

**ASSIGNMENT**

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
 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: \_\_\_\_\_

Veh No: YN9333K Yr Regn: 6/10/15  
 Type: M.Car / M.Cycle / Bus / Van /  Lorry / Taxi / Prime Mover /  
 Truck / Trailer or \_\_\_\_\_  
 Make: ISUZU MHR85 c.c. 1999  
 Colour: Blue A/C: Insured / Std / NI / NA  
 Sp. Reading: N/A T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: JANHR85EP7100279  
 Gen. Cond: Good /  Fair / Poor / Burnt  
 Steering: In order / Jaimmed / Leaked / Burnt or \_\_\_\_\_  
 Brake: In order / Jammed / Leaked / Burnt or \_\_\_\_\_  
 Mod: Nil / S/Rim /  STD A/Rim or \_\_\_\_\_  
 Tyre Size: F: 195/75R15  
 R: "

(Policy Condition)  
 Remark: The veh had commenced its repair at the time of inspection.  

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
N/S	O/S

  
 Bal. or Market Value: \_\_\_\_\_  
 IDAC Accident Rpt: \_\_\_\_\_ Consistent? : Yes or No  
 GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No  
 Est. Repairs: \_\_\_\_\_ days Res.: Yes or No  
 Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No  
 CA / REV / REP. / 24 HRS  
 Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO /  YOKO or \_\_\_\_\_  

Front	Rear
R/Bal. <u>4</u> mm	R/Bal. <u>4</u> mm
L/Bal. <u>4</u> mm	L/Bal. <u>4</u> mm
D.O.A. <u>22/8/20</u>	D.O.I. <u>31/8/20</u>

 Survey held at City Auto  
 Des. of Damages:  Frt / Rear  N/S / N/S / UIC / Rooftop or \_\_\_\_\_  
 The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>MV-30K</u>
	<u>PV-1616</u>
	<u>NV-28,384</u>

Date/Time, File Pass to?  : Prell. Report  
 : Final Report  
 Date/Time, File Return to? \_\_\_\_\_  
 2) \_\_\_\_\_  
 Report Format: \_\_\_\_\_  
 Lump Sum / I.E.H. (\$) \_\_\_\_\_

Days Of Repair: \_\_\_\_\_  
 Resurvey No. of Trip: \_\_\_\_\_

Add Fee:  : Site Insp (\$ \_\_\_\_\_)  
 : Interview (\$ \_\_\_\_\_)  
 : Tech. Invs (\$ \_\_\_\_\_)  
 : Weekend (\$ \_\_\_\_\_)

Survey Fee: \_\_\_\_\_  
 Transportation: \_\_\_\_\_  
 S + RS. SI \_\_\_\_\_  
 Photos \_\_\_\_\_  
 Others \_\_\_\_\_  
 TOTAL \_\_\_\_\_

INSURER:

**ERGO Insurance Pte. Ltd. (HQ)**

**PARTICULARS OF CLAIM**

Claim Type:	OD (Own Damage)	Ref. No:	
Policy No:	DMCG21012341	Date of Loss:	22/08/2022
Vehicle Reg. No.:	YN9333K	Driveable?	
Driver Age/Info:	/ MALE	Party At Fault:	UNKNOWN
TP Injury Involved?	NO	Third Party Involved?	YES
Insured/Claimant:	MSI INTEGRATED PTE LTD	Contact No:	+6588959741
Driver:	Aslam Bin Daing Sulaiman		
<hr/>			
Make/Model:	ISUZU NHR85AUE4A, 3.0 D R1 (M)	Vehicle Reg. Date:	06/10/2015
Vehicle Colour:	Blue		
Engine No:	4JJ12C3113	Chassis No:	JAANHR85EF7100279
Odometer:	0 KM		
<hr/>			
Paint Type:			
Total Loss?	<b>NO</b>		
Est. Duration of Repair (day)	28		
<hr/>			
Present Location:	CITY AUTO PTE LTD (HQ)		
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<b>COST OF CLAIMS</b>	<b>Amount</b>
Parts	10,158.50
Miscellaneous Items	12,793.00
Labour	11,230.00
Paintwork Labour	0.00
Towing	80.00
	<hr/>
<b>Calculated Gross Total (S\$)</b>	<b>34,261.50</b>
<b>- Excess (S\$)</b>	<b>500.00</b>
	<hr/>
<b>(S\$)</b>	<b>33,761.50</b>
<b>+ GST 7.00% (S\$)</b>	<b>2,363.31</b>
	<hr/>
<b>Nett Amount (S\$)</b>	<b>36,124.81</b>

