

ASS. REC. BY:

REF:

F02 123000650/KV

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop n/s _____

of _____

Insured: SMB 101C

Policy No. _____

Claims No. D23000215MFBP

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: \$27k

IDAC Accident Report: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: 02 days

Res.: Yes or No

Lum Sum: 1.B.1 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Date / Time

Action / Instruction

/ EM NOT ready

16/2

\$1263.50

Cash

(red 4264, 77%)

Veh No: QBE 42986

Yr Regn: 12, 15

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

Truck / Trailer or

Make: Fiat

Doble maxi.c.c.

1598

Colour: Grey

A/C: Insured / Std / NI / NA

Sp. Reading: 139371

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: EFA 263 00006B 17916

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/60R16

R: _____

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

TOYO / YOKO or

Continental

Front

Rear

R/Bal. 8 mm

R/Bal. 8 mm

L/Bal. 8 mm

L/Bal. 8 mm

D.O.A. 13/1/23

D.O.A. 31/1/2023

Survey held at 12

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

Rear o/s

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

Date/Time, File Pass to?

☐

: Prell. Report

☐

: Final Report

1)

Date/Time, File Return to?

2) 17/2/23-typist

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation

) S - RS. SI

) F. Ins

) Other

TOTAL

Report Format: TP

Lump Sum / I.B.I: (\$ 1263.50)

[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle****Vehicle Owner Particulars**

Owner ID Type:	Company
Owner ID:	844D

Vehicle Details

Vehicle No.:	GBE4298G
Vehicle to be Exported:	Yes
Intended Deregistration Date:	01 Feb 2023
Vehicle Make:	FIAT
Vehicle Model:	DOBLO CARGO MAXI 1.6 MTJ AMT GLAZE
Primary Colour:	Grey
Manufacturing Year:	2015
Engine No.:	263A50007480862
Chassis No.:	ZFA26300006B17916
Maximum Power Output:	-
Open Market Value:	\$20,276.00
Original Registration Date:	03 Dec 2015
First Registration Date:	03 Dec 2015
Transfer Count:	0
Actual ARF Paid:	\$1,014.00

Intended PARF Rebate Details

PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00

Intended COE Rebate Details

COE Expiry Date:	02 Dec 2025
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$42,303.00
COE Rebate Amount:	\$11,997.00
Total Rebate Amount:	\$11,997.00

The information contained herein is correct as at 31 Jan 2023

OK



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	13/01/2023 15:03 (SGT)
Reported by	Driver
Date of Accident	12/01/2023 13:10 (SGT)
Exact Location of Accident	Yishun Ave 2, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE4298G
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	DENKO LIGHTING PTE LTD
Company Reg No	199104844D
Email Address	sales@denkolighting.com.sg
Mobile Phone No	(Phone) +65-64832325
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Fiat
Model	Doblo
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	Auto
CC	1600

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SI22V15666/VCV/R03

DRIVER

Name of Driver	YONG SHUH TWAN
NRIC No	S6969211G
Date Of Birth	12/08/1969
Occupation	Indoor



Accident report SC1R231D0002

Date Of Driving Pass	25/09/2014
Driving experience	8 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-85338933
Alt. Phone Number	-
Email Address	yong@denkolighting.com.sg
Address	BLK625 SENJA RD #11-144
Address complement	-
Postcode	670625
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)	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	CHAN LEE CHENG
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

PLEASE REFER TO ATTACHED.

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	SMB101C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	TAN BOON KENG
NRIC No	S1289704I
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

1. Please report completely the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorized 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 revoke my 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 later 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.

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 insurers who have insured vehicle(s) involved in this accident (all insurers) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers", the Insurers' law/ers/law firms, the Monetary Authority of Singapore and any relevant governmental agency/ies/body (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) administering my claims (including the issuing 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 exterior cover of envelopes/stamp packages); and/or

(iii) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes");

(b) all insurers who have insured vehicle(s) involved in this accident and the Insurers' law/ers/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/are be disclosed by any of the insurers and/or GIA to their third party service providers or agents (including law/ers/law firms) which may be set up outside of Singapore, for one or more of the above Purposes.

