ASS. REC. BY: Taufik | REF: CS | CT1240703 78 | TqP3

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: Flat 2000

(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: $36K

IDAC Accident Rport: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 30 days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: Winnie Vehicle: IN / OUT

Veh No: PC5067H Yr Regn: 2015, 06

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

Make: ISUZU 2T43HP c.c 7790

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

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

Eng/No: _____

C/No: JALL T43H PE 7 000095

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modl : (NIL) S/Rim / STD A/Rim or _____

Tyre Size: F: 295 | 80R22.5

R: ~ ~ (D)

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Fivemax

Front		Rear	
R/Bal.	8 mm	R/Bal.	8/8 mm
L/Bal.	8 mm	L/Bal.	8/8 mm
D.O.A.		D.O.I.	25/7/24

Survey held at Century Motor (17 Kranji Link)

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

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

Date / Time	Action / Instruction
	Battery weak
	Repair limit @ 30K
	Taufikh finalised LS $30000, 30 days (Red $36401, 55%)
	surveyed at 17 Kranji Link

Date/Time, File Pass to?

1) 08/10 Typist

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Rep[illegible] Format : MER-OD

Lump Sum / H.B.I. ($ 30000)

Days Of Repair: 30

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Survey Fee:	
Transportation:	
___$ + RS___SI	
Photos	
Others	
TOTAL	

Century Motors (Singapore) Pte Ltd (Co.Reg.No:192800002R)

6 Marsiling Lane,
Singapore 739145
Tel: 31572626 Email: claims@autoinsure.com.sg

INSURER: **China Taiping Insurance (Singapore) Pte. Ltd. (HQ)**

PARTICULARS OF CLAIM

Claim Type:	OD (OWN DAMAGE)	Ref. No:	
Policy No:	DMB1SNW00016612305	Date of Loss:	17/07/2024
Vehicle Reg. No.:	**PC5067U**	Driveable?	
Driver Age/Info:	/ MALE	Party At Fault:	UNKNOWN
TP Injury Involved?	NO	Third Party Involved?	YES
Insured/Claimant:	JIANG KEVIN TRANSPORTATION SERVICES		
Make/Model:	ISUZU LT434P 7.8 SMT, 7.8 D (M)	Vehicle Reg. Date:	25/06/2015
Vehicle Colour:	MULTI-COLOUR		
Engine No:	6HK1663725	Chassis No:	JALLT434PE7000095
Odometer:	525031 KM		
Paint Type:			
Total Loss?	**NO**		
Est. Duration of Repair (day)	30		
Present Location:	CENTURY MOTORS (SINGAPORE) PTE LTD (HQ)		

COST OF CLAIMS

	Amount
Parts	58,385.00
Miscellaneous Items	666.00
Labour	6,350.00
Paintwork Labour	1,000.00
Towing	0.00
Gross Total (S$)	**66,401.00**
+ GST 9.00% (S$)	5,976.09
Nett Amount (S$)	**72,377.09**

This claim is handled by: LOH CHEN KHUAN

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** is subject to final approval from Insurance Company

Acknowledged by Repairer
Signature:
Date:

Generated using ***Merimen e-Claims Internet Estimation & Adjusting System***

Taufik 97495749 / 62563561
Not Authorise Ex: tba
25/7/24 @ 1030
L/S Resurvey after repair
taufik@lkkauto.com
30 days.

REPAIR DETAILS

Reference

Part Source: (Last Synchronised: 24 Jul 2024)
Parts: N/A ISUZU LT434P 7.8 SMT 7.8 D (M) (Model not available in database)
Labour: Repairer's (Price-denominated Standard List)
Print Code: **Century Motors (Singapore) Pte Ltd/PC5067U/24/07/2024 15:37**
Validity: These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page
Further Info: Items/values not in reference catalogue are prefixed with an asterisk *.

