

ASS. REC. BY:

REF:

AGL/220086371kv

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:

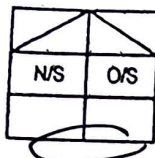
Excess:

(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:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

02 days

Res.: Yes or No

Lum Sum:

1.81 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

YN 6538G

Yr Regn:

10.18

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

Truck / Trailer or

Make:

Hino 300

c.c

4009

Colour

White

A/C:

Insured / Std / NI / NA

Sp. Reading

413138

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

J14H46531450K009865

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / S/Rlm / STD A/Rlm or

Tyre Size:

F: wallow 700R16X10

R: Kenda

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

TOYO / YOKO or

Front

R/Bal.

8

mm

L/Bal.

8

mm

D.O.A.

24/9/22

Rear

R/Bal.

7

mm

L/Bal.

7

mm

D.O.I.

2/11/2022

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

Date/Time, File Pass to?



: Prell. Report



: Final Report

Date/Time, File Return to?

Days Of Repair:

Resurvey No. of Trip:

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech Invs (\$



: Weekend (\$

Survey Fee:

Transportation

S - RS. SI

Fees

Others

TOTAL

Report Format :

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



来發 (明記) 摩哆有限公司 LAI HUAT (MENG KEE) MOTOR PTE LTD

160 Sin Ming Drive #04-01, #04-02 & #07-03 Singapore 575722 Tel: 6453 8110 Fax: 6459 6267
GST No: M2-0128609-3
UEN: 199407592C

ESTIMATE

EST. No EST0030387
Uniscaffold Pte Ltd

Page 1 of 1
Your ref. TP-SJQ 4322L AGI
Job No. 73035
Our ref. 22.09.24
Payment
Date 29/9/2022

Attn:

Vehicle No YN 6538G
Vehicle Model : Hino
Accident on ... 24/9/2022

NOT WITHDRAWN
Recovery After Paint
1-B.1

Quantity	Unit	Description	Unit price	Disc. pct.	Amount
Special nett item:					
1.00		Rear number plate	20.00		<i>B₁</i> 20.00 ✓
1.00		Rear bumper with brackets LH & RH	550.00		<i>B₁</i> 550.00 ✓
1.00		Yellow/black tape for rear bumper	150.00		<i>me</i> 150.00 ✓
Labour & Misc:					
1.00		To dismantle + renew parts	250.00		200L 250.00
1.00		To spray paint	150.00		150.00 ✓

Sub-Total
GST 7.00%
Total

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:

1,120.00

78.40

SS 1,198.40

公司拥有最先进的 CAROLINER MARK IV 机械, 可提供给多种款式的车身及给予快速与准确的测量方式和大铁修理。
还有先进的 SAICO Deluxe 喷漆烘炉。
Our services include the latest and reliable CAROLINER MARK IV repair bench, draw-aligner and the support system to provide accurate re-alignment and speedy repairs. We also provide the new and advanced SAICO oven heater for re-spraying all motor vehicles."

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	26/09/2022 14:10 (SGT)
Reported by	Driver
Date of Accident	24/09/2022 08:55 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN6538G
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	UNISCAFFOLD PTE LTD
Company Reg No	2XXXXX225E
Email Address	admin@hue-uni.com.sg
Mobile Phone No	(Phone) +65-91519987
Alternative Phone No	+65-82018138

VEHICLE PARTICULARS

Manufacturer	Hino
Model	XZU710R-HKFMS3
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	4009

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SI22V12687/VCV/R04

DRIVER

Name of Driver	GOVINDARAJ VELALAGAN
Passport No/FIN	GXXXX961L
Date Of Birth	04/06/1986
Occupation	Outdoor

SKETCH PLAN

IMPORTANT NOTICE

1. Please report immediately 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 negotiate 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.

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 be 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 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 purposes 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".

I understand that the Insurers, the Insurers' lawyers/law firms, may be 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 the Insurers' lawyers/law firms), which may be located outside of Singapore, for one or more of the above Purposes.



[Signature]

Policyholder's Signature, Date & Time

26 Sept 2022

Sketch Plan

[Signature]

Driver's Signature (if different from the policyholder's)

Date & Time

26 Sept 2022

[Signature]

Witnessed by Receiving Clerk, Insurer

Name as in NRIC Card: **SOH JIT HOON**

Direction	Vehicle	Position
←	Car	1
→	Car	2
→	Car	3
→	Car	4
→	Car	5
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→	Car	100

Lamp post - 996

A - YN 6538G

B - SJQ 4322L

C - PC 3888 E

P I E