

ASS. REC. BY:

REF: CT2/23000463/KV

Kenneth

**ASSIGNMENT**

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: \_\_\_\_\_

at Workshop m/s Perve You

of \_\_\_\_\_

Insured: \_\_\_\_\_

Policy No. \_\_\_\_\_

Claims No. \_\_\_\_\_

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

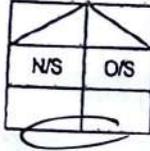
(Client's Record)

Make of Veh: \_\_\_\_\_

10:30am

(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: \_\_\_\_\_ days Res.: Yes or No

Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Veh No: PC 75184 Yr Regn: 12, 18

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

Truck / Traller or (A)

Make: Mit Fuso c.c. 2998

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

Sp. Reading: 152062 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: BE641JK-30503

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: Msi 205/85R16

R: Yalco

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

TOYO / YOKO or

Front

R/Bal. 9 mm

L/Bal. 9 mm

D.O.A. 11/1/23

Survey held at \_\_\_\_\_

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

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

Rear

R/Bal. 99 mm

L/Bal. 99 mm

D.O.I. 18/1/2023

Date / Time Action / Instruction

Date/Time, File Pass to?

: Prell. Report

: Final Report

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Survey Fee:

Transportation  
\$ - RS. \$

Paints

Others

Add Fee:  : Site Insp (\$

: Interview (\$

: Tech Invs (\$

: Weekend (\$

Report Format :

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

# SERVE YOU MOTOR SERVICE

BLOCK 5033 ANG MO KIO INDUSTRIAL PARK 2  
 #01-265, SINGAPORE 569536  
 TEL. NO: 64810555 / FAX NO. 64831654  
 E-MAIL: elainesyms@gmail.com

*Not written  
 11/Jan 23  
 Murray Alan Rain  
 4 days*

Ins : China Taiping Insurance (Singapore) Pte Ltd  
 Owner: Citytransport (S) LLP  
 Registration no. : PC 7518 Y / Mitsubishi Rosa BE641JRMEDEE  
 Accident Date : 11/01/2023  
 Date : 17-Jan-23 Quotation No. : 75180117

S/N	Qty	Item	Amount
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LIST ITEMS

1	1	Rear bumper	R 3800.00 ✓
2	1	Rear bumper reinforcement	880.00 ✓
3	1	Rear bumper bracket	R 440.00 ✓
4	1	Rear Emergency Door	R 4500.00 ✓
5	1	Rear end panel	R 1680.00 X
6	1	End panel top plate	R 280.00 X
7	1	Door lock	R 318.00 X
8	1	Rear door lower garnish	R 283.00 X
			12181.00
Less 10%			1218.10
			10962.90

SPECIAL NETT ITEMS

1	1	Rear emergency door sticker	M 150.00 <sup>2012</sup>
			11112.90

LABOUR & MISC CHARGES

1	To dismantle / renew the accident damaged portion. To panel beating, reshape, straighten, orientate and align repair / replacement parts.	1000.00 <sup>500</sup>
2	Supply spray paint material and necessary items to respray on rear damaged portion <sup>(2 items)</sup>	1500.00 <sup>600</sup>
<b>TOTAL</b>		<b>2500.00</b>

<b>Total Parts and Labour Cost of Repair</b>	<b>\$13,612.90</b>
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**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 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 .....	12/01/2023 17:06 (SGT)
Reported by .....	Driver
Date of Accident .....	11/01/2023 17:45 (SGT)
Exact Location of Accident .....	Jurong West Street 64, Singapore
Additional Location Information .....	-
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... PC7518Y

### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	CITYTRANSPORT (S) LLP
Company Reg No .....	TXXXXX183J
Email Address .....	pa1317@yahoo.com.sg
Mobile Phone No .....	(Phone) +65-92302000
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Mitsubishi
Model .....	Rosa
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 .....	Bus
Transmission .....	Auto
CC .....	2998

### INSURANCE COMPANY

Name of Insurance Company .....	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number .....	D22MTSCBU000196

### DRIVER

Name of Driver .....	TAN CHOO WEE (CHEN ZHUWEI)
NRIC No .....	SXXXX231E
Date Of Birth .....	04/11/1977
Occupation .....	Outdoor

SKETCH PLAN

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6. The 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 the report at the centre and to copies of the report being made available aforesaid.

B. 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.



*[Signature]*

*[Signature]*

*[Signature]* 12/01/2023

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

Sketch Plan

*TURONG WAB1 STRA1 64*

