

ASS. REC. BY:

REF:

A15/ 22008193/kc

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: \$ 48k

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

07

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:

GBF 4222U

Yr Regn:

10, 16

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

Truck / Trailer or

Make:

Toy Dyna

c.c

2982

Colour:

White

AC:

Insured / Std / NI / NA

Sp. Reading

262824

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JTFA7354XOK 206465

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: M/T S/Rim / STD A/Rim or

Tyre Size:

Double King 195R15X8

R: Duraturn 155R12X8UD

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

TOYO / YOKO or

Front

R/Bal.

9

mm

Rear

R/Bal.

66

mm

L/Bal.

9

mm

L/Bal.

66

mm

D.O.A.

16/8/22

D.O.I.

2/9/2022

Survey held at

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

Refrigerator Burn

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

) S - RS. SI

) F. 105

) Others

TOTAL

Report Format :

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

City Auto Pte Ltd (Co.Reg.No:199503435C)  
160 Sin Ming Drive #05-01, Sin Ming AutoCity,  
Singapore 575722  
Tel: 6453 1235 Fax: 6453 7944 Email: jason@cityauto.com.sg

INSURER: Allianz Insurance Singapore Pte. Ltd. (HQ)

**PARTICULARS OF CLAIM**

Claim Type:	OD (Own Damage)	Ref. No:	
Policy No:	SPMF1000000508	Date of Loss:	16/08/2022
Vehicle Reg. No.:	GBF4222U	Driveable?	
Driver Age/Info:	20 / MALE	Party At Fault:	UNKNOWN
TP Injury Involved?	NO	Third Party Involved?	YES
Insured/Claimant:	SK CATERING EVENTS PTE LTD		
Driver:	Xavier Ker Chee Ching		

Make/Model:	TOYOTA DYNA 150 MANUAL, 3.0 D (M)	Vehicle Reg. Date:	11/10/2016
Vehicle Colour:	White/Red	Chassis No:	JTFAT35YX0K206465
Engine No:	1KD2616092		
Odometer:	0 KM		

Paint Type:

Total Loss? NO

Est. Duration of Repair (day) 7 ✓

Present Location: CITY AUTO PTE LTD (HQ)

*NOT WITHHOLD*  
*Running After repair*  
*Check Refrigerator insured how much??*

**COST OF CLAIMS**

	Amount
Parts	0.00
Miscellaneous Items	0.00
Labour	8,500.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	8,500.00
+ GST 7.00% (S\$)	595.00
Nett Amount (S\$)	9,095.00

This claim is handled by: VRONICA

Generated using Merimen e-Claims Internet Estimation & Adjusting System

**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:

## Estimates on Miscellaneous Items

There are no new miscellaneous items selected.

## Estimates on Labour

No Particulars

Lab.Type

Amount

### Labour Items

1	Refrigeration system (New)	New	8,500.00	✓
2	Supply and replace one (1) set Condenser Unit Assy (New sets)	New	-	
3	Modify and rectify Condenser Unit Bracket	New	-	
4	Supply and replace one (1) no Compressors	New	-	
5	Supply and replace one (1) length belting	New	-	
6	Supply and replace one (1) lot Piping	New	-	
7	Supply and replace one (1) length Liquid Hose c/w fittings	New	-	
8	Supply and replace one (1) length Suction Hose c/w fittings	New	-	
9	Supply and replace one (1) length Discharge Hose c/w fittings	New	-	
10	To test leakage by Nitrogen Gas (N2)	New	-	
11	To tension and align belting works	New	-	
12	To vacuum refrigeration system and replace R404gas	New	-	
13	Testing and commissioning of Refrigeration System with Temperature and Pressure Test	New	-	
14	Supply labour and services (1-year warranty)	New	-	
Gross Labour Cost (S\$)			8,500.00	

City Auto Pte Ltd/GBF4222U/24/08/2022 11:04. Not valid without Reference section.

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< END OF ESTIMATES >



8787 5612  
gladys.

## 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	17/08/2022 18:02 (SGT)
Reported by	Driver
Date of Accident	16/08/2022 20:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BLK 720 CLEMENTI WEST ST. 2
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF4222U
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	SK CATERING EVENTS PTE LTD
Company Reg No	201524451R
Email Address	maintenance@createris.com
Mobile Phone No	(Phone) +65-87875412
Alternative Phone No	(Office) +65-64114999

### 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?	Yes
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2982

### INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SPMF1000000508

### DRIVER

Name of Driver	XAVIER KER CHEE CHING
NRIC No	T0205663H
Date Of Birth	24/02/2002
Occupation	Outdoor

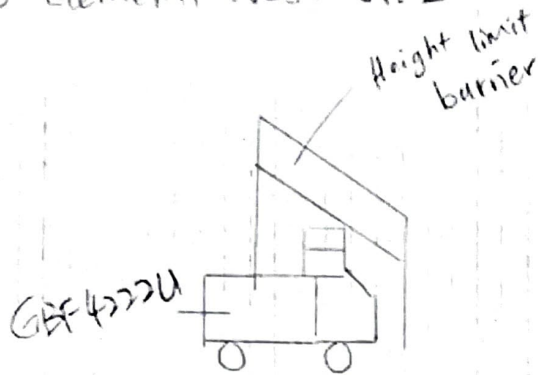
Describe Circumstance of the Accident

NOTE PLEASE TAKE NOTE THAT YOUR INSURER HAVE 14 DAYS TIME FRAME for you to submit OWN DAMAGE Claim under your Own Comprehensive policy. Pls check your policy for more information.

( ) Claim Own Policy ( ) Claim Third party ( ) Reporting Only  
( ✓ ) Claim OD TP at other workshop ( )

Sketch Plan

BLK 720 Clementi West St. 2




~~At 8pm~~ I parked at the last slot right beside the exit. At 8pm, I want to exit, so I checked for vehicle on the right before doing a full lock left U-turn. ~~When I look forward~~ When I look forward again, the barrier is block by the ceiling of the vehicle. Hence, I am unable to see it and knock it slightly at a low speed. After which, I reverse back, with no damage to the barrier.


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

 12/8/22  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC ID card) (Ys)