REF: CS (FC( 240)	90169 Kup3	9000			
ASSIGNMENT					
From: Date:  Estimated Cost:  OD TP/WS/TP RES/OD RES/EVA/INV/MV	Veh No: \$6.1010 C Type: M.Car / M.Cycle (Bug) Ven / Lorry Truck / Trailer or	Yr Regn: 2015 / DGC.			
To Inspect Vehicle No: SG 1010 C	Make: MERCENES BENZ CITHRO C.C 6374				
al Workshop m/s LEXBULLO	Colour GROWN AC: Insured / Std / NI / NA				
n a Gall Al	11000	/Radio: Insured / Std / NI / NA			
	of the first				
	Eng/No:	94.3			
Policy No.	CNO: WEB6280832312	.7707			
Claims No. D24007895MFCT	Gen. Cond: Good (Pair) Poor / Burnt				
Sum Insured: Excess:	Steering: morder / Jammed / Leaked / Burnt or				
(Client's Record)	Brake: norder / Jammed / Leaked / Burnt or				
Make of Veh:	Modi: Nill / S/Rim / STD A/Rim or				
(Policy Condition)  Remark: The veh had commenced its n/s O/s repair at the time of inspection.	Tyre Size: F: 375/76  R: 2 1  BS/DUN/EXNOVA/GY/FS/LIZA/MIC/ TOYO/YOKO or FIRENZ	/ OHTSU / PIR / SUME /			
Bal. or Market Value:	Front Re				
IDAC Accident Rport: Consistent?: Yes or No	R/Bal. & mm · R/I	- 61 -			
GIA / PR Seen: Consistent?: Yes or No		010			
Est. Repairs: days Res.: Yes or No	6 11MI 500 016 mm				
Lum Sum: % 3 Val.: Yes or No	D.O.A. 07/09/24 D.O.I. 10/09/24				
	Survey held at TWKS Bray				
CA   REV   REP.   24 HRS Des. of Damages: Frt   Rear   OIS   NUS   UIC   Rooftop or Vehicle: IN   OUT					
Date: Person Contacted:	The U/C / Chassis frame / Body Struct	been effected due to self-tra			
Date / Time Action / Instruction	in the Females Halle F Body State	MINE ANOCHO OUE ED COMSION.			
26/9/24 Rasul confirmed final fig \$5738.66	6 (red 5908.25, 50%)				
Date/Time, Fie Pass to? : Preli. Report D	ays Of Repair:	1			
	esurvey No. of Trip: Sun	rey Fee:			
2) Add Fee:	: Site Inon /\$	portation: +RS_SI			
	: Interview (\$ ) Pho	'			
Report Format:	Task 1				
Lump Sum / I.B.I: (\$	: Veekend (\$				
•	10	TAL			



Quotation No.: Q24-OPS-1524

by email: motor claims@msfirstcapital.com.sg

Date: 9th September 2024

MS First Capital Insurance Ltd

36 Robinson Road #16-01 City House Singapore 068877

Attention: Motor Claims Department

Dear Sir / Madam,

## **Estimated Cost of repair SG1010C**

We are pleased to submit herein, our quotation for your consideration

S/N	Description	UOM	Total Price
1	Supply skilled labour to replace	1 Job	\$ 1,000.00
	Front RHS wheelarc with sealant	(2 day)	300
2	Supply skilled labour to repair	\$1,000.00/day 1 Job	\$ 2,000.00
	<ul> <li>Front RHS bumper</li> <li>RHS square body panel rap</li> </ul>	(2 day) \$1,000.00/day	\$ 2,000.00
3	Suppy skilled painter & paint material to  Front RHS wheelarc  Front RHS bumper  RHS square body panel	3 item (2 days) \$ 800.00	\$ 800.00 600
4	RHS wheelarc panel	1 PC	\$ 5,916.91
5	Fuel cover	1 PC	\$ 800.00
6	Go Ahead Singapore sticker **/	1 PC	\$ 100.00
7	Adblue sticker Av	1 PC	\$ 30.00
8	Adblue sticker M/ Advertisment M/ S/r-	1 lot (2 days)	\$ 1,000.00 \$ 5 or
		Sub - Total	\$ 11,646.91