Estimates on Parts

No.	Qty	Part No.	Particulars	%Disc	%Depr	Amount
1	1		*FRT WINDSCREEN LOWER	0.00	0.00	*6,200.00 F
2	1		*FRT WINDSCREEN RUBBER MOULDING	0.00	0.00	*850.00 F
3	1		*FRT UPPER WINDSCREEN	0.00	0.00	*3,600.00 F
4	1		*FRT UPPER WINDSCREEN INNER SEAL	0.00	0.00	*450.00 F
5	1		*FRT UPPER FRAME STRUCTURE	0.00	0.00	*2,900.00 F
6	1		*ROOF OUTER PANEL (FRT HALF PORTION)	0.00	0.00	*9,000.00 F
7	1		*FRT PANEL	0.00	0.00	*4,200.00 F
8	1		*FRT PANEL INNER STRUCTURE	0.00	0.00	*1,550.00 F
9	1		*FRT FACE STRUCTURE	0.00	0.00	*3,700.00 F
10	1		*FRT LH TOP LAMP	0.00	0.00	*250.00 F
11	1		*WIPER LINKAGE	0.00	0.00	*850.00 F
12	1		*FRT LH REAR VIEW MIRROR ASSY	0.00	0.00	*1,450.00 F
13	1		*FRT LH PILLAR BEAM INNER	0.00	0.00	*1,050.00 F
14	1		*FRT LH PILLAR OUTER	0.00	0.00	*1,200.00 F
15	1		*FRT DASHBOARD	0.00	0.00	*3,800.00 F
16	1		*FRT LH ENTRANCE DOOR	0.00	0.00	*2,250.00 F
17	1		*FRT LH STEP PANEL STRUCTURE	0.00	0.00	*1,400.00 F
18	1		*FRT LH ENTRANCE DOOR STEEL MOULDING	0.00	0.00	*980.00 F
19	1		*FRT CENTER WINDSCREEN CASING GUARD	0.00	0.00	*1,300.00 F
20	1		*FRT LH LINKAGE	0.00	0.00	*1,300.00 F
21	1		*FRT VENTER INTERIOR PARTITION	0.00	0.00	*2,200.00 F
22	1		*FRT BUMPER	0.00	0.00	*2,250.00 F
23	1		*FRT BUMPER INNER STRUCTURE	0.00	0.00	*950.00 F
24	1		*FRT BUMPER LH BRACKET	0.00	0.00	*380.00 F
25	1		*FRT BUMPER FOG LAMP LH	0.00	0.00	*285.00 F
26	1		*FRT LH WIPER BLADE	0.00	0.00	*85.00 F
27	1		*FRT RH WIPER BLADE	0.00	0.00	*85.00 F
28	1		*FRT LH WIPER ARM HUB COVER	0.00	0.00	*115.00 F
29	1		*FRT RH WIPER ARM HUB COVER	0.00	0.00	*115.00 F
30	1		*FRT RH WIPER ARM	0.00	0.00	*155.00 F
31	1		*FRT LH WIPER ARM	0.00	0.00	*155.00 F
32	1		*FRT LH HEAD LAMP	0.00	0.00	*1,750.00 F
33	1		*FRT GRILLE	0.00	0.00	*980.00 F
34	1		*FRT GRILLE CHROME GARNISH	0.00	0.00	*370.00 F
35	1		*FRT GRILLE INNER STRUCTURE	0.00	0.00	*230.00 F

F=Franchise part.

Total Parts (S$) **58,385.00**

Century Motors (Singapore) Pte Ltd/PC5067U/24/07/2024 15:37. Not valid without Reference section.
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Estimates on Miscellaneous Items

No	Qty	Particulars	Amount
Miscellaneous Items			
1	1	**ERP** bracket	26.00
2	1	**FRT NUMBER PLATE**	40.00
3	1	**SEALANT**	600.00
		Sub Total (S$)	**666.00**

Estimates on Labour

No	Particulars	Lab.Type	Amount
Paintwork Labour			
1	**SPRAY PAINTING MULTI COLOR & DESIGN**	New	1,000.00
Labour Items			
2	**CHECK WIRING**	New	100.00
3	**LABOUR CHARGES TO REMOVE & REFIT FRT LOWER WINDSCREEN**	New	1,000.00
4	**LABOUR CHARGES TO REMOVE & REFIT FRT UPPER WINDSCREEN**	New	1,000.00
5	**LABOUR CHARGES TO REMOVE & REFIT DASHBAORD TO ASSIST REPAIR**	New	350.00
6	**LABOUR CHARGES TO REMOVE & REFIT INTERIOR LH TRIMS,CENTER PARTITION,UPHOLSTERY ETC TO ASSIST REPAIR**	New	600.00
7	**LABOUR CHARGES TO TRANSFER ENTRANCE DOOR FITTINGS TO ASSIST REPAIR**	New	300.00
8	**LABOUR CHARGES**	New	3,000.00
		Gross Labour Cost (S$)	**7,350.00**

