

ASS. REC. BY:

REF:

A15/ 22008193/kc

C

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:

IDAC Accident Rpt:

GIA / PR Seen:

Est. Repairs:

Lum Sum:

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

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

Truck / Trailer or

Make:

Colour

Sp. Reading

Eng/No:

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: NH / S/Rim / STD A/Rim or

Tyre Size:

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

TOYO / YOKO or

Front

R/Bal.

L/Bal.

D.O.A.

Survey held at

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

24/12 @ 8500 Cash (No. reduction, 0%)

Date/Time, File Pass to?

☐

: Prell. Report

☒

: Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

\$ + RS. \$

Fees

Others

TOTAL

Report Format :

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

8500

87875612
gladus.

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
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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

Date Of Driving Pass	04/03/2021
Driving experience	1 YEAR AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91911185
Alt. Phone Number	-
Email Address	arul_1985@hotmail.com
Address	BLK 713 CLEMENTI WEST ST. 2 #03-121
Address complement	-
Postcode	120713
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	Collided into Property
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	No
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

REFER TO ATTACHED. *REPAIR AT OTHER WORKSHOP*

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

SKETCH PLAN

VEHICLE NO. GBF 4222U
INSURER Allianz
DATE OF ACC 16/8/22 @ 20:00

IMPORTANT NOTICE

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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.

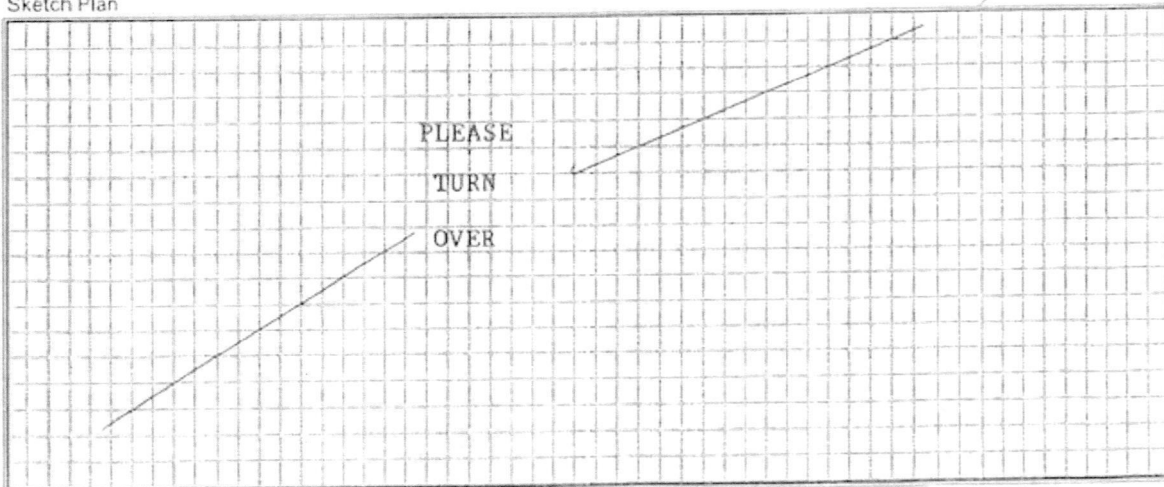


Policyholder's Signature / Date & Time

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

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

Sketch Plan



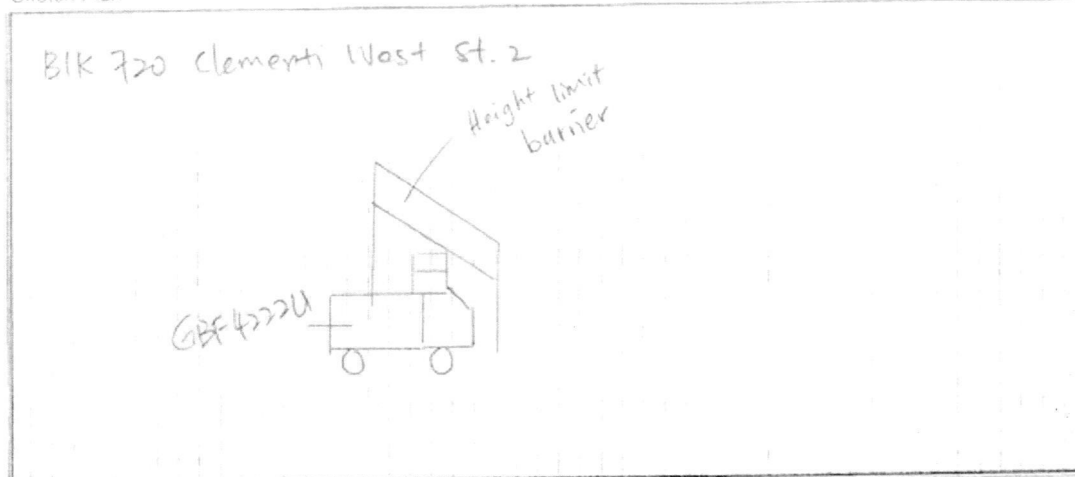
Describe Circumstance of the Accident

** NOTE PLEASE TAKE NOTE THAT YOUR INSURER HAVE 14DAYS 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 ☒ TP at other workshop ()

Sketch Plan



~~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

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

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		
Engine No:	1KD2616092	Chassis No:	JTFAT35YX0K206465
Odometer:	0 KM		

Paint Type:

Total Loss? **NO**

Est. Duration of Repair (day) 7 ✓

Present Location: CITY AUTO PTE LTD (HQ)

NOT Withheld
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 (\$\$)	8,500.00
+ GST 7.00% (\$\$)	595.00
Nett Amount (\$\$)	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:

REPAIR DETAILS

Reference

Part Source: (Last Synchronised: 24 Aug 2022)
Parts: N/A TOYOTA DYNA 150 MANUAL 3.0 D (M) (Model not available in database)
Labour: Repairer's (Price-denominated Standard List)
Print Code: City Auto Pte Ltd/GBF4222U/24/08/2022 11:04
Validity: These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page
Further Info: Items/values not in reference catalogue are prefixed with an asterisk *.

Estimates on Parts

There are no new parts selected.

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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 <i>AM</i>	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 (\$\$)			8,500.00

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< END OF ESTIMATES >