

ASS. REC. BY:

REF: INC / 22008095 / 1kvKenneth

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: YN 5138J

Policy No. _____

Claims No. MT/1185289-002

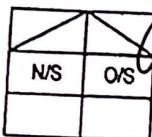
Sum Insured: _____

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: 06 days

Res.: Yes or No

Lum Sum: 20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Date / Time

Action / Instruction

2/9/22 Kenneth informed LS \$2250 (Red 3723.76, 62%)

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2) 5/9/22-typist

Days Of Repair: 6Resurvey No. of Trlp: 1

Survey Fee:

Transportation:

S - RS. \$

Fees

Others

TOTAL

Report Format: TP

Lump Sum / +B.t: (\$2250)

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Veh No: GBK 6379Yr Regn: 09, 20

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

Truck / Trailer or _____

Make: Toy Dynac.c. 2882Colour: Silver

AAC: Insured / Std / NI / NA

Sp. Reading: 28856

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTFAT35Y70K215317

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD A/Rim orTyre Size: F. Komendo 195/75R15R. Maxmike 155R12xP(1)

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

TOYO / YOKO or

Front

Rear

R/Bal. 6 mmR/Bal. 88 mmL/Bal. 6 mmL/Bal. 88 mmD.O.A. 22/8/22D.O.I. 23/8/2022

Survey held at

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

015 R1

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

KANG

AUTO ENGINEERING PTE LTD

Sin Ming Auto City

160 Sin Ming Drive #02-16 Singapore 575722 Tel: 6556 0103 (Main Line) Fax: 6556 1015
Email: kangauto@singnet.com.sg



M/S ZHENG FA TRADING PTE LTD
1769 Geylang Bahru, #01-06
Kallang Distripark, Singapore
339703

POLICY NO : THIRD PARTY CLAIMS
OUR REF : TP22/08-1167
VEHICLE NO : GBK6379L
MAKE/MODEL : TOY. DYNA
DATE OF ACCIDENT : 16.01.18

1 PC FRONT WINDSCREEN RUBBER
1 PC L/H DOOR
1 PC L/H DOOR LOCK
1 PC L/H DOOR BOARD
1 PC L/H DOOR OUTER MOULDING
1 PC L/H DOOR RUBBER
1 PC L/H DOOR REGULATOR
1 PC L/H POWER WINDOW MOTOR
1 PC L/H DOOR HINGE
1 PC L/H DOOR PILLAR
1 PC FRONT R/H MUDFLAP

S\$	348.20	X
B	1208.30	✓
M	262.90	✓
	450.33	✓
M	115.30	✓
	195.90	✓
B	295.65	X
B	509.35	X
B	78.25	X
B	460.33	✓
B	80.50	X
<hr/>		
	4,005.01	
LESS 25%	1,001.25	
	<hr/>	
	3,003.76	

1 PC COMPANY STICKER (R/H DOOR)
1 PC RH DOOR SPEAKER

S\$ 30.00 S'NETT
B 250.00 X

TO TRANSFER DOOR MECHANISM TO NEW DOOR
TO CHECK WIRING
TO PUTTY AND SPRAY PAINT
LABOUR CHARGES

S\$	260.00	601
	30.00	201
	900.00	500
	1500.00	700
<hr/>		
S\$	5,973.76	

YOURS FAITHFULLY,

KANG AUTO ENGINEERING PTE LTD

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:

Date:

NOT NOTHAW

1/18/18

Repairing After Paint

6 days

Used in :

Insurance Claims • Repairs all Types of Motor Cars • Vehicle Inspection Services • Car Rentals

☒ Scene Pic
☐ Auth Letter

☐ Owner
☒ Driver

ACCIDENT STATEMENT

Date of Accident

Time (24 HRS)

Location of Accident

22/8/22

10:30 AM

20 GUL WAY

OWNER/ POLICY HOLDER (VEHICLE A) - CLIENT INFORMATION

Vehicle Registration Number

GBK 6379L

Name of Policyholder

ZHENG FA TRADING PTE LTD

Full NRIC/ FIN/ Passport/ ROC (if owner is company)

199308332H

Address

1769 GUYANG BARU #01-06

Address

S) 339403

Contact Number

Tel:

Hp:

9144 7455

(MUST WRITE) - EMAIL ADDRESS (compulsory)*

VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model

TOYOTA DYNA

Type of Vehicle

AUTO/ MANUAL

Saloon, MPV, CRV, Van, Lorry, Bus M/cycle, Others:

Are you claiming under your own insurance policy?

☐ Yes

☒ No

Remarks:

3rd party

Vehicle category

☐ Private Hire

☐ Private

☒ Commercial

☐ Motorcycle

INSURANCE COMPANY (VEHICLE A)

Name of Insurance Company

GREAT EASTERN

Type of Policy

☒ Comprehensive

☐ TP Fire & Theft

☐ Third party

Fleet Policy

☐ Yes

☒ No

Policy Number

2021-V0118167-VCV

DRIVER

PLS SKIP THIS SECTION IF OWNER IS DRIVER

Name of Driver

CHONG TEK SIN

NRIC/ FIN/ Passport

77132830Z

Date of Birth

24-09-1971

Driving Pass Date

25-01-1992

Gender

☒ Male

☐ Female

Contact Number

Tel:

Hp:

9663 9675

Address

455A Fernvale Road #10-3P7

Address

S) 791445

(MUST WRITE) - EMAIL ADDRESS (compulsory)*

raymondhoi@sheng.com.sg

Was driver an employee of the Insured's Company?

☒ Yes

☐ No

If No, relationship of Driver with the Insured.

No. of Passenger in vehicle (Including Driver)

(Including Driver)

Please state Passenger Names:

Name:

Gender:

Name:

Gender:

Name:

Gender:

Vehicle Number of Driver's Own Vehicle (if applicable)

Insurance of Driver's Own Vehicle (if applicable)

GENERAL INFORMATION OF THE ACCIDENT

Weather Conditions

☒ Clear

☐ Raining

☐ Others:

Road Surface

☐ Wet

☒ Dry

☐ Others:

OTHER INFORMATION

Was there any foreign vehicle(s) involved? (Malaysia car)

☒ No

☐ Yes

Was anybody injured in the accident? (Including Witness)

☒ No

☐ Yes

Was any other vehicle(s) or property damaged?

☐ No

☒ Yes

Ambulance (Yes/ No)

Was there any video captured? (In-car camera in YOUR CAR)

☒ No

☐ Yes

YN51387

DETAILS OF POLICE ACTION

Was the accident reported to the Police?

☒ No

☐ Yes

Yes, please state which police station.

Was notice of intended Prosecution given?

☒ No

☐ Yes

Yes, against whom?

IMPORTANT NOTICE**SKETCH PLAN**

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 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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan