

22/03/2012

ASS. REC. BY:

REF: CS3 /MSL18007603 /GZUBST

Special Instruction:

SUPERVISOR
MUMMEN

GQ

ASSIGNMENT (Office)

From (Person):

Mthia Nyuk Lai

of

MSL1

Date/Time: 25042018 11:11am

Estimated Cost:

Bill to:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV / CS

To Inspect Vehicle No:

PC 8020J

Insured:

SDP 8885D

at Workshop m/s

YSK Auto

Tel:

96402541 / 90075148 (Ah Chien)

of

Blk 1 Kaki Bukit Ave 6 #01-71

Policy No:

27075168SMP

Claim No:

556465

Sum Insured:

Excess:

Make of Veh:

D.O.A

23042018

(Client's Record)

CA / REV / REP. / REV 24 HRS 'wp'

H.O.D. Endorsement:

Date/Time: 25042018 11:57am

Person Contacted:

Danny

Vehicle IN/OUT

Date/Time	Action/Instruction (X) Estimate
	PC 8020J - x
	SDP 8885D - x
	49000h
17/5/18	After repair.

REF:

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. _____

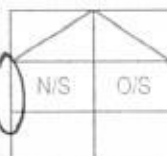
Claims No. _____

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: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: _____ 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: **PC 80203** Yr Regn: **2014 / Jan 24**Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: **Toyota Hiace High Roof** c.c. **2982**Colour: **White** A/C: Insured / Std / NI / NASp. Reading: **207431** T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: **JTFST22P700018704**Gen. Cond: Good / Fair / Poor / BurntSteering: Ind / Jammed / Leaked / Burnt orBrake: Ind / Jammed / Leaked / Burnt orMod: Nil / S/Rim / STD A/Rim orTyre Size: F: **195 R15C**R: **11**BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal: **6** mm R/Bal: **6** mmL/Bal: **6** mm L/Bal: **6** mmD.O.A: **23042018** D.O.I: **25042018 @ 6:20pm**Survey held at: **Y&K Auto**Des. of Damages: Frt / Rear / O/S N/S / U/C / Rooftop or

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

Date / Time Action / Instruction

Estimate repair range \$8,000 - \$9,000

RECEIVED 19 JUL 2018

Date/Time, File Pass to?

☐

Preli. Report

☐

Final Report

11

Date/Time, File Return to?

21

Report Format: **PRS**

Lump Sum / I.B.I: (\$)

Days Of Repair:

Resurvey No. of Trip: **1**Add Fee: ☐ Site Insp (\$)☐ Interview (\$)☐ Tech Invs (\$)☐ Weekend (\$)

Survey Fee:

Transportation

) \$ + R3 \$

) Photos

) Others

TOTAL

...CLAIM SUBFOLDER...(New Assignment)

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	24 Apr 2018		25 Apr 2018 11:11 Assign				New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All
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CLAIM SUBFOLDER DETAILS

[Created by insurer]

Insured:	GOH LAY CHOO, ID: S8804590D, Tel: +6597654726		
Main Claimant:	RAINBOW BUS SERVICES, Co. Reg. No.: 52835750J		
Vehicle Reg. No.:	PC8020J	Date of Loss:	23/04/2018 00:00 - :59 [50 Months and 30 Days From LTA Reg Date (Man Yr)]
Claim Type:	TP / 556465	Policy/Cover Note No.:	27025168SMP (Comprehensive) Coverage: 20/12/2017 - 19/12/2018
Vehicle Reg. No. (Insured):	SDP8885D	Policy No. (Claimant):	
		Excess:	S\$750.00
Repairer:	Ysk Auto Workshop (HQ) No.1 Kaki Bukit Avenue 6, #01-71 Autobay, 417883 Kaki Bukit - Tel:		
Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Chhia Nyuk Pui - 6594 2521]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Imm.Advice due 26/04/2018]		
Driver/Custodian (Insured):	CHUA PENG HWEE (), Tel: +6591725333		

ASSOCIATED MAIL RECEIVED

[View All](#) [Compose Case Mail](#)

There are no mail for this case.