## Terms and Conditions:

**Payment Terms** : 30 days upon invoice

**Quotation Validity** : 30 days

: 8 working days Lead-Time

Price quoted subject to 9% GST

Yours faithfully

Tien Yong Shun

Tien Yong Shun Manager

LKK Auto Consultants hence notify

- 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

Acknowledged by Repairer

Signature: I.O. Date:

LexBuild International Pte 11 Tuas Bay Close, #04-01/02 West St

Singapore 636996 Tel: (65) 6456 3533, Fax: (65) 6456 3353

Website: www.LexBuild.com, Email: operations@LexBuild.com

the Repairer of the following:

- . To resurvey before/after spray painting

- is subject to final approval from Insurance Company





ROC / CR / GST Reg No: 200004370R

Parel Hp90000068 4 days

SG0J24990002-01 / Go Ahead Singapore Pte Ltd ENTRY DATE & TIME: 09/09/2024 10:38 (SGT) SUBMITTED BY: Chow Jeong Meng VERSION: 2 (09/09/2024 10:45 (SGT))

# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Please report <u>correctly</u> 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 witholding 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 First Submission 09/09/2024 10:38 (SGT) Reported by Both Policyholder and Actual Driver **Date of Accident** 07/09/2024 09:20 (SGT) **Exact Location of Accident** Near 78 Airport Blvd., Singapore 819666 Additional Location Information Changi PTB 1 security checkpoint Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SG1010C

#### INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Go Ahead Singapore Pte Ltd Company Reg No 2XXXXX900C **Email Address** accidentpreventive@go-aheadsingapore.com Mobile Phone No (Phone) +65-63847169 Alternative Phone No

#### **VEHICLE PARTICULARS**

Manufacturer Mercedes Model Citaro 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 **Transmission** Auto CC 6400 Vehicle Fuel First Regisration Date Chassis no Effective Date/Time of Ownership

**INSURANCE COMPANY** 

Name of Insurance Company Policy Number / Cover Note Number

MS First Capital Insurance Ltd D-23101463MFBP

DRIVER

Name of Driver
NRIC No
Date Of Birth
Occupation
Driving Pass Date
Driving License Pass Class
Driving License Validity

Driving experience Gender Mobile Number Alt. Phone Number Email Address

Email Addres Address

Address complement Postcode

Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

Vehicle Registration Number of Other Vehicle Owned by Driver

Insurance Company of Other Vehicle Owned by Driver

Chong Lok Khee SXXXX159C 19/06/1969 Outdoor 19/02/1997

Valid 27 YEARS AND 7 MONTHS

Male

(Phone) +65-91058920

andymien33@yahoo.com.sg

180 Pasir Ris Street 11 #11-02 510180

Employee No.

No

No

## GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Weather Conditions Road Surface

Collision - Major/Minor Rd

Clear 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?

Was notice of intended Prosecution given?

No
If yes, against whom?

## CIRCUMSTANCES OF ACCIDENT

BC Chong was driving SG1010C for service 36 on the above-mentioned date and time. While BC was travelling straight on T3 basement drive towards T1 basement drive before Changi PTB 1 security gantry. A third-party taxi [SHB3483P] failed to stop at the stop line resulting in the taxi colliding into the right side of SG1010C. SG1010C: Right center body scratches and dented

## ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera? Reasons for not uploading a video of the accident

Yes Yes

Different format.

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

e Registration Number	
Icle Manufacturer	SHB3483P
shicle Model	-
vehicle Variant	-
Vehicle Colour	-
Vehicle Category	-
Name of Driver	Taxi
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-
(morading Dilver)	-