident Report: DATE Consistent? : Yes or No
GIA / PR Seen: DATE Consistent? : Yes or No
Est. Repairs: DATE days Res.: Yes or No
Lum Sum: DATE % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: DATE Person Contacted: DATE

Vehicle: IN / OUT

Veh No: UP 9393K Yr Regn: 248, 026
Type: M.Car / M.Cycle / Bus / Van / Truck / Taxi / Prime Mover /
Truck / Trailer or FFB21
Make: Mitsubishi Canter c.c. 2998
Colour: Blue A/C: Insured / Std / NI / NA
Sp. Reading: 101590 T/Radio: Insured / Std / NI / NA
Eng/No: DATE
C/No: FFB21 EA 25322
Gen. Cond: Good / Fair / Poor / Burnt
Steering: Inorder / Jammed / Leaked / Burnt or
Brake: Inorder / Jammed / Leaked / Burnt or
Mod: NI / S / Rim / STD A/Rim or 195/85 RT5
Tyre Size: F: DATE R: DATE
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or Delium
Front: DATE Rear: DATE
R/Bal. 8 mm R/Bal. 8/8 mm
L/Bal. 8 mm L/Bal. 8/8 mm
D.O.A. DATE D.O.I. 27/7/23
Survey held at Efficient Auto
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

Date/Time, File Pass to?

☐ : Prel. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: DATE

Resurvey No. of Trip: DATE

Add Fee: ☐ : Site Insp (\$ DATE)

☐ : Interview (\$ DATE)

☐ : Tech. Invs (\$ DATE)

☐ : Wscl: end (\$ DATE)

Survey Fee: DATE

Transportation: DATE

Photos DATE

Others DATE

TOTAL DATE

Rep. Format: DATE

Lump Sum / L&J: DATE

EFFICIENT MOTOR & ENGINEERING WORKS PTE LTD

37LOYANG WAY SINGAPORE 508734

VEHICLE NO : YP9393B

MAKE & MODEL : MIT CANTER FEB21

CHASSIS NO : FEB21EA25322

DATE:

26 Jul 2023

CLAIM TYPE :

TP CLAIM

D.O.A:

10 May 2023

TO : CNTP

ADJUSTMENT ON REPAIR COST & REPLACEMENT OF PARTS

S/No.	QTY	DESCRIPTION	CONDITION / REMARKS	UNIT LIST PRICE	TOTAL LIST PRICE
1	1	REAR SIDE GATE LH		\$ 3,350.50	\$ 3,350.50
2	0	0		\$ -	\$ -
3	0	0		\$ -	\$ -
4	0	0		\$ -	\$ -
5	0	0		\$ -	\$ -
				\$ 3,350.50	\$ 3,350.50

TOTAL PRICE	\$ 3,350.50
LESS 25%	\$ 837.63
SUB TOTAL PRICE	\$ 2,512.88

S/No.	QTY	DESCRIPTION	CONDITION / REMARKS	UNIT S/NETT	TOTAL S/NETT
1	2	REAR WOODEN RAILING LH		\$ 500 800.00	\$ 1,600.00
2	1	REAR SIDE GATE STICKER		\$ 300.00	\$ 300.00
3	83	REAR SIDE GATE RAIL BRACKET		\$ 150 300.00	\$ 2,400.00
4	83	REAR SIDE GATE RAIL BRACKET WOODEN BLOCK		\$ 150 300.00	\$ 2,400.00
5				\$ -	\$ -

TOTAL S/NETT	\$ 1,700.00	\$ 6,700.00
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Labour Charges

1	To cut, weld, panel beat and repair on LH side panel and to replace damaged parts and affected areas	\$ 900.00	500
2	To putty and spray paint LH side panel, LH side gate and affected areas	\$ 700.00	500
3	To apply rust proofing on repair and replace panels	\$ 80.00	40

TOTAL LABOUR

\$ 1,680.00

Total Cost of Repairs

\$ 10,892.88

(Total parts + Total S/Nett + Total Labour Cost)

Taufan 97495741
WP 77/7/23 @ 220pm
L/S Resurvey after repair
Taufan @ 04 days

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:

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	12/08/2022 18:35 (SGT)
Reported by	Driver
Date of Accident	12/08/2022 07:55 (SGT)
Exact Location of Accident	Mandai Estate, Singapore
Additional Location Information	TOWARDS WOODLANDS ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YP9393B

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	PAN PACIFIC VAN & TRUCK LEASING PTE LTD
Company Reg No	2XXXXX635R
Email Address	ppemclaims@gmail.com
Mobile Phone No	(Phone) +65-94690114
Alternative Phone No	(Office) +65-62840827

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Canter
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	2998

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D19MFL0005549_02

DRIVER

Name of Driver	RAJENDHIRAN MANIMANDHIRI
Work Permit No	GXXXX207R
Date Of Birth	20/05/1991
Occupation	Outdoor

Date Of Driving Pass	03/07/2018
Driving experience	4 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-94690114
Alt. Phone Number	-
Email Address	ppemclaims@gmail.com
Address	BLK 205 BALESTIER ROAD #02-03
Address complement	-
Postcode	329682
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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 - Major/Minor Rd
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

ON 12/08/2022 AT ABOUT 0755HRS I WAS DRIVING VEHICLE A (YP9393B) ALONG MANDAI ESTATE TOWARDS WOODLANDS ROAD. WHILE DRIVING STRAIGHT SUDDENLY VEHICLE B (GBK7811Z) FROM MY LEFT SIDE REVERSING. UNFORTUNATELY VEHICLE B RIGHT REAR SWIPE VEHICLE A LEFT SIDE PORTION. NOBODY WAS INJURED DURING THE ACCIDENT.

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	GBK7811Z
Vehicle Manufacturer	Kia
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Name of Driver	NEW AH HOR
NRIC No	SXXXX837Z
Contact Number	(Phone) +65-98174251
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

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 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.

[Signature]

[Signature]

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time 12/08/2022 1630HRS

Witnessed by Reporting Centre Personnel FRO NAZREEN

Sketch Plan



A - YP9393B

B - GBK7811Z

MANDAI ESTATE
TOWARDS
WOODLANDS ROAD

Describe Circumstances of the Accident

ON 12/08/2022 AT ABOUT 0755HRS I WAS DRIVING VEHICLE A (YP9393B) ALONG MANDAI ESTATE TOWARDS WOODLANDS ROAD. WHILE DRIVING STRAIGHT SUDDENLY VEHICLE B (GBK7811Z) FROM MY LEFT SIDE REVERSING. UNFORTUNATELY VEHICLE B RIGHT REAR SWIPE VEHICLE A LEFT SIDE PORTION. NOBODY WAS INJURED DURING THE ACCIDENT.

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 12/08/2022 1630HRS



Witnessed by Reporting Centre Personnel FRO NAZREEN