ASS. REC. BY:

REF: CS/INC22008761/D97 3

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 Rport: 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

Vehicle: IN / OUT

Date: Person Contacted:

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 c.c 2983

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

Modi: NIL / S/Rim / STD A/Rim or

Tyre Size: F: 195 R15C

R: 155 R12

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

Front: Michelin 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 AMK

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

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

Date / Time	Action / Instruction
	HTMC SMH7894U
20/10/22	Tinny L/S 2,000/- with 4 days of [illegible] (Red $5915.05, 75%)

Date/Time, File Pass to? [ ] : Preli. Report

1) 20/10 [illegible] [ ] : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 4

Resurvey No. of Trip: 1

Add Fee: [ ] : Site Insp ($) [ ] : Interview ($) [ ] : Tech. Invs ($) [ ] : Weekend ($)

Survey Fee:	
Transportation: S+RS SI	
Photos	
Others	
TOTAL	

Report Format: TP

Lump Sum / I.B.I: ($ 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. Cut	~~899.45~~ ✓ 727.10
1 Pc. Front Bumper	498.10 ✓
1 Pc. Front LH Door	1,680.00 ✗
1 Pc. Front LH Door Inner Rubber NH	269.00 ✗
1 Pc. Rim NH	498.00 ✗
1 Pc. Tyre 195 x 15 NH	295.00 ✗
1 Pc. Door Company Sticker	25.00 ✓ SN
1 Pc. Rear End Stopper	38.00 ✓
1 Pc. Knuckle Arm LH NH	598.00 ✗
1 Pc. Knuckle Hup Bearing LH NH	289.00 ✗
1 Pc. Wheel Dust Garnish Cut	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 NH
To knocking, straightening repair & renew all accident damaged affected area.	~~800.00~~ 600/-
To respray painting inner 7 outer portion & all accident Affected area.	~~1,000.00~~ 800/-

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

To adjust camber castor, computer wheel alignment & test drive.	~~180.00~~ 60/-
To remove & refit under carriage affected damaged Parts.	400.00 NH
To press hup bearing.	80.00 NH
Total (Labor Charges):	**2,580.00 (SGD)**

1460.00 =

06/09/22 @ 1130hr

TOTAL COST SUMMARY

PANELS / PARTS	5,335.05
LABOR CHARGES	2,580.00
Grand Total:	**7,915.05 (SGD)**

2616.52

4/5 2,090/-

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

LKK Auto Consultants hence notify the Repairer of the following:
- To disallow 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:

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.

SC1R22880001 / ComfortDelGro Engineering Pte Ltd [579701]
ENTRY DATE & TIME: 08/08/2022 15:20 (SGT)
SUBMITTED BY: Kelvin Su
VERSION: 1 (08/08/2022 15:20 (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 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

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**.
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. 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.

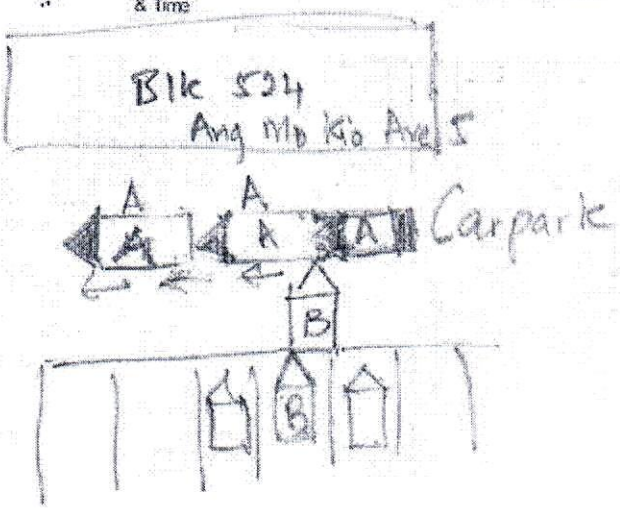
EXCEL M&E PTE. LTD. EXCEL

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



SKETCH PLAN #2

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 332, the driver drive out of the parking lot and come in contact with my lorry

Declaration

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

EXCEL M&E PTE LTD. EXCEL UEN: 201611083N

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel