

ASS. REC. BY:

REF: LIP /

C

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: 833k

IDAC Accident Rpt: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: 05 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: PZ 1144KYr Regn: 12.17

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

Truck / Trailer or _____

Make: YutongColour: Multi ColourSp. Reading: 469467

Eng/No: _____

C/No: LE7YTBTD6X141045156Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: NII / S/Rim / STD A/Rim or

Tyre Size: F: _____

R: 11R 22.5(D)BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or

Front

Rear

R/Bal. 2 mmR/Bal. 22 mmL/Bal. 2 mmL/Bal. 22 mmD.O.A. 10/9/24D.O.I. 17/9/2024

Survey held at _____

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or
o/s rear body

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

2016 11 Sep 849001. Cdn

(red, \$13651.1, 73%)

Date/Time, File Pass to?

☐

: Prell. Report

1)

Date/Time, File Return to?

☐

: Final Report

2)

Days Of Repair: 5

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

S + RS. \$ _____

Fees

Others

Add Fee: ☐

: Site Insp (\$ _____)

☐

: Interview (\$ _____)

☐

: Tech Invs (\$ _____)

☐

: Weekend (\$ _____)

TOTAL

Report Format :

Lump 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: Liberty ins

COMPANY: A&S TRANSIT PTE. LTD

Registration no. : PZ 1144 K / YUTONG ZK6107 HE AUTO

DOA: 10-Sep-24

Date : 13-Sep-24

Quotation No. : 11440910

S/N	Qty	Item	Amount
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LIST ITEMS

1	1	Rear bumper RH side corner panel	\$ 1,650.00 X
2	1	Rear RH engine compartment cover with grille	\$ 2,200.00 X
3	2	Rear RH engine compartment cover hydraulic stay	\$222 \$ 444.00 X
4	2	Rear RH engine compartment lower cover lock	\$ 385.00 X
5	2	Rear RH engine compartment cover reflector lamp	\$ 376.00 X
6	1	Rear center RH compartment cover with grille	\$ 1,855.00 ✓
7	1	Rear center RH compartment cover reflector lamp	\$ 75.00 ✓
8	1	Rear RH wheel arch panel	\$ 1,850.00 X
9	1	Rear RH wheel mud flap	\$ 236.00 X
10	1	Rear diesel tank cover with lock	\$ 258.00 X
			\$ 7,679.00
			Less 10 %
			\$ 767.90
			\$ 6,911.10

SPECIAL NETT ITEMS

1	1	Company logo art design for RH side portion	(Bill) Acc \$ 3,800.00 2400
			Sub-total: \$ 3,800.00

LABOUR CHARGE

1	To dismantle / renew the accident damaged portion. To panel beating, reshape, straighten, orientate and align repair / replacement parts.	\$1,800.00 1000
2	To disconnect and refix wiring, remove and refit rear RH fog light, rear RH lamp and reverse sensor to facilitate repair.	\$120.00 200
3	Supply spray paint material and necessary items to respray on accident damage area.	\$2,800.00 1000

Sub-total: \$7,840.00

Total Parts and Labour Cost of Repair

\$18,551.10

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts price is subject to confirmation
- This quotation is on a "Without Prejudice" basis
- No general warranty is allowed
- Damaged part(s) must be resurveyed and approved by Insurance Company

Not Withoin
L1 Imp & 490de
Heavy After Paint
5 days

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 First Submission	11/09/2024 13:59 (SGT)
Reported by	Actual Driver
Date of Accident	10/09/2024 20:35 (SGT)
Exact Location of Accident	Tuas South Ave 3, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PZ1144K
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	A&S TRANSIT PTE. LTD
Company Reg No	2XXXXX917G
Email Address	zephang@anstransportation.com
Mobile Phone No	(Phone) +65-84336448
Alternative Phone No	(Office) +65-63831111

VEHICLE PARTICULARS

Manufacturer	Yutong
Model	Zk6107he
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	Bus
Transmission	Manual
CC	6690
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number	DMFG23014314

