ASSIGNMENT From: Date: Weh No: GBF 4202U/r Regn: OI 1/6 Estimated Cost: Type: M.Carl M.Cycle / Bus / Van Leary Taxil / Prime Mover / Truck / Traller or Make: Dyng c.c 2982 at Workshop m/s City N/G of Folicy No. Claims No. Colour Whiz AC: Insured / Std / Ni / NA Eng/No: Colour Whiz AC: Insured / Std / Ni / NA Eng/No: Colour Whiz AC: Insured / Std / Ni / NA Eng/No: Colour Whiz AC: Insured / Std / Ni / NA Eng/No: Colour Whiz AC: Insured / Std / Ni / NA Eng/No: Colour Whiz AC: Insured / Std / Ni / NA Eng/No: Colour Whiz AC: Insured / Std / Ni / NA Eng/No: Colour Whiz AC: Insured / Std / Ni / Na Eng/No: Colour Whiz AC: Insured / Std / Ni / Na Eng/No: Colour Whiz AC: Insured / Std / Ni / Na Eng/No: Colour Whiz AC: Insured / Std / Ni / Na Eng/No: Colour Whiz AC: Insured / Std / Ni / Na Eng/No: Colour Whiz AC: Insured / Std / Ni / Na Eng/No: Colour Whiz AC: Insured / Std / Ni / Na Eng/No: Colour Whiz AC: Insured / Std / Ni / Na Eng/No: Colour Whiz AC: Insured / Std / Ni / Ni Eng/No: Colour Whiz AC: Insured / Std / Ni / Ni Eng/No: Colour Whiz AC: Insured / Std / Ni / Ni Eng/No: Colour Whiz AC: Insured / Std / Ni / Ni Eng/No: Colour Whiz AC: Insured / Std / Ni / Ni Eng/No: Colour Whiz AC: Insured / Std / Ni / Ni Eng/No: Colour Whiz AC: Insured / Std / Ni / Ni Eng/No: Colour Whiz AC: Insured / Std / Ni / Ni Eng/No: Truck / Traller or Make: Dyng AC: C2982 Colour Whiz AC: Insured / Std / Ni / Ni Eng/No: Truck / Traller or Make: Dyng AC: Colour Whiz AC: Insured / Std / Ni / Ni Eng/No: Truck / Traller or Make: Dyng AC: Dyng AC: Colour Prime Wall AC: Insured / Std / Ni / Ni Eng/No: Truck / Traller or Make: Dyng AC: Dyng AC	ASS. REC. BY:	22008193/kc
Truck / Traille or Truck / Traille or Wake: Interpret Interpre	Menneth ASS	SIGNMENT
Truck / Traille or Truck / Traille or Wake: Interpret Interpre	Date:	VALUE CORE LIGAR
Truck / Traille or Truck / Traille or Wake: Interpret Interpre		Type: M. Carl
To inspect Vehicle No: at Workshop m/s of at Workshop m/s of at Workshop m/s of colour Asserted: Co	96 TP/WS/TP RES/OD RES/EVA/INV/MV	
at Workshop m/s of of y=1/4 pot of of y=1/4 pokey No. Claims No. Consistent Para	To Inspect Vehicle No:	Truck / Trailer or
Insured: Pocky No. Chare No.	at Workshop m/s	Make: Lay Dyng cc 2822
Insured: Pokey No. Claims No. Cla	of City Mb	Colour
Claims No. Claims No. Sum insured: (Claims Record) Make of Vah: (Policy Condition) Remark: The vah had commenced its repair at the time of inspection. Bal. or Market Value: (By PR Seen: Consistent?: Yes or No. Est. Repairs: CA / REV / REP. / 24 HRS Date: Date: Date: Date / Time Action / Instruction Consistent? Person Contacted: Date / Time Action / Instruction Consistent? Consistent? Consistent? Consistent? Consistent?: Yes or No. Date: Consistent? Consisten	Insured:	2 ()