ALL ASSOCIATED TASKS

[View All](#) [Search Tasks](#) [Create New Task](#) [Complete](#)

Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

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 Authorised 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 ability.
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 Report	24/04/2018 10:16
Date Of Accident	23/04/2018 21:00
Exact Location Of Accident	EAST COAST PARK SERVICE ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC8020J
Insured/Policyholder	
Name Of Registered Owner	RAINBOW BUS SERVICES
Co Reg No	52835750J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97952882
Alternative Phone No	OFFICE-97952882

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5067137012-03
Cover Note Number	

Driver

Name of Driver	TAN KIAN WUAN DESMOND
NRIC No	S7010844E
Date Of Birth	03/04/1970
Occupation	OUTDOOR
Date Of Driving Pass	12/12/1997
Driving Experience	20 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90093393
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address BLK 441 SIN MING AVENUE #02-415
Postcode 570441
Was driver an employee of the Insured's Company YES
If No, Relationship of the Driver with the Insured
Vehicle Registration Number of Driver's Own Vehicle -
Vehicle -
Insurance Company of Driver's Own Vehicle -
-

General Information of the Accident

Type Of Accident COLLISION - MAJOR/MINOR RD
Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
Number of vehicles involved in the accident 2
Was any body injured in the Accident? NO
Was any injured conveyed to hospital by ambulance? NO
Was any other material or property damaged? YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO
Number of Passengers (Including Driver) 7
Passenger 1 NAME: : FOREIGN TOURIST 1
GENDER: : MALE
Passenger 2 NAME: : FOREIGN TOURIST 2
GENDER: : MALE
Passenger 3 NAME: : FOREIGN TOURIST 3
GENDER: : MALE
Passenger 4 NAME: : FOREIGN TOURIST 4
GENDER: : MALE
Passenger 5 NAME: : FOREIGN TOURIST 5
GENDER: : FEMALE
Passenger 6 NAME: : FOREIGN TOURIST 6
GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? NO
If Yes, Please state which Police Station
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

AS I WAS TRAVELLING STRAIGHT, ANOTHER CAR CAME OUT FROM THE SLIP ROAD AND KNOCKED INTO THE LEFT DOOR OF MY VEHICLE. (ATTENDED BY: JAMES NG)

Attachment(s)

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

Remarks/ Reasons:

CANNOT BE UPLOADED

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SDP8885D

Vehicle Make/Model/Colour

BMW

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

CHUA PENG HWEE

NRIC/Passport Number

S8804590D

Contact Number

91725333

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

24/04/2018 12:37 62952552

RAINBOW BUS

PAGE 01/01

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 Authorised 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. 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 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/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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time:

24 APR 2018

64597102

Driver's Signature

(If driver is not the policyholder)

Date & Time:

