

ASS. REC. BY: Taufik

REF: CL/INCL2300967/TUP3

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: **SLB 3398E**
 Policy No. _____
 Claims No. **MT/1205240-002**
 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: \$120K
 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 WP
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: PC70500 Yr Regn: 2017, Dec
 Type: M.Gar / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Mitsubishi Rosy c.c. 2998
 Colour: Blue A/C: Insured / Std / NI / NA
 Sp. Reading: 228141 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: BE6415K 30411
 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: 205/85R16
 R: 205/85R16
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Hankook
 Front Rear
 R/Bal. 6 mm R/Bal. 6 mm
 L/Bal. 6 mm L/Bal. 6 mm
 D.O.A. 12/1/2023 D.O.I. 01/02/23
 Survey held at Think One
 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
23/5/23	Submit preli report-revised fig \$7738.34 check items \$905
	The vehicle has not send in for repair

Date/Time, File Pass to? ☐ : Preli. Report
☐ : Final Report

Days Of Repair: 6

1) _____
 Date/Time, File Return to?
 2) 23/5/23-typist

Resurvey No. of Trip: _____

Report Format: _____
 Lump Sum / L&M () _____

Add Fee: ☐ : Site Insp (\$) _____
☐ : Interview (\$) _____
☐ : Tech. Invs (\$) _____
☐ : Weekend (\$) _____

Survey Fee:	
Transportation:	
\$ + RS. SI	
Photos	
Others	
TOTAL	

Think One Autocare Pte Ltd
No:60 Jalan Lam Huat Carros Centre #02-32
Singapore 737869

Estimated

PC7050D FUSO ROSA

DATE 27.01.2023

No	Qty	DESCRIPTION	AMOUNT S\$
1	1	FRONT WINDSCREEN GLASS RUBBER	705.90 <i>RM</i>
2	1	FRONT PANEL	2,792.70 <i>66-</i>
3	1	RADIATOR GRILLE	450.00 <i>?</i>
4	2	RADIATOR GRILLE BRACKET	130.00 <i>?</i>
5	1	FRONT HEADLAMP RH	2,844.00 <i>are</i>
6	1	FRONT BUMPER	3,162.00 <i>Ry</i>
7	1	FRONT SIGNAL LAMP RH	420.00 <i>nn</i>
			\$ 10,504.60
			\$ 1,050.46
			\$ 9,454.14

No	Qty	DESCRIPTION	SPECAIL NETT	AMOUNT S\$
1	2	JOINT SEAL	120.00	240.00 <i>100 nec</i>
2	1	FRONT NUMBER PLATE		35.00 <i>x nn</i>
3	1	RADIATOR GRILLE (ROSA) EMBLEM		105.00 <i>?</i>
4	4	RADIATOR GRILLE CLIP	7.00	28.00 <i>?</i>
5	1	FRONT PANEL STICKER		500.00 <i>250 nec</i>
				\$ 908.00

LABOUR & MISCELLANEOUS:

1	To remove damaged body parts with all necessary components/attachments apply hot-works where necessary repair,reshape body dented panels in accordance with factory specifications replace new parts refit and align into position refit all necessary components/attachments	3,200.00 <i>800</i>
2	To spray paint replaced/repared body parts inclusive of preparatory works and painting materials	2,500.00 <i>700</i>
3	To remove,refix front dashboard with all necessary components/attachments	250.00 <i>plus 200</i>
4	To remove,refix front windscreen glass and water test	350.00 <i>150</i>
5	To conduct front headlamp alignment	30.00

*Tanpin 92495749
wp, 1/2/13C RPH
L/S Resury after repair
tanpin 1/13/2013 on
6 days.*

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:

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	14/01/2023 10:53 (SGT)
Reported by	Driver
Date of Accident	12/01/2023 14:30 (SGT)
Exact Location of Accident	Upper Bukit Timah Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC7050D
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	BRICKSTON COACH PTE LTD
Company Reg No	2XXXXX911E
Email Address	OSWAGAN@BRICKSTON.COM.SG
Mobile Phone No	(Phone) +65-98893697
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	Commercial vehicle
Transmission	Auto
CC	2998

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5108172395-03-000027

DRIVER

Name of Driver	ANG KIM CHEONG
NRIC No	SXXXX136E
Date Of Birth	01/02/1955
Occupation	Outdoor

Date Of Driving Pass	27/12/1977
Driving experience	45 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-84005235
Alt. Phone Number	-
Email Address	JEFFCHONG@BRICKTON.COM.SG
Address	BLK 116 TECH WHYE LANE
Address complement	#05-746
Postcode	680116
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
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	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Nanyang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007929999
Alt. Police Station Phone No	(Fax) +65-67912972
Police Station Address	No. 2 Jurong West Avenue 5 Singapore 649482
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE TRAFFIC POLICE REPORT NO:T/20230113/2019

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	SLB3398E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-