Claims No. Sum insured: Excess: 7/1/1 (Clean's Record) Make of Veh: PAA (Policy Condition) Pemark: The veh had commenced its repair at the time of inspection. Bat or Market Value: PAA IDAC Accident Roort: Consistent?: Yes or No Est. Repairs: Of days Res.: Yes or No Lum Sum: % 3 Val.: Yes or No Date: Person Contacted: No. Ost of Danages: Frt Rear Ois Nis UIC Rooftop or Resident Date: Person Contacted: The UIC Chassis frame Body Structure affected due to collision. Date Time Action Instruction Choic: Person Contacted: Structure Survey Fee: IDAC The UIC Chassis frame Body Structure affected due to collision. Date Time Action Instruction Choic: Structure Survey Fee: IDAC The UIC Chassis frame Body Structure affected due to collision. Date Time Action Instruction Choic: Structure Survey Fee: IDAC The UIC Chassis frame Body Structure IDAC The UIC Chassis frame Body Structure Instructure Survey Fee: Instructive Survey	Policy No.	Eigho:
Sum insured: (Clent's Record) Make of Veh: PAN		CNO: TTFAT35XX at Dalle
Steeling: Inputative Jammed Leaked Burnt or		Gen. Cond: 2000 / Fair / Poor / Burnt
Brake: Incoder Jammed Leaked Burnt or Mod: SPT STR STR Mod: SPT STR STR Mod: SPT STR STR Mod: SPT STR	Excess: (II/)	
Modi: WITTERIM STO ARIM or Tyre Size: Fubit Ming PSR 5 X f NS NS Repairs Toyol / Volko or	•	
(Poday Condition) Remark: The veh had commenced its repair at the time of Inspection. Bal. or Market Value: Bal. or Market Value: Bal. or Market Value: GIA / PR Seen: Consistent?: Yes or No Est. Repairs: A 3 Val.: Yes or No CA / REV / REP. / 24 HRS Date: Person Contacted: Date / Time Action / Instruction Add Fee: Site Insp (\$]. Seas: R: Duratura Y5R / 5 X Ø Report Y5R / 5 X Ø R: Duratura Y5R / 5 X Ø R: Du	7	
Plemark: The vein had commenced its repair at the time of inspection. Bal. or Market Value: IDAC Accident Roor: Consistent?: Yes or No Est. Repairs: J. days Res.: Yes or No Lum Sum: S. 3 Val.: Yes or No Date: Date: Person Contacted: Date: Date: Date: Date: Person Contacted: Date: Person Contacted: Date: Person Contacted: Date: Date: Date: Date: Date: Date: Person Contacted: Date: Person Contacted: Date:	· · · · · · · · · · · · · · · · · · ·	
Bal or Market Value: Consistent?: Yea or No		7
Bal. or Market Value: IDAC Accident Roort Consistent?: Yes or No GIA / PR Seen: Consistent?: Yes or No Est. Repairs: CA / REV / REP. / 24 HRS Date / Time Action / Instruction Cate / Time Action / Instruction Date / Time Action / Instruction Date / Time Final Report Person Contacted: Date / Time Final Report Person Contacted: Cate / Time Cate / Time / Cate / Time Cate / Time / Cate /		BS/DUN/FXNOVA (CV/ES/17)
Bal of Market Value: IDAC Accident Rport Consistent?: Yea or No GIA / PR Seen: Consistent?: Yea or No Est. Repairs: 7 days Res.: Yea or No Lum Sum: 9 3 Val.: Yes or No CA / REV / REP. / 24 HRS Vehicle: IN / OUT Date: Person Contacted: Date / Time	repair at the time of inspection.	TOYO / YOKO or
IDAC Accident Rport GIA / PR Seen: Consistent?: Yes or No Est. Repairs: 7 days Res.: Yes or No Lum Sum: % 3 Val.: Yes or No CA / REV / REP. / 24 HRS Date: Person Contacted: Person Contacted: Date / Time	Bal. or Market Value: & 48/k	