24 APR 2018

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

NG WING KIN JAMES

S7927881E

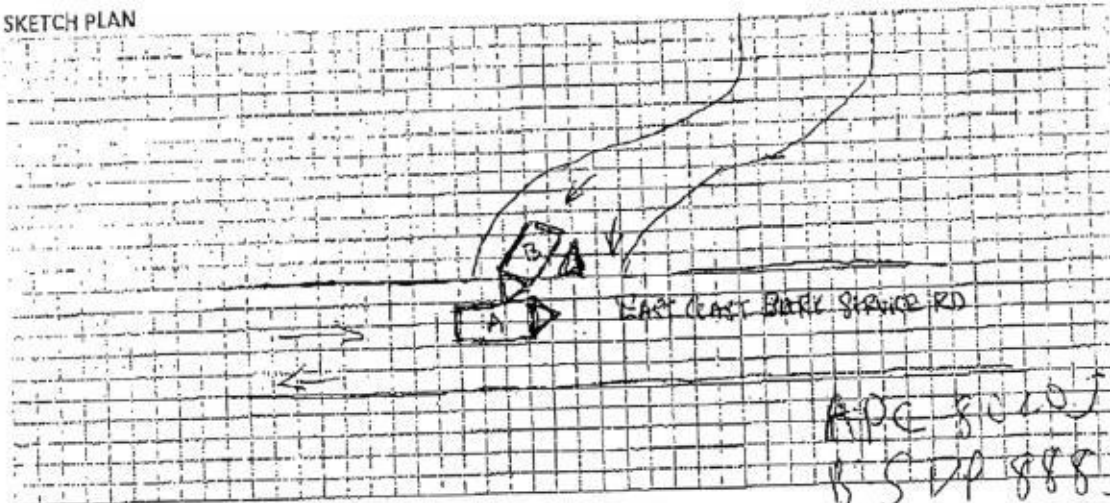
Sketch Plan #2 Pg. 1

24/04/2018 12:39 62952552

RAINBOW BUS

PAGE 01/01

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer
Statement

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

24 APR 2018

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

24 APR 2018

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

NG WING KIN JAMES
S7927881E



[> Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Business
Owner ID:	5750J
Vehicle Details	
Vehicle No.:	PC8020J
Vehicle to be Exported:	No
Intended De-registration Date:	19 Jul 2018
Vehicle Make:	TOYOTA
Vehicle Model:	HIACE HIGH ROOF COMMUTER TURBO AUTO
Primary Colour:	White
Manufacturing Year:	2013
Engine No.:	1KD2361607
Chassis No.:	JTFST22P700018704
Maximum Power Output:	-
Open Market Value:	\$38,054.00
Original Registration Date:	24 Jan 2014
First Registration Date:	24 Jan 2014
Transfer Count:	0
Actual ARF Paid:	\$1,903.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	23 Jan 2024
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$50,001.00
COE Rebate Amount:	\$27,554.00
Total Rebate Amount:	\$27,554.00

The information contained herein is correct as at 19 Jul 2018

OK

...CLAIM SUBFOLDER...(Pending for Survey Report)

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	24 Apr 2018		25 Apr 2018 11:11 Edit Adj Rpt	S\$0.00 Edit Estimates	S\$0.00 View Rpt		Pending for Survey Report Cancel Case

Main

Reference

Claim Details

Documents

[Show All](#)

CLAIM SUBFOLDER DETAILS

[Created by insurer]

Insured:	GOH LAY CHOO, ID: S8804590D, Tel: +6597654726		
Main Claimant:	RAINBOW BUS SERVICES, Co. Reg. No.: 52835750J		
Vehicle Reg. No.:	PC8020J	Date of Loss:	23/04/2018 00:00 - :59 [50 Months and 30 Days From LTA Reg Date (Man Yr)]
Claim Type:	TP / 556465	Policy/Cover Note No.:	27025168SMP (Comprehensive) Coverage: 20/12/2017 - 19/12/2018
Vehicle Reg. No. (Insured):	SDP8885D	Policy No. (Claimant):	
		Excess:	S\$750.00
Repairer:	Ysk Auto Workshop (HQ) No.1 Kaki Bukit Avenue 6, #01-71 Autobay, 417883 Kaki Bukit - Tel:		
Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Chhia Nyuk Pui - 6594 2521]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by XING GUO QIANG] ... [Imm.Advice due 26/04/2018]		
Driver/Custodian (Insured):	CHUA PENG HWEE (), Tel: +6591725333		

ASSOCIATED MAIL RECEIVED

[View All](#)[Compose Case Mail](#)

There are no mail for this case.

ALL ASSOCIATED TASKS

[View All](#)[Search Tasks](#)[Create New Task](#)[Complete](#)

















































Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

Claim Documents

*PC8020J (556465)
[SDP8885D]
TP
RAINBOW BUS SERVICES
Apr 23 2018 12:00AM
[GOH LAY CHOO]
Ysk Auto Workshop

[Upload Documents](#)
[Upload Photos](#)
[Compose New Letter](#)

View [View in Browser](#)

Photos/Images			3 per page	
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
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No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)		Thumbnail	Print
36	19/07/18 12:58	Photo After Spray		Load JPG	<input checked="" type="checkbox"/>
37	19/07/18 12:58	Photo After Spray		Load JPG	<input checked="" type="checkbox"/>
38	19/07/18 12:58	Photo After Spray		Load JPG	<input checked="" type="checkbox"/>
39	19/07/18 12:58	Photo After Spray		Load JPG	<input checked="" type="checkbox"/>
Documentation				1 per page	<input checked="" type="checkbox"/>
No	Finalized On	MSIG Insurance (Singapore) Pte. Ltd. (HQ)		Thumbnail	Print
1	25/04/18 10:57	SDP8885D GIA Rpt		Load PDF	
2	25/04/18 10:57	PC8020J GIA Rpt		Load PDF	
3	25/04/18 11:01	PRI		Load PDF	

Documents Checklist

DOCUMENTS CHECKLIST

[Reset](#)[Save](#)[Print](#)

There are no document checklists configured.

Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)

Show Remarks To: ☐ Handling Insurer

Note: Remarks are private unless you show it to other parties.

LKK Auto Consultants Pte Ltd (Co.Reg.No:199607198R)

51 Ubi Ave 1 #01-25, Paya Ubi Industrial Park

Singapore 408933

Tel: 6256-3561 Fax: 6844-8805 Email: sur@lkkauto.com;assignments@lkkauto.com

VEHICLE DAMAGE INSPECTION REPORT

Our File No: CS3/MSG18007603/GZ4BS2
Date: 20/07/2018

REFERENCE

Handling Insurer: MSIG Insurance (Singapore) Pte. Ltd. Policy No: 27025168SMP
Claimant Vehicle No : PC8020J **Insured Vehicle No :** SDP8885D
 Date of Loss: 23/04/2018 Nature of Claim: TP Claim No: 556465

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: **PC8020J** Engine No: 1KD2361607
 Make & Model: TOYOTA HIACE, 3.0 D GL High-roof Commuter (A) Chassis No: JTFST22P700018704
 Reg. Date: 24/01/2014 (Man. Year: 2013) Odometer: 207451 km
 Colour: White
 Engine Capacity: 2982 cc
 Market Value/New Car Price: N/A
 Sum Insured (S\$): **Market Value/New Car Price**

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition: Good Steering (Serviceable): Yes Footbrake (Serviceable): Yes
 Handbrake (Serviceable): Yes Engine Modification: No Pre-accident Condition:

CONDITION OF TYRES

Front Tyre Size: 195 R15C Rear Tyre Size: 195 R15C
 Front Left Side: Michelin 6 mm Rear Left Side: Michelin 6 mm
 Front Right Side: Michelin 6 mm Rear Right Side: Michelin 6 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	0.00	0.00	0.00	
Miscellaneous Items	0.00	0.00	0.00	
Labour	0.00	0.00	0.00	
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Nett Amount (S\$)	0.00	0.00	0.00	

INSPECTION

Date of Assignment: 25/04/2018
 Date Inspected: 25/04/2018 Inspected At: Ysk Auto Workshop (HQ)
 No.1 Kaki Bukit Avenue 6, #01-71 Autobay
 Singapore 417883
 Estimated Period of Repair: 0.0 days

Adjuster: XING GUO QIANG**Manager:** Ho Zhao Tian

NOTE: This report represents our findings at the time and place of inspection stated herein. Such inspection has been carried out to the best of our knowledge and ability but any other liability under any other circumstances is hereby expressly excluded.

- A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS.
- B) THE REPAIR ESTIMATE WAS NOT PRESENTED AT THE TIME OF INSPECTION.
THE REPAIRER WAS TOLD TO PREPARE THE ESTIMATE.
- C) ENCLOSED PLEASE FIND DAMAGED VEHICLE PHOTOGRAPHS.

THE ESTIMATED REPAIR COST OF THE DAMAGED VEHICLE IS IN THE REGION OF \$8,000.00 - \$9,000.00

REPAIR DETAILS

Reference

Part Source: (Last Synchronised: 20 Jul 2018)

Parts: N/A TOYOTA HIACE 3.0 D GL High-roof Commuter (A) (Model not available in database)

Labour: Repairer's (Price-denominated Standard List)

Print Code: (Unsubmitted, no print-code for PC8020J)

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 *.

Recommended Parts

There are no new parts selected.

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

There are no labour items selected.

Report was unsubmitted during this print-out.

< END OF ESTIMATES >