DRIVER

Name of Driver	KYAW PYAE PHYO
Passport No/FIN	GXXXXX750W
Date Of Birth	04/01/1982
Occupation	Outdoor
Driving Pass Date	23/11/2019
Driving License Pass Class	4
Driving License Validity	Valid
Driving experience	4 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84336448
Alt. Phone Number	-
Email Address	zephang@anstransportation.com
Address	211 BOON LAY PLACE #11-147
Address complement	-
Postcode	640211
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 - Change/cross lane
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)	26
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	UNKNOWN
Gender	Male

PASSENGER 2

Name	UNKNOWN
Gender	Male

PASSENGER 3

Name	UNKNOWN
Gender	Male

PASSENGER 4

Name	UNKNOWN
Gender	Male

PASSENGER 5

Name	UNKNOWN
Gender	Male

PASSENGER 6



Name UNKNOWN
Gender Male

PASSENGER 7

Name UNKNOWN
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

ON THE 10/09/2024 AT AROUND 2035 HRS, I WAS DRIVING VEHICLE A BEARING REGISTRATION PZ1144K ALONG TUAS SOUTH AVE 3. I WAS EN-ROUTE FROM TUAS HEADED TOWARDS AYE FOR WORK PURPOSES. SUDDENLY, THERE WAS AN IMPACT FROM THE RIGHT REAR PORTION OF VEHICLE A. VEHICLE B BEARING REGISTRATION XD6127Z COLLIDED FRONT TO RIGHT REAR OF VEHICLE A. NO INJURIES WERE SUSTAINED AT THE TIME OF.

ATTACHMENT(S)

Are accident photos available for attachment? Yes
Was there any video captured by Car Camera? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number XD6127Z
Vehicle Manufacturer Mitsubishi
Vehicle Model FV51JJD4RDEA
Vehicle Variant -
Vehicle Colour -
Vehicle Category Commercial vehicle
Name of Driver LAXMANAN VENKADACHALAPATHI
Passport No/FIN FXXXX705R
Contact Number (Phone) +65-84647732
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage FRONTAL DAMAGE
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

SKETCH PLAN

IMPORTANT NOTICE

1. Please correctly report the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorized 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 lodgment of this report to the insurers, you hereby consent to the archiving of this report at the center 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.



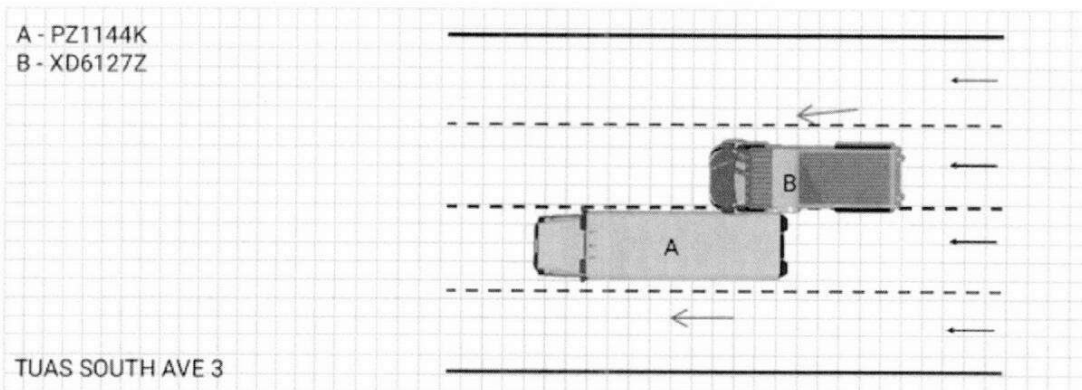
Policyholder's Signature / Date & Time

Sketch Plan

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



Witnessed by Reporting Centre Personnel



Describe Circumstances of the Accident

ON THE 10/09/2024 AT AROUND 2035 HRS, I WAS DRIVING VEHICLE A BEARING REGISTRATION PZ1144K ALONG TUAS SOUTH AVE 3. I WAS EN-ROUTE FROM TUAS HEADED TOWARDS AYE FOR WORK PURPOSES. SUDDENLY, THERE WAS AN IMPACT FROM THE RIGHT REAR PORTION OF VEHICLE A. VEHICLE B BEARING REGISTRATION XD6127Z COLLIDED FRONT TO RIGHT REAR OF VEHICLE A. NO INJURIES WERE SUSTAINED AT THE TIME OF.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Handwritten Signature]

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



Witnessed by Reporting Centre Personnel