GIA / PR Seen: Consistent?: Yes or No Est. Repairs: Of days Res.: Yes or No Lum Sum: % 3 Val.: Yes or No CA / REV / REP. / 24 HRS Date: Person Contacted: Vehicle: IN / OUT Date / Time Action / Instruction Contact Days Of Repair: Days Of Repair: Days Of Repair: The UIC / Chasals frame / Body Structure affected due to collision. Date / Time Report Days Of Repair: Time Contact Days Of Repair: Days Of Repair: Time Contact Days Of Repair: Days Of R	IDAC Accident Rport: Consistent? : Yes or No	PRN G
Est Repairs:		mm RVBat. 06 mm
Lum Sum: % 3 Val.: Yes or No CA / REV) / REP. / 24 HRS Date: Person Contacted: Vehicle: IN / OUT Date / Time Action / Instruction The U/C / Chassis frame / Body Structure affected due to collision. Date / Time / Instruction The U/C / Chassis frame / Body Structure affected due to collision. Date / Time / Instruction The U/C / Chassis frame / Body Structure affected due to collision. The U/C / Chassis frame / Body Structure affected due to collision. The U/C / Chassis frame / Body Structure affected due to collision. The U/C / Chassis frame / Body Structure affected due to collision. The U/C / Chassis frame / Body Structure affected due to collision. The U/C / Chassis frame / Body Structure affected due to collision. The U/C / Chassis frame / Body Structure affected due to collision. The U/C / Chassis frame / Body Structure affected due to collision. The U/C / Chassis frame / Body Structure affected due to collision. The U/C / Chassis frame / Body Structure affected due to collision. The U/C / Chassis frame / Body Structure affected due to collision.	7	mm Usal. 66 mm
CA / REV / REP. / 24 HRS Date: Person Contacted: Vehicle: IN / OUT Date / Time Action / Instruction Days Of Repair:		-01/102
Date : Person Contacted: Vehicle: IN / OUT Date / Time Action / Instruction		
Date / Time Action / Instruction Days Of Repair:	7297 121. 7 2411110	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Date / Time Action / Instruction Date / Time Action / Instructi	Vehicle: IN / OUT Date: Person Contacted:	
Days Of Repair: Days Of Repair:		The U/C / Chassis frame / Body Structure affected due to collision.
Survey Fee: Survey Fee:	Action / Instruction	
Survey Fee: Survey Fee:		
Survey Fee: Survey Fee:	1	
Survey Fee: Survey Fee:	Osta/Time File Pass in?	
Cota/Time, File Return to? Add Fee: : Site Insp (\$) _ S - RSSI : Interview (\$) _ Fire / S Report Format: Tech Invs (\$) Others	Prell. Report Da	ays Of Repair:
Add Fee: : Site Insp (\$)s - Rssi : Interview (\$) _ Fix 105 Report Format: Tech Invs (\$) Others	i) : Final Report Re	Survey No. of Trip: Survey Fee:
Report Format:	Duta/Time, File Return to?	Transportation
Report Format:	7 Add Fee:	: Site Insp (\$) s-Rs. SI
Report Format:	,	
The state of the s		: Interview (\$) Fix '55
Lump Sum / I.B.I: (S) Weekend (\$)	Report Format :	Tech Invs (\$), Ottons
AAGAMO (A	ump Sum / I B I: /S	Weekend (\$
	The same of the sa	Transfer to

