

ASS. REC. BY: Taufik

REF: CS/AWA 24110240/Tapp3

COE 2029 10

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: \$1000
 (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: \$125K
 IDAC Accident Report: _____ Consistent? : Yes or No
 GIA / PR Seer: _____ Consistent? : Yes or No
 Est. Repairs: 10 days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: YN605; Yr Regn: 2009, 11
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or Road Sweeper
 Make: Dulevo 5000 Veloe cc 5880
 Colour: White A/C: Insured / Std / NI / NA
 Sp. Reading: - T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: 7A955020E4DC38063
 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 on
 Tyre Size: F: 295/60R22.5
 R: - -
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Linglang
 Front R/Bal. 6 mm Rear R/Bal. 6 mm
 L/Bal. 6 mm L/Bal. 6 mm
 D.O.A. _____ D.O.I. 13/11/24
 Survey held at 18 Gul Crescent
 Des. of Damages: Frt / Rear / O/S / N/S / U/G / Rooftop or
 Fire case
 The U/G / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	New Road Sweeper around \$500K
	No camera installed in vehicle
	Company bought vehicle on 19/10/2024, renew COE 5 years
	Taufikh finalised L&S \$28450, 10 days (Red \$7150, 20%)

Date/Time, File Pass to? : Prel. Report
 : Final Report
 1) 18/02 Typist

Days Of Repair: 10
 Resurvey No. of Trlp: 1

Date/Time, File Return to? _____
 2) _____
 Rep. Format: OD
 Lump Sum / H.P. (): 28450

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

Survey Fee:	
Transportation:	
\$ + RS. SI	
Photos	
Others	
TOTAL	



COMPLETE VMS PTE LTD
 176, Sin Ming Drive, #03-14 / 07, Singapore 575721
 (Tel) 6455 0012 (Fax) 6554 0012 (Web) www.completevms.com.sg
 The Premier One Stop Vehicle Accident Claims Centre

ALLIED WORLD ASSURANCE COMPANY, LTD
 60 Anson Road
 #08-01 Mapletree Anson
 Singapore 079914

Attention: Motor Claim Department
 Contact:

ESTIMATE ES 012494
 Date 12/11/2024
 Vehicle Number YN605K
 Make / Model DULEVO 5000 VELOCE EU4 A
 Engine Number 658795
 Chassis Number ZA9S5020E4DC38063
 Accident_Date 31 Oct 2024
 Policy Number BVFCB00147924D0

Description	Qty	Unit Price	Amount
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Parts

Nett

Electrical Wire Hardness Set	burnt ✓ 1	\$S18,500.00	\$S18,500.00
Engine Wiring	burnt ✓ 1	\$S6,500.00	\$S6,500.00
Engine Wiring For Injector	burnt ✓ 1	\$S3,800.00	\$S3,800.00
	Discount applied		\$28,800.00

Labour

Labour Charge	✓ 1	\$S6,800.00	\$S6,800.00
			\$6,800.00
	Total		\$35,600.00

Taufik 97495749 / 67563561
 Not Authorise, Revert.
 13/11/24 @ 1130
 10 days Ex: \$1000
 p/p Resurvey new part and old part
 Taufik@lkkauto.com

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 subject to final approval from Insurance Company

Acknowledged Repairer: _____

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	04/11/2024 10:03 (SGT)
Reported by	Actual Driver
Date of Accident	31/10/2024 08:05 (SGT)
Exact Location of Accident	Sengkang E Ave, Singapore
Additional Location Information	Outside MRT Depot
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YN605K

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CHYE THIAM MAINTENANCE PTE LTD
Company Reg No	1XXXXX700E
Email Address	RONGBAO_POH@CHYETHIAM.COM
Mobile Phone No	(Phone) +65-91803694
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Dulevo
Model	5000
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?	Yes
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	5880
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Allied World Assurance Company, Ltd
Policy Number / Cover Note Number	BVFCB00147924D0

DRIVER

Name of Driver	WONG TUCK KWONG
NRIC No	SXXXX213Z
Date Of Birth	07/02/1956
Occupation	Outdoor
Driving Pass Date	24/12/1982
Driving License Pass Class	4
Driving License Validity	Valid
Driving experience	41 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-85934212
Alt. Phone Number	-
Email Address	RONGBAO_POH@CHYETHIAM.COM
Address	BLK 119 BUKIT MERAH VIEW
Address complement	-
Postcode	152119
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	Fire, explosion or lightning
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	No
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?	Yes
Police Station Name	Hougang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004890999
Alt. Police Station Phone No	(Fax) +65-63128989
Police Station Address	60 Hougang Ave 9 Singapore 538775
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT F/20241101/2075

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

Describe Circumstance of the Accident

Ref to police report F/20241101/2075.

