

ASS. REC. BY:

REF:

AIS/2300443116v

C

Kenneth

ASSIGNMENT

GBI=1004C

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____ RC

of _____

Insured: _____

Policy No. _____

Claims No. _____

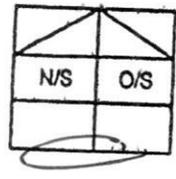
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value: \$42k

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: ~~SAB 5019~~ Tr Regn: 06, 16

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

Truck / Trailer or _____

Make: NIS Cobstar c.c. 2953

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

Sp. Reading: 376661 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JNISC 2F24 80858771

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195R15X8

R: 155R12X8(O)

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

TOYO / YOKO or

Front R/Bal. 7 mm

Rear R/Bal. 22 mm

L/Bal. 7 mm

L/Bal. 22 mm

D.O.A. 26/14/23

D.O.I. 3/5/2023

Survey held at _____

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

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

Date / Time	Action / Instruction
1	Est NOT ready
15/5	L1 Rep @ 5500k Cahw @ 06 days (Red \$3,966.50/42%)

Date/Time, File Pass to?

16/5/2023

1) Typist

Date/Time, File Return to?

2)

: Prell. Report
 : Final Report

Days Of Repair: 6

Resurvey No. of Trip: _____

Survey Fee:

Transportation: _____

S + RS. \$ _____

Fixt. _____

Others _____

TOTAL

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

Report Format: TP

Lump Sum / I.B.I. (\$) L/S \$5500

(Draft)

SL0M234Q0003 / Lai Huat (Meng Kee) Motor Pte Ltd
ENTRY DATE & TIME: -
SUBMITTED BY: [To Be Confirmed]
VERSION: 1 (26/04/2023 14:32 (SGT))

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	-
Reported by	Both Policyholder and Actual Driver
Date of Accident	26/04/2023 07:30 (SGT)
Exact Location of Accident	Seletar Link, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBF1004C

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	STEP UP ENGINEERING & CONSTRUCTION PTE LTD
Company Reg No	2XXXXX768K
Email Address	lschua3333@gmail.com
Mobile Phone No	(Phone) +65-92322128
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Cabstar
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	Manual
CC	3000

INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Policy Number / Cover Note Number	Z22VC05011822

DRIVER

Name of Driver	MONDAL SUMON
Passport No/FIN	GXXXX720L
Date Of Birth	01/11/1988
Occupation	Outdoor

SKETCH PLAN

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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 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 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.



Policyholder's Signature / Date & Time

[Signature]
26/4/2023

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

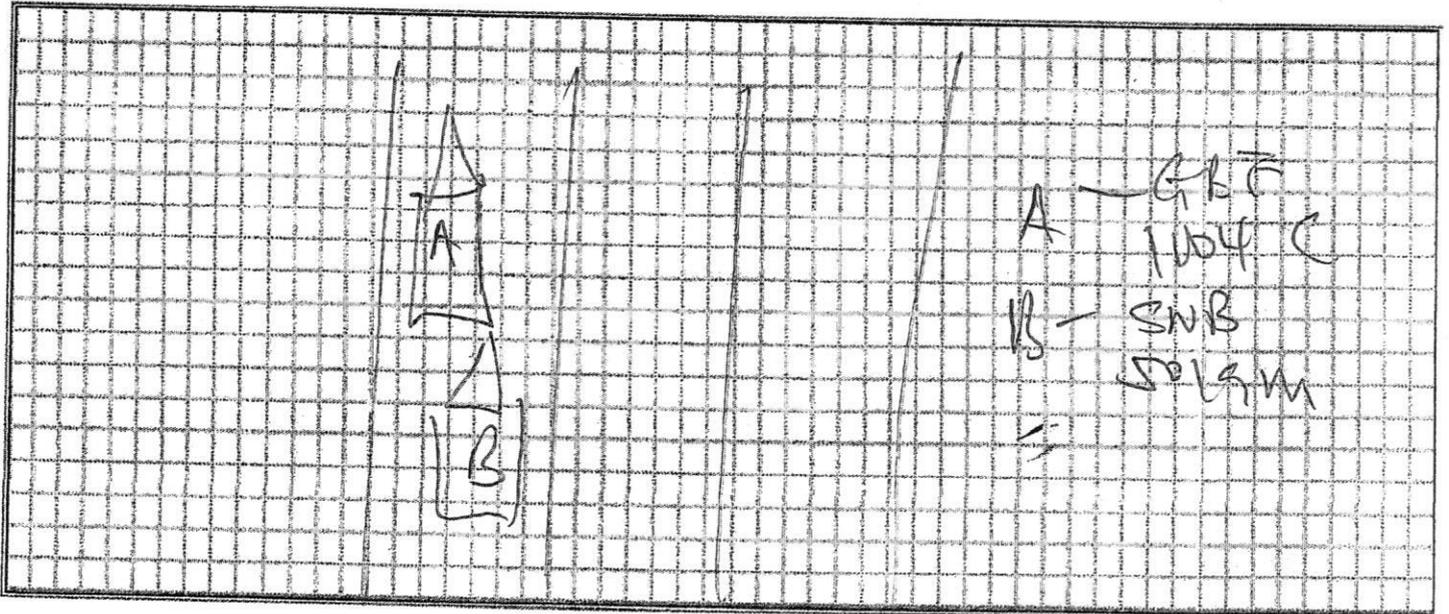
[Signature] 26/04/2023

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

[Signature]

SOH JIT HOON

Sketch Plan



Describe Circumstance of the Accident

My lorry broke down on Seletar Link and I park by the side waiting for tow truck.

Suddenly a car SNB 5019 W came from behind and hit onto my rear.

No one was injured in this incident.

Declaration

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

26/4/2022

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

26/04/2023

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

SOH JIT HOON
2

(Draft)

Date Of Driving Pass	07/08/2018
Driving experience	4 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86463380
Alt. Phone Number	-
Email Address	lschua3333@gmail.com
Address	1 NORTH COAST LODGE
Address complement	-
Postcode	-
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)	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 sketch plan.

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	SNB5019M
Vehicle Manufacturer	Hyundai
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	NEO TECK THENG
NRIC No	SXXXX939D

(Draft)

(Phone) +65-80539796

Contact Number

Address

Address complement

Postcode

Insurance Company Name

Nature Of Damage

Details of property damaged in accident

No. Of Passenger (Including Driver)

-
-
-
-
-
-
-