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 T43 4PE 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

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or Fvt 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%) |

Date/Time, File Pass to?

1) 08/10 Typist

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Report 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.
Generated using **Merimen e-Claims IEAS**

## 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.
Generated using **Merimen e-Claims IEAS**

**< 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.

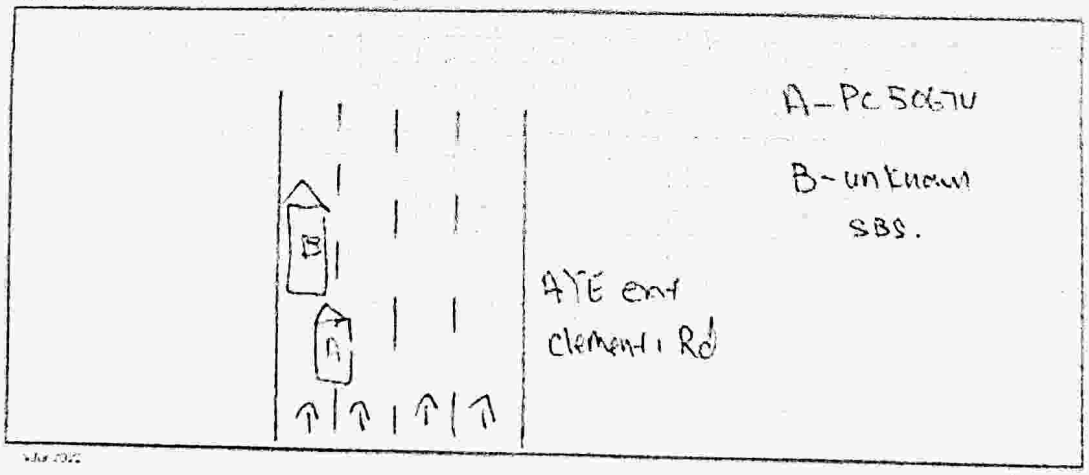
Policyholder's Signature / Date & Time

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