

ASS. REC. BY:

REF:

MIDN 230065091K

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:

1102

(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:

12-14 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:

PC 8817C

Yr Regn:

12, 17

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

Truck / Trailer or

A)

Make:

Volvo

BTR

c.c

7146

Colour

Multi Colour

A/C:

Insured / Std / NI / NA

Sp. Reading

463179

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

YV3R8R626JA 186P04

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

R:

295 / 80R 22.5(0)

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

TOYO / YOKO or

Puratum

Front

R/Bal.

P

mm

L/Bal.

P

mm

D.O.A.

27/6/23

Rear

R/Bal.

P

mm

L/Bal.

P

mm

D.O.I.

30/6/2023

Survey held at

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

O/S the body

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Prell. Report

1)

Date/Time, File Return to?

☐

: Final Report

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

S + RS. SI

Fees

Others

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

TOTAL

Report Format:

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

CONNECT 3

566 Woodlands Road (Mandai Estate) Singapore 728697
 Tel: (65) 9850-9666 Email: Connect3winnie@gmail.com

R o c : 5 3 3 6 0 0 6 1 L
 G S T : 5 3 3 6 0 0 6 1 L

QT23/PC8817C/TPC

MINDEF
 Ministry Of Defence
 (MINDEF)
 303 Gombak Dr
 Singapore 669645

Not Authorized
L1 Rep &
Meaning After Pair
14 days

QUOTATION

Dear Sir,

Cost of Repair to Vehicle PC8817C

With reference to the above-mentioned, we are pleased to quote as follows:-

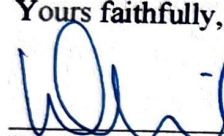

No.	DESCRIPTION	QTY	U/PRICE (\$\$)	AMOUNT (\$\$)
1.	RH compartment cover (rh last 2) panel	2	1,850.00 <i>B7</i>	3,700.00 ✓
2.	RH compartment cover (rh last 2) panel inner structure	2	1,020.00	2,040.00 ?
3.	RH compartment cover (rh last 2) panel hinge	4	285.00 <i>B7</i>	1,140.00 ✓
4.	RH compartment cover (rh last 2) panel gas springs	4	125.00	500 ?
5.	RH side compartment rubber mouldings	4	680.00	2,720.00 ?
6.	RH rear wheel cover panel	1	1,950.00 <i>B7</i>	1,950.00 ✓
7.	RH rear wheel cover panel inner structure	1	980.00 <i>B7</i>	980.00 ✓
8.	RH rear wheel cover panel hinges	2	235.00	470.00 ?
9.	RH compartment cover small	1	1,550.00 <i>B7</i>	1,550.00 ✓
10.	RH compartment cover small inner structure	1	560.00	560.00 ?
11.	RH compartment cover small hinges	2	285.00	570.00 ?
12.	RH compartment cover small gas springs	2	125.00	250.00 ?
13.	RH reflector lamp assy	1	275.00 <i>B7</i>	275.00 ✓
14.	Sealant	8	40.00 <i>B7</i>	320.00 ✓
15.	Labour charges	1	4,900.00	4,900.00 <i>3500</i>

16.	Check wiring	1	20.00	20.00 ✓
17.	Spray painting (multi colors and designs)	1	2,400.00	2,400.00 2000
SUB-TOTAL				SS\$24,345.00

- Price before gst

Thank you.

Yours faithfully,



 Winnie Chai
 HP: 9850-9666

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 surveyed 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	28/06/2023 14:30 (SGT)
Reported by	Actual Driver
Date of Accident	27/06/2023 18:11 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	KRANJI CAMP 2/3
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC8817C
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	LEISURE DISCOVERY PTE. LTD
Company Reg No	2XXXXX126W
Email Address	admin@leisurefrontier.com
Mobile Phone No	(Phone) +65-94398983
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Volvo
Model	B7R AUTO
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	7146

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SD23V03487 /VBS /R01

DRIVER

Name of Driver	MUHAMED RIZUAN BIN ABD RASHID
NRIC No	SXXXX210Z
Date Of Birth	15/02/1983
Occupation	Outdoor

SKETCH PLAN

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 willful misrepresentation or withholding of material facts may allow insurance companies to rescind 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 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.

I understand, acknowledge, agree and consent that

(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may be 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.

(c) investigating the accident and/or my claims.

(c) 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

(c) 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 insurer's lawyer(s)/law firm, may be 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

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

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

Sketch Plan