Century Motors (Singapore) Pte Ltd/PC5067U/24/07/2024 15:37. Not valid without Reference section.
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< END OF ESTIMATES >

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 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	22/07/2024 13:25 (SGT)
Reported by	Actual Driver
Date of Accident	17/07/2024 05:40 (SGT)
Exact Location of Accident	AYE, Singapore
Additional Location Information	AYE EXIT CLEMENTI RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC5067U

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	JIANG KEVIN TRANSPORTATION SERVICES
Company Reg No	4XXXX200B
Email Address	TRANSPORT@JK59.COM
Mobile Phone No	(Phone) +65-96203559
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	LT434P
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	Bus
Transmission	Manual
CC	7790

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMB1SNW00016612305

DRIVER

Name of Driver	CHANG KONG YAI
Work Permit No	FXXXX781P
Date Of Birth	25/01/1976
Occupation	Outdoor

Driving Pass Date	16/10/2012
Driving experience	11 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96759114
Alt. Phone Number	-
Email Address	TRANSPORT@JK59.COM
Address	3 HUME AVENUE #01-05 HUME PARK 1
Address complement	-
Postcode	598719
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)	33
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	NA
Gender	Male

PASSENGER 2

Name	NA
Gender	Male

PASSENGER 3

Name	NA
Gender	Male

PASSENGER 4

Name	NA
Gender	Male

PASSENGER 5

Name	NA
Gender	Male

PASSENGER 6

Name	NA
Gender	Male

PASSENGER 7

Name	NA
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

REFER TO SKETCH

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	UNKNOWN
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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 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 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 otherwise.

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:

( ) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;

( ) investigating the accident and/or my claims;

( ) carrying out and/or dealing with my instructions or responding to any enquiries by me;

(e) 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

(f) 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.

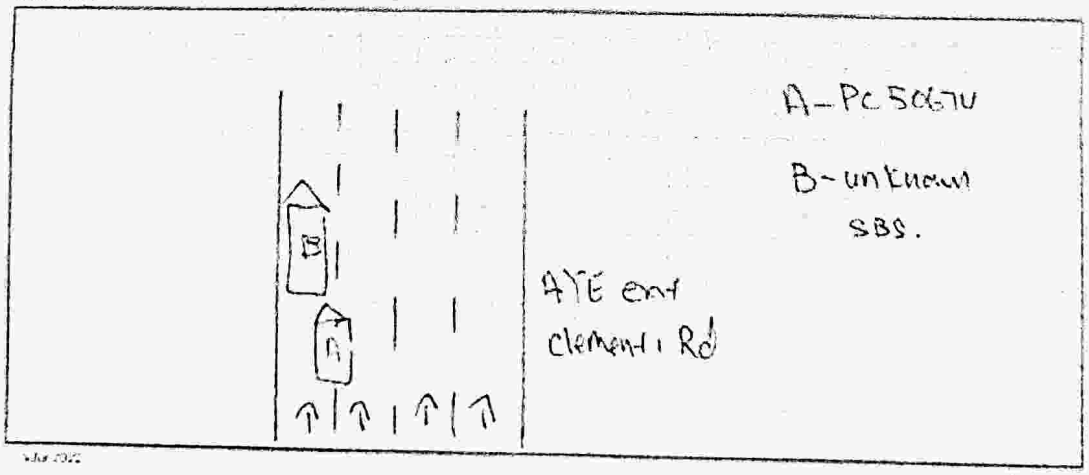
Policyholder's Signature / Date & Time

X

Actual Driver's Signature (if other than the policyholder) / Date & Time

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

Sketch Plan



SKETCH PLAN #2

Describe Circumstance of the Accident

on 17/7/24 around 0514hrs, I was driving my Bus PC5067U along AYE exit Clementi Rd, Veh B unknown SBS was stationary waiting for traffic to turn green, I cannot stop in time and collided onto veh B rear portion.

Declaration

We declare the foregoing particulars 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)

Jul 2023