

ASS. REC. BY:

REF:

15B/ 23 001849/Kw

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:

Res.: Yes or No

Lum Sum:

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

EV BUS

1/3 \$660.00 @ 03 days (Red \$526.00 / 44%)

Date/Time, File Pass to?

06/03/2023
Typist

Date/Time, File Return to?

2)

☐ : Prel. Report☒ : Final Report

Days Of Repair: 03

Resurvey No. of Trip:

Survey Fee:

Transportation:

S - RS. SI

Fees

Others

TOTAL

Add Fee:

☐ : Site Insp (\$☐ : Interview (\$☐ : Tech Invs (\$☐ : Weekend (\$

Report Format: TP

Lump Sum / I.B.I: (\$ P/P \$660

Veh No:

CB 2631

Yr Regn:

12, 22

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

Truck / Trailer or

Make:

Golden Dragon XMC 5036 c.c.

Colour:

White

A/C: Insured / Std / NI / NA

Sp. Reading

7992

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

LL3 AAG J20 NA 004031

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD / RIM or

Tyre Size:

F:

195 / 70R15

R:

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.

16/2/23

Rear

R/Bal.

9

mm

L/Bal.

9

mm

D.O.I.

21/2/2023

Survey held at

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

d/s Frt body

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

SERVE YOU MOTOR PTE LTD

BLOCK 5033 ANG MO KIO INDUSTRIAL PARK 2

#01-265, SINGAPORE 569536

TEL. NO: 64810555 / FAX NO. 64831654

E-MAIL: elainesyms@gmail.com

Ins: AXA Insurance Limited

Third Party : SHC3286L (Taxi)

Owner: Teo Kim Pheng Alvin

Registration no. : CB 263 L / Golden Dragon EV ABS Minibus

Accident Date: 16/2/2023

Date : 20-Feb-23

Quotation No. : 02630216

S/N	Qty	Item	Amount
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SPECIAL NETT ITEMS

1 2 Front RH door hinge @S\$128.00 *n* 256.00 *X*

LABOUR & MISC CHARGES

1 To panel beating on the RH front door, reshape, straighten, orientate and align repair / replacement parts. *200* 280.00

2 Supply spray paint material and necessary items to respray on accident damaged area. *400* 500.00

3 To remove and refit for the RH door compartment for facilities repair *60* *150.00* *60*

TOTAL 1186.00

Total Parts and Labour Cost of Repair \$ **1,186.00**

NOT Notified
Repair After Paint
3 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:

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	17/02/2023 17:16 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	16/02/2023 09:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	50 TAGORE LANE CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	CB263L
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TEO KIM PHENG ALVIN
NRIC No	SXXXX610B
Email Address	ADMIN@SERVEYOU.COM.SG
Mobile Phone No	(Phone) +65-92385904
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Golden Dragon
Model	EV ABS MINIBUS
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	0

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5132187408

DRIVER

Name of Driver	LOH YEW WAH
NRIC No	SXXXX389J
Date Of Birth	26/02/1960
Occupation	Outdoor

Date Of Driving Pass	06/11/1979
Driving experience	43 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92385904
Alt. Phone Number	-
Email Address	ADMIN@SERVEYOU.COM.SG
Address	BLK 320B ANCHORVALE DRIVE
Address complement	#11-116
Postcode	542320
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	Side Swipe
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)	10
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	PASSENGER 1
Gender	Female

PASSENGER 2

Name	PASSENGER 2
Gender	Female

PASSENGER 3

Name	PASSENGER 3
Gender	Female

PASSENGER 4

Name	PASSENGER 4
Gender	Female

PASSENGER 5

Name	PASSENGER 5
Gender	Female

PASSENGER 6

Name	PASSENGER 6
Gender	Female

PASSENGER 7

Name	PASSENGER 7
Gender	Female

PASSENGER 8

Name PASSENGER 8
Gender Female

PASSENGER 9

Name PASSENGER 9
Gender Male

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

AS PER 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 SHC3286L
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Taxi
Name of Driver -
Contact Number (Phone) +65-96561943
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

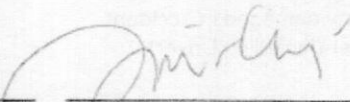
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to 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. 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

X 

Policyholder's Signature / Date &
Time

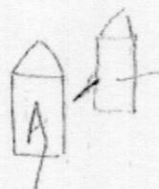


Driver's Signature (If driver is not the policyholder) / Date
& Time



Witnessed by Reporting Centre
Personnel

Sketch Plan

 B) Taxi SHL 3286L
A) CB 763L

Accident Date: 16/02/2023

Accident Time: 0900 Hr

Location: 50 Tagore Lane Carpark

Vehicle A : CB 263 L

Vehicle B : SHC 3286 L

On 16/02/2023, 09:00am, I was driving my vehicle CB263L at the 50 Tagore Lane Carpark. on that time I saw a Taxi NO SHC3286 L stopped on my right hand side. When I drive Pass by the taxi left passengers suddenly open door and hit my vehicle RH body. I stopped the car and exchange particular with the driver. Nobody was injured.

Taxi HP 96561943

Passengers HP 81392362

