

ASS. REC. BY:

REF:

15B/23 001849/kw

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.

N/S	O/S

Bal. or Market Value:

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

03

days

Res.: Yes or No

Lum Sum:

1.81%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

EV Bus

Veh No:

CB 2632

Yr Regn:

12, 22

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

Truck / Trailer or

Make:

Golden Dragon

xML 5036 c.c.

Colour

White

A/C: Insured / Std / NI / NA

Sp. Reading

7992

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

LL3AAGJ20NA 004031

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rlm / STD / Rlm 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

cls Frt body

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

a/Time, File Pass to?

☐

: Prell. Report

☐

: Final Report

v/Time, File Return to?

Days Of Repair:

Resurvey No. of Trlp:

Survey Fee:

Transportation

S - RS. SI

Fees

Others

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

ort Format :

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

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	R 256.00 X
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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

TOTAL**1186.00****Total Parts and Labour Cost of Repair****\$ 1,186.00**

NOT WITHDRAWN
Picking After Repair
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

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

SKETCH PLAN

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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

