

ASS. REC. BY:

REF:

CS/INC 22008761/D<sub>97</sub><sup>3</sup>

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.

N/S	O/S

Bal. or Market Value: \_\_\_\_\_

IDAC Accident Rpt: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: 4 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Veh No: GBF 4585Y Yr Regn: Nov 2016

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

Truck / Trailer or

Make: Toyota Dyna e/c 2983/2983 2982

Colour: Silver A/C: Insured / Std / NI / NA

Sp. Reading: 119048 T(Radio): Insured / Std / NI / NA

Eng/No: 1KD2654084

C/No: JTFAT35Y80K206996

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: NI / S/Rim / STD A/Rim or

Tyre Size: F: 195 R15C

R: 155 R12 (D/D)

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

TOYO / YOKO or

Front: Michin Rear: Yokohama

R/Bal: 5 mm R/Bal: 5/5 mm

L/Bal: 5 mm L/Bal: 5/5 mm

D.O.A: 06/08/2022 D.O.I: 06/09/2022

Survey held at: Goh Lee Hwa AMIC

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

H/S Parkin

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

Date / Time	Action / Instruction
	HTAC SMH7894U
20/10/22	Invoice 215 2,020/- with 4 days of lay (Red @ 59/15.05, 75%)

Date/Time, File Pass to?

1) 21/10/2022

Date/Time, File Return to?

2) \_\_\_\_\_

Prel. Report

Final Report

Days Of Repair: 4

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

\$ + RS \$

Photos

Others

TOTAL

Add Fee:  Site Insp (\$)

Interview (\$)

Tech. Invs (\$)

Weekend (\$)

Report Format: TP

Lump Sum / I.B.: (\$ 2000)

**GOH LEE HWA AUTOMOBILE PTE LTD**

Block 5033 Ang Mo Kio Industrial Park 2

#01-255 Singapore 569536

Tel No: (65) 6482 5168

Fax No. (65) 6482 4452

Co.reg no. 200808259H

**Reference No: 50922**

**[WITHOUT PREJUDICE SAVE AS TO COSTS]**

**Date: 05.09.2022**

**Excel M&E Pte Ltd**

**10A Bendemeer Road #14-109 Bendemeer Light  
Singapore 331010.**

**Toyota Dyna**

**Estimated Repair Cost for Vehicle Reg. No: GBF 4585 Y**

**REPLACEMENT OF DAMAGED PANELS / PARTS**

1 Pc. Front LH Head Lamp Assy. <i>cut</i>	899.45 ✓	727.10
1 Pc. Front Bumper <i>vt / Repair</i>	498.10 ✓	
1 Pc. Front LH Door <i>reg</i>	1,680.00 ✗	
1 Pc. Front LH Door Inner Rubber <i>HH</i>	269.00 ✗	
1 Pc. Rim <i>HH</i>	498.00 ✗	
1 Pc. Tyre 195 x 15 <i>HH</i>	295.00 ✗	
1 Pc. Door Company Sticker <i>HH/cut</i>	25.00 ✓	SN
1 Pc. Rear End Stopper <i>HH</i>	38.00 ✓	
1 Pc. Knuckle Arm LH <i>HH</i>	598.00 ✗	
1 Pc. Knuckle Hup Bearing LH <i>HH</i>	289.00 ✗	
1 Pc. Wheel Dust Garnish <i>cut / vt</i>	245.50 ✓	

**Total (Panels / Parts): 5,335.05 (SGD)**

*List 1508.70*

*25% 1131.52 =*

*SN 25.00 =*

**LABOR CHARGES**

To remove & refit door wire lamp & check wiring.	120.00 <i>HH</i>
To knocking, straightening repair & renew all accident damaged affected area.	<del>800.00</del> <i>600/-</i>
To respray painting inner 7 outer portion & all accident Affected area.	<del>1,000.00</del> <i>800/-</i>

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To adjust camber castor, computer wheel alignment & test drive.

180.00 60/-

To remove & refit under carriage affected damaged Parts.

400.00 44

1460.00 =

To press hup bearing.

80.00 44

**Total (Labor Charges): 2,580.00 (SGD)**

**TOTAL COST SUMMARY**

PANELS / PARTS  
LABOR CHARGES

06/29/22 @ 1130h

1/2 hr

2 hr

5,335.05

2,580.00

4 days.

**Grand Total: 7,915.05 (SGD)**

2kk total

2616.52

4/5 2,000/-

For payment.

1. PAYNOW: UEN 200808259H
2. BANK TRANSFER: Maybank Singapore Acct. No. 04141090974

ACKNOWLEDGED BY	DATE	GOH LEE HWA AUTOMOBILE PTE LTD
		Alfred Quah

Note: Full payment must be completed 7 days from the invoice date. There will be an interest of 1.5% imposed per month on overdue invoice. Thank you.

LKK Auto Consultants hence notify the Repairer of the following:

- 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 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	08/08/2022 15:20 (SGT)
Reported by	Driver
Date of Accident	06/08/2022 14:00 (SGT)
Exact Location of Accident	Near 82RJ+PG Singapore
Additional Location Information	ANG MO KIO AVE 5 BLK 524 CARPARK
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF4585Y
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### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	EXCEL M&E PTE. LTD.
Company Reg No	201611083N
Email Address	excel@outlook.sg
Mobile Phone No	(Phone) +65-93677375
Alternative Phone No	-

### 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?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	1600

### INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	S121V14168/VCV/R01

### DRIVER

Name of Driver	TAN JIT MENG
NRIC No	S1147946D
Date Of Birth	06/12/1955
Occupation	Indoor

Date Of Driving Pass .....	16/03/1977
Driving experience .....	45 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97661713
Alt. Phone Number .....	-
Email Address .....	excel@outlook.sg
Address .....	BLK 522 ANG MO KIO AVE 5
Address complement .....	#10-4202
Postcode .....	560522
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 - Major/Minor Rd
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) .....	2
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 .....	-

**PASSENGER 1**

Name .....	TAN SIEW LIAN
Gender .....	Female

**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**

**HEAD TO SIDE COLLISION**

**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 .....	SMH7894U
Vehicle Manufacturer .....	Honda
Vehicle Model .....	Vezel
Vehicle Variant .....	-

Vehicle Colour .....	Blue
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	MODERATE
Details of property damaged in accident .....	FRT PORTION
No. Of Passenger (Including Driver) .....	1

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")

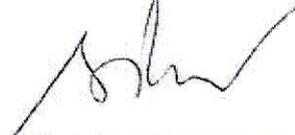
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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.

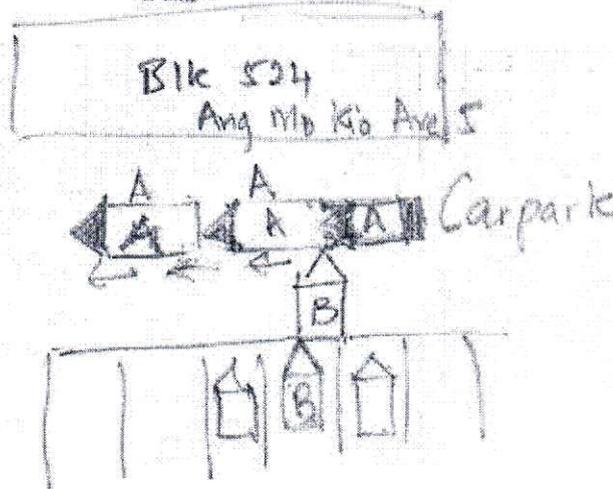
  
 Policyholder's Signature / Date & Time



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

  
 Witnessed by Reporting Centre Personnel

Sketch Plan



**Describe Circumstances of the Accident**

I was on my way back to company store for goods transportation  
to and was going to exit the carpark. When passing by blk 524 carpark lot  
Number 322 the driver drive out of the parking lot and come in contact  
with my lorry

**Declaration**

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

*[Handwritten signature]*

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

*[Handwritten signature]*

Witnessed by Reporting Centre Personnel

*[Handwritten signature]*