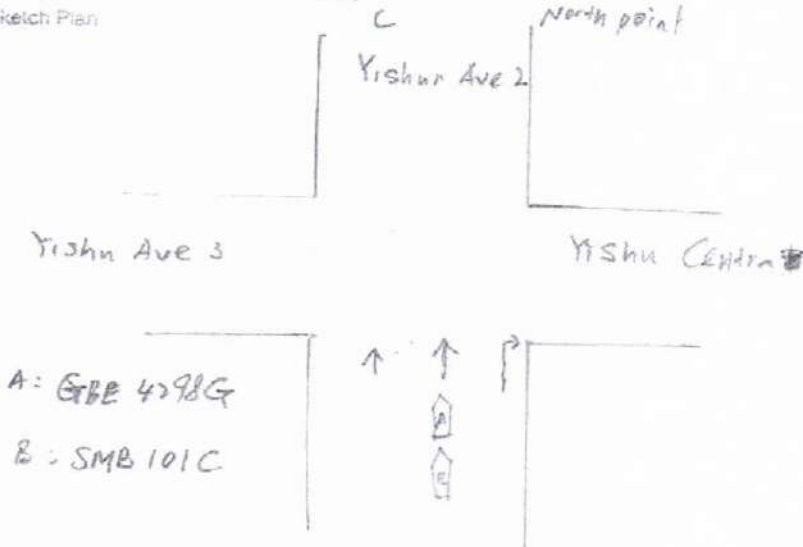


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Center Personnel

Sketch Plan



Describe Circumstance of the Accident

Date : 12/JAN/2022 - 12.10 pm.

Location : Along Yishun Ave 2. Traffic light Junction
Yishun Central / Yishun Ave 2.

A Bus hit my Van from the back while waiting
for Traffic light junction (Red)

No injuries, My Van The glass at the back door (left)
was cracked and need to replace.

Bus number : SMB 101C

My Van number plate : GBE 42986

Declaration

(We declare the foregoing particulars are true in every respect.)



Policyholder's Signature / Date & Time

[Signature]

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

[Signature]

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Lian Her Motors

Blk 5038 #01-405 Ang Mo Kio Industrial Pk 2 Singapore 569541
Tel : 64817221

Denko Lighting Pte Ltd
Blk 5004 Ang Mo Kio Ave 5
#05-10/11 Techplace
Singapore 569872

Vehicle No : GBE 4298 G
Make : Fiat Doblo
Year : 2015

Not Authorized
Returning After Paint
81263.50
2 days

Qty	Description	Unit Price	Amount
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Estimate Cost Of Repair

1 pc	Rear o/s tail-gate assy	<i>485</i>	<i>Shettow</i> \$1,850.00 X
1 pc	Rear o/s tail-gate glass		\$950.00 ✓
1 pc	Rear o/s tail-gate emblem " Logo "		<i>me</i> \$85.00 —
1 pc	Rear o/s tail-gate emblem " Professional "		<i>me</i> \$95.00 —
1 pc	Rear o/s tail-gate outer garnish	<i>value</i>	<i>Sm</i> \$285.00 X
1 pc	Rear bumper	<i>repair</i>	<i>R</i> \$950.00 ✓
2 pcs	Rear reverse sensor		\$280.00 <i>me</i> \$560.00 X
			\$4,775.00
			Less 10% \$477.50
			\$4,297.50

Nett Item

1 pc	Rear sticker " 6 Pax "		<i>me</i> \$15.00 ✓
1 pc	Rear tail-gate glass sealant		<i>me</i> \$35.00 X
			\$50.00

Labour Charges

Remove/renew above damaged parts including knocking etc	\$500.00	200d
To putty and spray paint.	\$600.00	40d
Remove/refit both rear tail-gate glass.	\$80.00	50d
	<u>\$5,527.50</u>	

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: