

ASS. REC. BY:

REF:

To / 23 001745/Kn

C

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s KGC

of 309D

Insured: _____

Policy No. _____

Claims No. _____

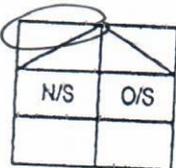
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value: 850k

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 06 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: GBE 8411U Yr Regn: 03, 16

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or _____

Make: Toy Prius (m) C.C. 2982

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

Sp. Reading: 195129 T/Radio: Insured / Std / NI / NA

Eng/No: _____ C/No: KDY 231, 8023621

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: B.S 195R 15X8

R: Triangh 165R 13X8(10)

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

Front: _____ Rear: _____

R/Bal. 3 mm R/Bal. 55 mm

L/Bal. 3 mm L/Bal. 55 mm

D.O.A. 2/2/23 D.O.I. 16/2/2023

Survey held at _____

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

The UIC / Chassis frame / Body Structure affected due to collision.

| Date / Time | Action / Instruction |
|-------------|---------------------------------------|
| 1) | Unable to engage gear after collision |
| 2) | 31/5 / 1 Rmp @ 4100d Cabin |
| | |
| | |

Date/Time, File Pass to? : Prel. 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: (\$ _____)

Kgc Workshop Pte Ltd (Co.Reg.No:201719986M)

14 Ang Mo Kio Street 63, Blk B
Singapore 569116

Tel: 64510353 /64536279 Fax: 64565140 Email:

joyce@kgcworkshop.com.sg;dj@kgcworkshop.com.sg;lincoln@kgcworkshop.com.sg;pohkin@kgcworkshop.com.sg

INSURER: **India International Insurance Pte Ltd (HQ)**

PARTICULARS OF CLAIM

| | | | |
|---------------------|-------------------------------|-----------------------|------------|
| Claim Type: | OD (OWN DAMAGE) | Ref. No: | |
| Policy No: | D19MCV0001408 | Date of Loss: | 02/02/2023 |
| Vehicle Reg. No.: | GBE8411U | Driveable? | |
| Driver Age/Info: | | Party At Fault: | UNKNOWN |
| TP Injury Involved? | NO | Third Party Involved? | YES |
| Insured/Claimant: | STARLAND CONSTRUCTION PTE LTD | | |

| | | | |
|-----------------|------------------------|--------------------|---------------|
| Make/Model: | TOYOTA DYNA, 3.0 D (M) | Vehicle Reg. Date: | 31/03/2016 |
| Vehicle Colour: | SILVER | | |
| Engine No: | 1KD2591398 | Chassis No: | KDY2318023621 |
| Odometer: | 195129 KM | | |

| | |
|-------------------------------|----------|
| Paint Type: | |
| Total Loss? | NO |
| Est. Duration of Repair (day) | 7 6 days |

*NOT WITHIN
1 Day @ 4100h
Meaning After Rain*

Present Location: KGC WORKSHOP PTE LTD (AMK)

COST OF CLAIMS

Amount

| | |
|---------------------|----------|
| Parts | 3,906.00 |
| Miscellaneous Items | 11.88 |
| Labour | 3,670.00 |
| Paintwork Labour | 0.00 |
| Towing | 0.00 |

| | |
|--------------------------|-----------------|
| Gross Total (S\$) | 7,587.88 |
| + GST 8.00% (S\$) | 607.03 |
| Nett Amount (S\$) | 8,194.91 |

This claim is handled by: **CHONG POH KIN**

REPAIR DETAILS

Reference

Part Source: (Last Synchronised: 15 Feb 2023)

Parts: N/A TOYOTA DYNA 3.0 D (M) (Model not available in database)

Labour: Repairer's (Price-denominated Standard List)

Print Code: Kgc Workshop Pte Ltd/GBE8411U/15/02/2023 15:23

Validity: These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page

Further Info: Items/values not in reference catalogue are prefixed with an asterisk *.

Estimates on Parts

| No. | Qty | Part No. | Particulars | %Disc | %Depr | Amount |
|-----|-----|----------|------------------------------|----------|-------|-------------------|
| 1 | 1 | | *Front center panel | 0.00 | 0.00 | By *220.00 F ✓ |
| 2 | 1 | | *Front panel top rubber | Ret 0.00 | 0.00 | *185.00 F ✓ |
| 3 | 1 | | *Front panel top garnish LHS | 0.00 | 0.00 | mit *75.00 F ✓ |
| 4 | 1 | | *Front grille | 0.00 | 0.00 | mit *255.00 F ✓ |
| 5 | 1 | | *Front grille Emblem | 0.00 | 0.00 | mit *40.00 F ✓ |
| 6 | 1 | | *Headlamp RHS | 0.00 | 0.00 | mgcra *480.00 F ✓ |
| 7 | 1 | | *Headlamp LHS | 0.00 | 0.00 | l *480.00 F ✓ |
| 8 | 1 | | *Front Bumper | 0.00 | 0.00 | Ben *245.00 F ✓ |
| 9 | 1 | | *Aircon blower | 0.00 | 0.00 | mgcra *285.00 F ✓ |
| 10 | 1 | | *front dashboard | 0.00 | 0.00 | sn *450.00 F X |
| 11 | 1 | | *Clutch set | 0.00 | 0.00 | sn *425.00 F ✓ |
| 12 | 1 | | *Flywheel bearing | 0.00 | 0.00 | sn *15.00 F ✓ |
| 13 | 1 | | *Top clutch pump | 0.00 | 0.00 | sn *110.00 F ✓ |
| 14 | 1 | | *Low clutch pump | 0.00 | 0.00 | sn *95.00 F ✓ |
| 15 | 1 | | *Front Bumper clips | 0 | 0.00 | sn *50.00 FS ✓ |
| 16 | 1 | | *front carplate | 0 | 0.00 | sn *50.00 FS X |

F=Franchise part. S=SpcNett.

| | |
|--|-----------------|
| Sub Total (\$\$) | 3,560.00 |
| + Margin on L,N Items 10.00% (\$\$) | 346.00 |
| Total Parts (\$\$) | 3,906.00 |

Kgc Workshop Pte Ltd/GBE8411U/15/02/2023 15:23. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

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:

Estimates on Miscellaneous Items

| No | Qty | Particulars | Amount |
|----------------------------|-----|----------------------|--------------|
| Miscellaneous Items | | | |
| 1 | 1 | OD/TP Case (Insurer) | 11.88 |
| Sub Total (\$\$) | | | 11.88 |

Estimates on Labour

| No | Particulars | Lab.Type | Amount |
|---------------------------------|---|----------|-----------------|
| Labour Items | | | |
| 1 | To dismantle, replace, cut, weld, knock out dents to straighten accident parts as-mention repair parts, inclusive of replacement parts. | New | 700 1,500.00 |
| 2 | To putty and spray paint on all accident damage parts and other accident affected areas | New | 650 1,200.00 |
| 3 | Mechanic Labour to remove gearbox to repair and refit the same | New | NN 550.00 X |
| 4 | Mechanic Labour To remove and refit dashboard | New | 250 300.00 |
| 5 | To check wiring system to facilitate repair and refit the same | New | 200 120.00 |
| Gross Labour Cost (\$\$) | | | 3,670.00 |

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< END OF ESTIMATES >

repair parts, inclusive of replacement
miscellaneous items
to putty and spray paint

repair parts, inclusive of replacement
miscellaneous items
to putty and spray paint

repair parts, inclusive of replacement
miscellaneous items
to putty and spray paint

REPAIR DETAILS**Reference**

| | |
|----------------------|--|
| Part Source: | (Last Synchronised: 13 May 2023) |
| Parts: | N/A TOYOTA DYNA 3.0 D (M) (Model not available in database) |
| Labour: | Repairer's (Price-denominated Standard List) |
| Print Code: | Kgc Workshop Pte Ltd/GBE8411U/13/05/2023 15:20 |
| Validity: | These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page |
| Further Info: | Items/values not in reference catalogue are prefixed with an asterisk *. |

Estimates on Parts

| No. | Qty | Part No. | Particulars | %Disc | %Depr | Amount |
|------------------------------------|-----|-------------|--|----------------------|-------|-------------|
| 1 | 1 | 87150-25060 | * Radiator Heater Unit <i>Aircan</i> | <i>Housecom</i> 0.00 | 0.00 | *580.00 F ✓ |
| F=Franchise part. | | | | | | |
| Sub Total (S\$) | | | | | | 580.00 |
| + Margin on L,N Items 10.00% (S\$) | | | | | | 58.00 |
| Total Parts (S\$) | | | | | | 638.00 ✗ |

Kgc Workshop Pte Ltd/GBE8411U/13/05/2023 15:20. Not valid without Reference section.
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Estimates on Miscellaneous Items

There are no new miscellaneous items selected.

Estimates on Labour

| No | Particulars | Lab.Type | Amount |
|-------------------------|-------------------|----------|-------------------------------|
| <u>Labour Items</u> | | | |
| 1 | top up aircon gas | New | 50.00 <u>80.00</u> |
| Gross Labour Cost (S\$) | | | <u>80.00</u> |

Kgc Workshop Pte Ltd/GBE8411U/13/05/2023 15:20. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

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 | 03/02/2023 11:48 (SGT) |
| Reported by | Driver |
| Date of Accident | 02/02/2023 09:48 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | SLE towards TPE |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBE8411U

INSURED/POLICYHOLDER

| | |
|--------------------------------|-------------------------------|
| Is company? | Yes |
| Name Of Registered Owner | Starland Construction Pte Ltd |
| Company Reg No | 1XXXXX309D |
| Email Address | sam.chin@starland.sg |
| Mobile Phone No | (Phone) +65-97242158 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|-------------|
| Manufacturer | Toyota |
| Model | Dyna |
| Variant | 3.0M |
| 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? | Yes |
| Vehicle Category | Private car |
| Transmission | Manual |
| CC | 2982 |

INSURANCE COMPANY

| | |
|---|---------------------------------------|
| Name of Insurance Company | India International Insurance Pte Ltd |
| Policy Number / Cover Note Number | D19MCV0001408_03 |

DRIVER

| | |
|----------------------|--------------|
| Name of Driver | ZIN THU AUNG |
| Work Permit No | GXXXX038L |
| Date Of Birth | 07/05/1991 |
| Occupation | Outdoor |

| | |
|--|----------------------|
| Date Of Driving Pass | 06/09/2021 |
| Driving experience | 1 YEAR AND 5 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-97242158 |
| Alt. Phone Number | - |
| Email Address | samchin@starland.sg |
| Address | 10 Ubi Crescent, |
| Address complement | #07-42 Ubi Techpark, |
| Postcode | 408564 |
| 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 | Chain Collision |
| Weather Conditions | Clear |
| Road Surface | Dry |

OTHER INFORMATION

| | |
|---|-----|
| Was any foreign vehicle involved in the accident? | No |
| Number of vehicles involved in the accident | 5 |
| 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) | 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? | No |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

Please refer to the attached sketch plan and statement.

ATTACHMENT(S)

| | |
|---|-----|
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera? | Yes |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------------|--------------------|
| Vehicle Registration Number | GBH5990T |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Commercial vehicle |
| Name of Driver | LEONG CHEE WAI |
| NRIC No | SXXX850C |

Contact Number -
 Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) -

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number XD5075X
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Commercial vehicle
 Name of Driver -
 Contact Number -
 Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) -

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number GBC9629M
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Commercial vehicle
 Name of Driver -
 Contact Number -
 Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) -

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number UNKNOWN
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car
 Name of Driver -
 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 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 willful misrepresentation or withholding of material facts may allow insurance companies to re-evaluate 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.



[Handwritten signature]

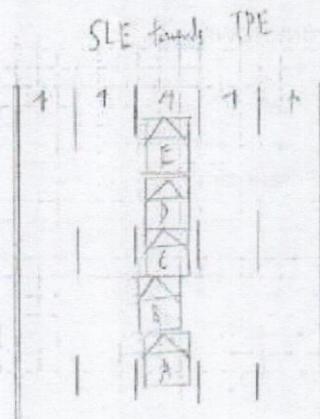
KGG WORKSHOP
 10 Ang Mo Kio Street 2, Block #05, 681114
 Tel: 6465 8275, 6465 8276

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



- A: GBE 84114
- B: GBH 59907
- C: XD 5025X
- D: GBL 762919
- E: unknown

Describe Circumstances of the Accident

on 2/2/2012 at about 0948 hours, the weather condition is clear and road surface is dry. I was travelling along this lane from right of SE towards TPE. Suddenly Lorry B (GRH 59707) entered E lane, I following suit, unfortunately I was unable to stop in time and collided into Lorry B (GRH 59707) rear portion. I came out from my lorry and neither I involved in the car chain collision, and understand there is a prior collision accident happen between first three car.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

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

KGC WORKSHOP
14 Ang Mo Kio Street 3, Block B (S) 582118
Tel: 6453 0271, 6458 5410
Email: contact@kgcworkshop.com.sg

[Handwritten Signature]
Witnessed by Reporting Centre Personnel