

REF: CS3/FCI19007043/Gcd3<sup>92</sup>  
 ASSIGNMENT (Office)  
 From Person: Andy Kuo of FCI Date/Time: 18/4/19 @ 3:29pm  
 Estimated Cost: \_\_\_\_\_ Bill to: \_\_\_\_\_  
 OD ☒ TWS/TP RES / OD RES / EVA / INV / MV / CS  
 To Inspect Vehicle No: PC 6969K Insured: SHA 9316E  
 at Workshop n/o: Yellow Bng Tel: 9833 5843  
 of: 160 Sin Ming Drive #01-07  
 Policy No: \_\_\_\_\_ Claim No: D19002338 MPST  
 Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
 Make of Veh: \_\_\_\_\_ D.O.A: 04/04/2019  
 (Client's Record)  
 CA / REV / REP. / REV 24 HRS  
 Date/Time: 12:02pm @ 22/4/19 Person Contacted: David Vehicle: ☒ IN / OUT

Date/Time	Action/Instruction (x) Estimate
	PC6969K - CE7 / AIG 1/013807 / Tlpb392 DOA: 8/7/2011
	SHA 9316E - CS/FCI/7003898 / M1xd3ed DOA: 12/10/17
	After repair: 24/4/2019

Surveyor

PRS  
62

REF:

Sci

C3143M

# ASSIGNMENT

(-2020)

From:

Date:

Estimated Cost:

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

To inspect Vehicle No:

at Workshop m/s

Yellow Bus

of

Insured:

Policy No.

Claims No.

Sum Insured:

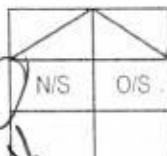
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value:

\$98K / 23/4/2019

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 6969K

Yr Regn:

10 Feb 2010

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

Truck / Trailer or

Make:

ISUZU LT134P

c.c 7790

Colour

Yellow

A/C:

Insured / Std / NI / NA

Sp. Reading

254279

T/Radio:

Insured / Std / NI / NA

Eng/No:

JALLT134P 97000098

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

11R22.5

R:

11

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal.

5

mm

R/Bal.

5/5

mm

L/Bal.

5

mm

L/Bal.

5/5

mm

D.O.A.

D.O.I.

22-04-19

Survey held at

w/s

1:30 pm

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

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

1

Survey Fee:

Transportation:

S + RS \$

Photos

Others

TOTAL

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

Report Format :

PRC

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

**MOTOR SURVEY ASSIGNMENT**

Date	08-04-2019	Our Ref No. D19002338MFSH
Accident Date	04-04-2019	Claim Type. Third Party
Insured Vehicle	SHA9316E	Third Party Vehicle. PC6969K
Survey Location	160 SIN MING DRIVE#01-07 SIN MING AUTO CITY	
Contact Person.	DAVID LIM	
Contact No.	0/ 98335843	Fax No. 65383708
Survey Type	WITHOUT PREJUDICE:	
Appointed Surveyor	LKK AUTO CONSULTANTS PTE LTD	
Contact Person	NA	Fax No. 68416315
Contact Number.	NA	

**FOR DIRECT SETTLEMENT**

Please submit to us the Tax Invoice together with letter of claim for Rental OR Loss of use (based on NIMA Benchmark rates) together with your survey report.

**THIRD PARTY SURVEY REQUEST**

Cc : Workshop	YELLOWBUS WORKSHOP & TRADING PTE LTD	Attention. NIL
Cc : TP Solicitor	KSCGP JURIS LLP	TP Solicitor Fax No. NA
Officer Incharge	HENRY KAO	

**IMPORTANT NOTE**

Kindly submit the survey report via CWS within 14 days for survey assignment and 7 days for re-inspection.  
This is a computer generated letter, no signature required.

## 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 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 G/A 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	05/04/2019 12:01
Date Of Accident	04/04/2019 18:25
Exact Location Of Accident	NEAR REDHILL MRT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	PC6969K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	YELLOW BUS SERVICES PTE LTD
Co Reg No	200813143M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-85884939
Alternative Phone No	OFFICE-85884939
<b>Vehicle Particulars</b>	
Manufacturer	ISUZU
Model	LT134P
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	BUS
<b>Insurance Company</b>	
Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D19MFL0000102
Cover Note Number	
<b>Driver</b>	
Name of Driver	WEN WUCHAO
Passport No/FIN	G2117872T
Date Of Birth	13/03/1989
Occupation	OUTDOOR
Date Of Driving Pass	15/10/2014
Driving Experience	4 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85301660
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address BLK 307 WOODLANDS AVENUE 1 #11-307  
 Postcode 730307  
 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  
 Insurance Company of Driver's Own Vehicle

#### General Information of the Accident

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

#### Other Information

Was any foreign vehicle involved in this accident? NO  
 Number of vehicles (including own vehicle) 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) 34

#### 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

I WAS MOVING STRAIGHT. SUDDENLY, A TAXI CAME OUT FROM THE MINOR ROAD AND HIT ONTO THE LEFT PORTION OF MY BUS. (ATTENDED BY: JAMES NG)

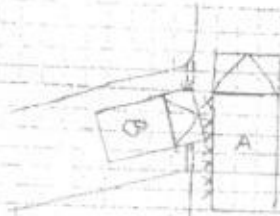
#### Attachment(s)

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 SHA9316E  
 Vehicle Make/Model/Colour HYUNDAI SONATA / YELLOW CITICAB  
 Details Of Properties  
 Vehicle Category TAXI  
 Name of Driver LAI SAI HENG  
 NRIC/Passport Number S1353365B  
 Contact Number 90258094  
 Address  
 Postcode  
 Insurance Company Name  
 Nature Of Damage  
 No. Of Passenger (including Driver)

SKETCH PLAN



A PC6969K  
B SHA9316E

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer  
Statement

DECLARATION

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

Policyholder's Signature

Date & Time

05 APR 2019

Driver's Signature

(If driver is not the policyholder)

Date & Time

Reporting Centre Personnel's Signature

NG WING KIN JAMES

admin.vac@vicom.com.sg



Sketch Plan Pg. 1

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.
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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:

05 APR 2019

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

Reporting Centre Personnel's Signature  
**NG WING KIN JAMES**  
NRJC/FIN No.:  
admin.vac@vicom.com.sg



> Back to OneMotoring

### Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	3143M
Vehicle No.:	PC6969K
Vehicle to be Exported:	No
Intended Deregistration Date:	22 Apr 2019
Vehicle Make:	ISUZU
Vehicle Model:	LT134P
Primary Colour:	Multi-Colour
Manufacturing Year:	2009
Engine No.:	6HK1486509
Chassis No.:	JALLT134P97000098
Maximum Power Output:	-
Open Market Value:	\$103,394.00
Original Registration Date:	10 Feb 2010
First Registration Date:	10 Feb 2010
Transfer Count:	1
Actual ARF Paid:	\$5,170.00
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
COE Expiry Date:	09 Feb 2020
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$18,289.00
COE Rebate Amount:	\$1,463.00
<b>Total Rebate Amount:</b>	<b>\$1,463.00</b>

The information contained herein is correct as at 22 Apr 2019

OK



## CONNECTING CAR BUYERS &amp; SELLERS.

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SEARCH Isuzu LT134P Price Range Depreciation Year Reg Vehicle Type Search View All Advanced Search

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## Isuzu LT134P

[Overview](#)
[Financial](#)
[Accessories](#)
[Similar](#)
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[Map](#)

DIRECT OWNER

Price	\$113,000	Lifespan	07-Apr-2030
Depreciation ⓘ	\$117,510 /yr View models with similar depre	Reg Date	08-Apr-2010 (11mths 16days COE left)
Mileage	N.A.	Manufactured ⓘ	2009
Road Tax ⓘ	N.A.	Transmission	Manual
Dereg Value ⓘ	\$1,932 as of today (change)	OMV ⓘ	\$103,851
COE ⓘ	\$20,090	ARF ⓘ	\$5,193
Engine Cap	7,790 cc	No. of Owners ⓘ	1
Curb Weight ⓘ	10,180 kg		
Type of Vehicle	Bus/Mini Bus		

## Features

Isuzu 49 Seaters, Euro 4, 2 Doors, Build By Liannex. First Owner Till Now. Excellent Condition. See To Believe. 3 Months Warranty Provided Max \$3k.

## Accessories

CCTV System. AWell Maintained And Serviced Every 10,000Km. Nothing To Repair And I Will Cover \$3k If Any Servicing Required.

## Description

Nothing To Repair. Good Japanese Bus For 10 Years COE Renewal. Any Repairs Cost Within 3 Months Will Be Reimbursed By Me Max \$53k. On Goodwill Basis.

## Category

PARF Car, Direct Owner Sale

## Status

Available

## Resources



## Car Valuation - Free

Find out the market value of your existing car for free. Get started

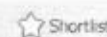


## Vehicle Evaluation

Afraid of lemons? Request to have this car evaluated professionally. Find out more



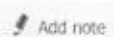
Preferred Viewing Area



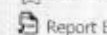
Shortlist



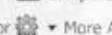
Compare



Add note



Report Error



More Actions

## Seller Information

Contact Person(s) Chen Guanliang

Contact No. 97920384

Enquiry [Contact Seller](#)

## ESSENTIAL TRANSACTION FORMS

- » Indemnity form
- » Sales agreement
- » Receipt
- » Hand-over form
- » Ownership Transfer

GET HELP WITH  
PAPERWORK

sgCarMart Connect handles your transaction paperwork - send us your completed Sales Agreement, and we'll help with Car Loans, Insurance, Payments & Ownership Transfer. FREE for all sgCarMart Advertised Vehicles.



Upload your Sales Agreement

Read our 8 Step Guide for Direct Buyers &amp; Sellers

Posted on: 01-Apr-2019 | Last Updated on: 18-Apr-2019

Upfront Payment			<a href="#">» more Financial info</a>
Transfer Fee ⓘ	\$25		
Down Payment ⓘ	\$11,300 (change)	Maximum 90% Loan	
1st Compare ⓘ	\$9,534	Based on 3.4% interest rate	



**LKK Auto Consultants Pte Ltd**  
51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Page No.:1 of 1

PRE-REPAIR INSPECTION REPORT				
MS FIRST CAPITAL INSURANCE LTD		Ref: CS3/FCI19007043/Gcd3s2		
36 ROBINSON ROAD		Date: 07-05-2019		
#16-01 CITY HOUSESINGAPORE 068877		Code: FCI2		
1. Policy Particulars :- (THIRD PARTY CLAIM)				
Insured Veh.	SHA 9316E	Veh. Inspected	PC 6969K	
Policy No.		Coverage (\$)	0.00	
Claim No.	D19002338MFSH	Excess (\$)	0.00	
Assign From	HENRY KAO	Assign Date	18/04/2019	
2. Vehicle Particulars & Condition				
Make & Model	ISUZU LT134P	c.c	7790	
Engine No.	HIDDEN	Year of Reg.	2010	
Chassis No.	JALLT134P97000098	Colour	YELLOW	
Odometer	254279 KM	Steering	IN ORDER	
Brakes	IN ORDER	Modification	NIL	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	11 R22.5	DUNLOP	5 mm	
L/H Front Tyre	11 R22.5	DUNLOP	5 mm	
R/H Rear Tyre	11 R22.5 (D)	DUNLOP	5/5 mm	
L/H Rear Tyre	11 R22.5 (D)	DUNLOP	5/5 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE N/S BODY.				
5. General Information				
Accident Date	04/04/2019	Inspect Date / Time	22/04/2019 ( 01:30 PM )	
Survey held at	YELLOW BUS - 160 SIN MING DRIVE #01-07			
Repairer				
5a. Remarks				
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. D)MARKET VALUE:\$98,000.00				

Report Ref No. CS3/FCI19007043/Gcd3s2

Inspected By

XING GUO QIANG

M.MATAI, AMSAE-A

Automotive Assessor

K.K.LAU CPT(RET)

BEng(Hons),B.Bus,MBA,PEng,PE, MInstAEA,MASME,MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser

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