**This claim is handled by: VRONICA**

*Generated using Merimen e-Claims Internet Estimation & Adjusting System*

# AIR DETAILS

Reference: (Last Synchronised: 30 Aug 2022)  
 Part Source: N/A ISUZU NHR85AUE4A 3.0 D R1 (M) (Model not available in database)  
 Parts: Repairer's (Price-denominated Standard List)  
 Labour: City Auto Pte Ltd/YN9333K/30/08/2022 16:10  
 Print Code: 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  
 Validity: Further Info: Items/values not in reference catalogue are prefixed with an asterisk \*.

## Estimates on Parts

No.	Qty	Part No.	Particulars	%Disc	%Depr	Amount
1	2		*Cabin front mounting bracket, LH & RH	0.00	0.00	*450.00 F
2	1		*Torsion bar lever	0.00	0.00	*330.00 F
3	1		*Torsion bar, upper	0.00	0.00	*165.00 F
4	1		*Charge air cooler	0.00	0.00	*860.00 F
5	1		*Radiator	0.00	0.00	*1,350.00 F
6	1		*Radiator fan guide	0.00	0.00	*180.00 F
7	1		*Cooling fan	0.00	0.00	*260.00 F
8	1		*Air con condenser	0.00	0.00	*600.00 F
9	1		*Air con condenser housing	0.00	0.00	*500.00 F
10	1		*Air con compressor	0.00	0.00	*700.00 F
11	2		*Cabin rear mounting bracket, LH & RH	0.00	0.00	*630.00 F
12	2		*Cabin rear mounting upper rubber cushion	0.00	0.00	*100.00 F
13	2		*Cabin rear mounting bracket upper	0.00	0.00	*110.00 F
14	1		*Engine control unit	0.00	0.00	*3,000.00 F

F=Franchise part.

**Sub Total (S\$)** 9,235.00  
**+ Margin on L,N Items 10.00% (S\$)** 923.50  


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**Total Parts (S\$)** 10,158.50

City Auto Pte Ltd/YN9333K/30/08/2022 16:10. Not valid without Reference section.  
 Generated using Merimen e-Claims IEAS

# Estimates on Miscellaneous Items

Qty	Particulars	Amount
<b>Miscellaneous Items</b>		
2	Aluminium box, front panel aluminium sheets	900.00
2	Aluminium box, side support pole, LH & RH	700.00
2	Aluminium box, sliding door assy, LH & RH	1,200.00
1	Brake oil	18.00
1	Clutch oil	18.00
1	IU bracket sticker	5.00
4	Power steering oil	72.00
12	Radiator coolant	180.00
1	Rear deck front support frame	1,200.00
1	Used cabin assy	8,500.00
<b>Sub Total (\$\$)</b>		<b>12,793.00</b>

# Estimates on Labour

No	Particulars	Lab.Type	Amount
<b>Labour Items</b>			
1	Remove damaged cabin and replace used cabin, front & rear cabin mounting, charge air cooler, radiator & other damaged parts, realignment etc.	New 1500	4,200.00
2	Remove and install engine & gearbox, to jack, straighten and realign chassis frame	New ?	2,500.00
3	To cut and remove aluminium box damaged panel & poles, replace and welding new panel. Including jack and realign whole aluminium box	New 800	2,000.00
4	Remove and replace air con condenser and relevant parts. Vacuum and replenish air con gas	New 150	180.00
5	Computer diagnose and resetting, including programming ECU	New 100	350.00
6	Spray painting cabin and rear box	New 1400	1,800.00
7	Logo writing for front cabin, include LGV sticker	New 150	200.00
<b>Gross Labour Cost (\$\$)</b>			<b>11,230.00</b>

City Auto Pte Ltd/YN9333K/30/08/2022 16:10. Not valid without Reference section.  
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< END OF ESTIMATES >

Steve (LKK)  
31/8/22, 1-3pm

OP - M L L  
EXC...?

LIS

ly M y

check repair limit

14 Lys

**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:

# 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 willful 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 ..... 22/08/2022 17:41 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 22/08/2022 11:30 (SGT)  
Exact Location of Accident ..... Tuas South Ave 3, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... YN9333K  
  
INSURED/POLICYHOLDER  
  
Is company? ..... Yes  
Name Of Registered Owner ..... MSI INTEGRATED PTE LTD  
Company Reg No ..... 2XXXXX613Z  
Email Address ..... lsl.ops.msi@masindologic.com  
Mobile Phone No ..... (Phone) +65-88959741  
Alternative Phone No ..... (Office) +65-68427228

## VEHICLE PARTICULARS

Manufacturer ..... Isuzu  
Model ..... Nhr85aue4a  
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? ..... Yes  
Vehicle Category ..... Commercial vehicle  
Transmission ..... Manual  
CC ..... 2999

## INSURANCE COMPANY

Name of Insurance Company ..... ERGO Insurance Pte. Ltd.  
Policy Number / Cover Note Number ..... DMCG21012341

## DRIVER

Name of Driver ..... ASLAM BIN DAING SULAIMAN  
NRIC No ..... SXXXX156J  
Date Of Birth ..... 22/08/1988  
Occupation ..... Outdoor

Process Number  
 Process completed  
 Insurance Code  
 Signature Of Driver  
 Details of Driver  
 No. Of Pages

Date Of Driving Pass ..... 29/07/2011  
 Driving experience ..... 11 YEARS AND 1 MONTH  
 Gender ..... Male  
 Mobile Number ..... (Phone) +65-88959741  
 Alt. Phone Number ..... -  
 Email Address ..... Isl.ops.msi@masindologic.com  
 Address ..... APT BLK 191 BOON LAY DRIVE #04-146  
 Address complement ..... -  
 Postcode ..... 640191  
 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 ..... Collision - Head to Rear  
 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

REFER TO SKETCH PLAN

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 ..... XD6041L  
 Vehicle Manufacturer ..... -  
 Vehicle Model ..... -  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 Vehicle Category ..... Commercial vehicle  
 Name of Driver ..... GURPREET SINGH  
 Passport No/FIN ..... GXXXX223M

Number ..... -  
SS ..... -  
ess complement ..... -  
code ..... -  
Insurance Company Name ..... -  
ature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... -

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
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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.



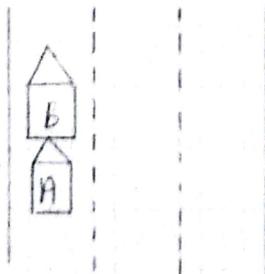
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

CITY AUTO PTE LTD  
 Blk 8 Sin Ming Road  
 #01-58/60/62 Sin Ming Ind Est  
 Singapore 575643  
 Tel: 6453 1234 Fax: 6453 7944  
 (Claims Section)

Sketch Plan



(A) YN9333K

(B) XD6041L

**Describe Circumstances of the Accident**

On 22/8/22 around 11:30 hours, I was driving company vehicle YN9333K along Tuas South Avenue 3 on the extreme left lane. Suddenly, the vehicle in front of me stopped, I cannot brake in time and hit onto his rear side.

**Declaration**

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

**CITY AUTO PTE LTD**

BK 8 Sin Ming Road  
 #01-58/60/62 Sin Ming Ind Est  
 Singapore 575643  
 Tel: 6453 1235 Fax: 6453 7944  
 (Claims Section)

Witnessed by Reporting Centre Personnel