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

INGURER:

Allianz Insurance Singapore Ptc. Ltd. (HQ)

PARTICULARS OF CLAIM		Single Control	
Claim Type:	OD (Own Damage)	Ref. No:	it de la companya de la filia primer de la companya
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		
Engine No:	1KD2616092	Chassis No:	JTFAT35YX0K206465
Odometer:	0 KM	NOT!	Whash
Paint Type: Total Loss?	NO / Check	Renna,	Nothership After Resire word how much ??
Est. Duration of Repair (day)	7 0	tem geretar ins	ure how much !?
Present Location:	CITY AUTO PTE LTD (HQ)		
COST OF CLAIMS			Amount 0.00
Parts			0.00
Miscellaneous Items			
Labour			8,500.00
Paintwork Labour			0.00
Towing			0.00
	Gro	oss Total (S\$)	8,500.00
	+ GS	ST 7.00% (S\$)	595.00

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
Labo	our Items	20011700	Amount
1 2	Refrigeration system (New)	New A	8,500.00
3	Supply and replace one (1) set Condenser Unit Assy (New sets) Modify and rectify Condenser Unit Bracket	New New	-
	Supply and replace one (1) no Compressors Supply and replace one (1) length belting	New New	-
	Supply and replace one (1) lot Piping	New	-
	Supply and replace one (1) length Liquid Hose c/w fittings Supply and replace one (1) length Suction Hose c/w fittings	New New	-
)	Supply and replace one (1) length Discharge Hose c/w fittings To test leakage by Nitrogen Gas (N2)	New New	The second of the control of the con
2	To tension and align belting works	New	
3	To vacuum refrigeration system and replace R404gas Testing and commissioning of Refrigeration System with Temperature and Pressur Test	New New	- · · · · ·
4	Supply labour and services (1-year warranty)	New	
	Gross La	bour Cost (S\$)	8,500.00

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

Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

SC11228H0009 / CHENG HOE MOTOR PTE LTD[768761] ENTRY DATE & TIME: 17/08/2022 18:02 (SGT) SUBMITTED BY: CHIONG BENG CHOON VERSION: 1 (17/08/2022 18:02 (SGT))





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 witholding of material facts may allow insurance companies to repudiate Information provided must be as truthful and accurate as possible. The policy liability on the part of the insurance companies.

The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

The issue and acceptance of this Form by insurance companies.

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 Reported by Date of Accident **Exact Location of Accident** Additional Location Information

17/08/2022 18:02 (SGT) Driver

16/08/2022 20:00 (SGT)

Singapore

BLK 720 CLEMENTI WEST ST. 2

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

GBF4222U

INSURED/POLICYHOLDER

Country/State of Loss

Is company? Name Of Registered Owner Company Reg No **Email Address** Mobile Phone No Alternative Phone No

SK CATERING EVENTS PTE LTD 201524451R maintenance@createris.com (Phone) +65-87875412 (Office) +65-64114999

VEHICLE PARTICULARS

Manufacturer Model Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category **Transmission** CC

Dyna

Toyota

Employment

Yes Commercial vehicle Manual 2982

INSURANCE COMPANY

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

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

XAVIER KER CHEE CHING T0205663H 24/02/2002 Outdoor



Describe Circumstance of the Accident	The second secon	
" NOTE PLEASE TAKE NOTE THAT YOUR INSURER HAVE 14	DAYS TIME FRAME for your	0 Submit Gyman
Claim under your Own Comprehensive policy. Pls check	your policy for more info	Imation
() Claim Own Policy () Claim Third party		
(✓) Claim OD TP at other workshop (() Reporti	ng Onlly
Sketch Plan		1
BIK 720 Clements Wost St. 2		
tives 41		
Hoight limit	(
Pur		
		, ,
1-231)	1	
CK HUNDU		
0 0		
	1	1 1 1 1 1 2 2 2 2
At 23 I purhed at the last slot rip	ht beside the e	xit. Af Rom.
I want to exit, so I checked for ve		
I want to exit, so & checked for we	male on the right	beione doing
a full lock left U-Turn. When the	when I	COK COLMONA
again, the barrier is block by the co	illing of the ven	icle. Hence, I am
wable to see it and knock it sligh	ty at a low spe	ed. After which,
I reverse back, with no damage to	the barrier.	to provide the control of the contro
		processation of page 16 constant amount of the page 16
at Break amountain and its		
The second secon	magazini i y Ario pla madousa kaj interrepositiones miniĝas limbajo. Antiko na mari incimi	
The second secon	The second section of the second seco	an politicament.
the contract of the contract o	and the second and th	the commence of the state of th
A STATE OF THE PARTY OF THE PAR	AND THE RESERVE OF THE PARTY OF	AND AND ASSESSMENT OF THE PARTY
the second section of the second	Company of the Compan	And the second s
	no adaptition on the contract) and adjustment of the control of t
The second secon		the states without the state of

Declaration

I/We declare the foregoing particulars are true in every respect



& Time

Driver's Signature (if driver is not the policyholder) / Date

Witnessed by Reporting Centre Personnel (Name as in NRICAD card) (YS)