Declaration

We declare the foregoing statements are true in every respect

 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)
Helen 4/11/24		

APR 2022

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SKETCH PLAN

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 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 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 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,
 - (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 making 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 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 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

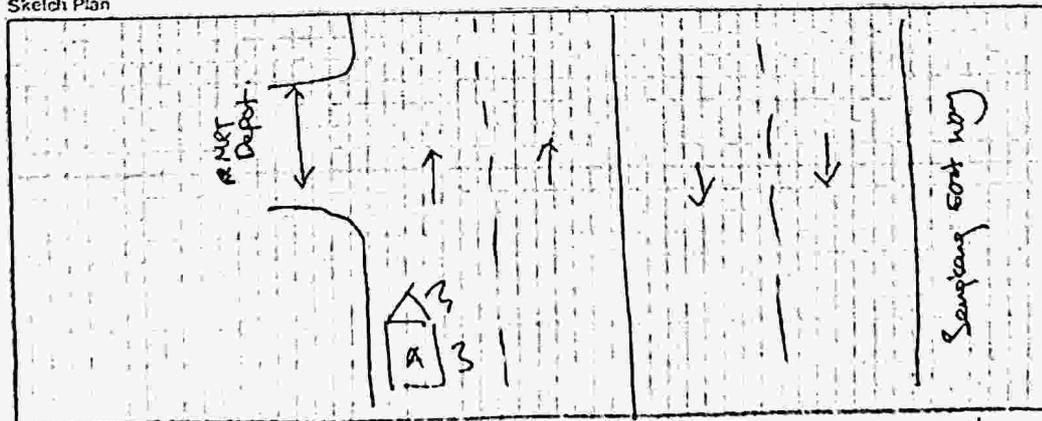
Policyholder's Signature (Date & Time)

 H 11/24

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





**SINGAPORE
POLICE FORCE**



F/20241101/2075

1 of 1

POLICE REPORT (NP299)

Report No. F/20241101/2075

Police Station Of Origin
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Date/Time Report Made 01/11/2024 16:26		Vide Report No. F/20241031/0072		Station Diary No. 98	
Name Of Informant WONG TUCK KWONG		Address 119 BUKIT MERAH VIEW #14-51 SINGAPORE 152119			
ID Type / ID No. NRIC NO / S2706213Z		Contact No. Home/Office		Mobile 85934212	
Nationality MALAYSIAN		Email Address			
Occupation DRIVER		Sex Male	Age 68	Date of Birth 07/02/1956	Race Chinese
Institution/School Name		Language Malay			
Date/Time Of Incident 31/10/2024 08:05		Location Of Incident SENGKANG EAST AVENUE SINGAPORE			

Brief details

I am working for Chye Thiam Maintenance. On 31.10.2024 I was driving a Sembcorp sweeper YN605K from Tampines Industrial area towards Sengkang. As I was driving I suddenly notice smoke around my vehicle I then managed to stop my vehicle along Seng East Avenue near lamppost no 151 and called for the police for help. I noticed that a part of my vehicle was on fire. While waiting for the authorities to arrive, I manage to put the fire out with some bottled water. Shortly after the police and SCDF came. After the fire was put out, the sweeper was then towed to the depot. That is all.

Signature Of Officer Recording The Report: F / SR STAFF SGT NORHAFIZAH BTE KAMALUDIN 		Signature Of Informant: 	
Signature Of Interpreter: Not applicable		Date/Time: 01/11/2024 16:26	
Officer In-Charge Of Case: F / Ang Mo Kio Police Divisional Investigation Branch / SR STAFF SGT LOH KOK KEONG WILLIAM Contact No.: 62181166		Classification Of Case:	

2024/11/01 16:26