

22/03/2002

ASS. REC. BY:

REF: CS3/FC1 2000774/ESf307 Special Instruction:

Surveyor: STELAASSIGNMENT (Office)From (Person): Mervin Chia San San of FC1 Date/Time: 17/11/2020 5:02 p.m.

Estimated Cost: _____ Bill to: _____

OD TP / WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: XD 9473D Insured: SHC 0153Gat Workshop m/s AAK Logistics Tel: 66650190 / 66776227of BK 153 BT Bator St 11 #03-292Policy No: _____ Claim No: D20000955MPSH

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 10.2.2020
(Client's Record)

CA / REV / REP. / REV 24 HRS

Date/Time: 18/11/2020 3:35 p.m. Person Contacted: Pei Juan H.O.D. Endorsement: _____Vehicle IN / OUT

Date/Time	Action/Instruction (X) Estimate. Inspect = 4 Perjury Close.
	<u>XD 9473D -</u>
	<u>SHC 0153G -</u>
<u>20/02/20</u>	<u>@ 14:15 pm checked with Pei Juan. no estimate</u>

Bureau

Stev

REF: FCI

ASSIGNMENT

From: Date: 18/2/20

Estimated Cost:

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

To Inspect Vehicle No: X 0 94730

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:

\$67K 26/2/20

IDAC Accident Report:

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

Date / Time Action / Instruction

MV-67K

RECEIVED 26 FEB 2020

Date/Time, File Pass to?

1) Typist Date/Time, File Return to?

2)

Report Format:

PRS

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

☐ : Proll. Report
☒ : Final Report

Days Of Repair:

Resurvey No. of Trip:

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

Survey Fee:

Transportation:

) S + RS. SI

) Photo

) Others

TOTAL

Veh No: X 0 94730

Yr Regn: 9/19/14

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

Truck / Trailer or

Make: Iveco Stralis

C.C.

10308

Colour: White

A/C: Insured / Std / NI / NA

Sp. Reading: 242795

T/Radio: Insured / Std / NI / NA

Eng/No:

Ci/No: WJMMWTH40C 264079

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: NII / S/Rim / STD A/Rim or

Tyre Size: F:

R:

315/80R22.5

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

TOYO / YOKO or

TAITONG

Front

Rear

R/Bal. 5 mm

R/Bal. 5 mm

L/Bal. 5 mm

L/Bal. 5 mm

D.O.A. 10/2/20

D.O.I. 18/2/20

Survey held at

AAK Logistics

1036AM

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

Front LH

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

190

190

MOTOR SURVEY ASSIGNMENT

Date	12-02-2020	Our Ref No. D20000955MFSH
Accident Date	10-02-2020	Claim Type. Third Party
Insured Vehicle	SHC0153G	Third Party Vehicle. XD9473D
Survey Location	Blk 153 Bt Batok St 11 #03-292	
Contact Person.	PEIJUAN	
Contact No.	66650190/ 66776227	Fax No. 65619509
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	AAK LOGISTICS SERVICES PTE LTD	Attention. NIL
Cc : TP Solicitor	KSCGP JURIS LLP	TP Solicitor Fax No. NA
Officer Incharge	MERINA CHIA SAN SAN	

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.

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	787M
Vehicle Details	
Vehicle No.:	XD9473D
Vehicle to be Exported:	No
Intended Deregistration Date:	18 Feb 2020
Vehicle Make:	IVECO
Vehicle Model:	STRALIS AT440S46T/P (AUTO) EURO V
Primary Colour:	White
Manufacturing Year:	2013
Engine No.:	182631
Chassis No.:	WJMM1VTH4DC264079
Maximum Power Output:	-
Open Market Value:	\$102,808.00
Original Registration Date:	09 Oct 2014
First Registration Date:	09 Oct 2014
Transfer Count:	0
Actual ARF Paid:	\$5,141.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	08 Oct 2024
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$39,649.00
COE Rebate Amount:	\$18,389.00
Total Rebate Amount:	\$18,389.00

The information contained herein is correct as at 18 Feb 2020

OK

14 ~~15~~ deprec year
X 4 ye - 8 month
= 67,500

Enquire Vehicle Transfer Fee

Vehicle Details

Vehicle No.
XD9473D

Make / Model
IVECO / STRALIS AT440S46T/P (AUTO) EURO V

Vehicle Type :
B36 - Goods (Open) Prime Mover

Vehicle Scheme :
Normal

Propellant :
Diesel

Motor No. :
-

Power Rating :
-

Maximum Laden Weight :
70000 kg

Year Of Manufacture :
2013

Lifespan Expiry Date :
08 Oct 2034

PQP Paid :
\$39,649.00

Road Tax Expiry Date :
08 Oct 2020

Inspection Due Date :
08 Oct 2020

CO2 Emission :
-

CO Emission :
-

NOx Emission :
-

Vehicle Attachment 1 :
No Attachment

Chassis No. :
WJMM1VTH4DC264079

Engine No. :
182631

Engine Capacity :
10308 cc

Maximum Power Output :
-

Unladen Weight :
6780 kg

Original Registration Date :
09 Oct 2014

COE Category :
C - Goods Vehicle & Bus

COE Expiry Date :
08 Oct 2024

PARF Eligibility Expiry Date :
-

Intended Transfer Date :
18 Feb 2020

CEV/VES Rebate Utilised Amount :
-

HC Emission :
-

PM Emission :
-

Fees To Be Paid For Transfer

Transfer Fees

\$25.00

Message

This vehicle has a road tax Over Payment of \$280.00. This Over Payment may be used to offset Road Tax payable and Transfer Fees respectively, where applicable.

Print

OK →

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 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	11/02/2020 09:09
Date Of Accident	10/02/2020 19:45
Exact Location Of Accident	JURONG TOWN HALL RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD9473D
Insured/Policyholder	
Name Of Registered Owner	AAK LOGISTICS SERVICES PTE LTD
Co Reg No	2XXXXX787M
Email Address	AUTO@AAKLS.COM
Mobile Phone No	
Alternative Phone No	OFFICE-66776227

Vehicle Particulars

Manufacturer	IVECO
Model	STRALIS AT440S46T/P

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? NO

If No, Please state action to be taken THIRD PARTY

Vehicle Category COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	

Driver

Name of Driver	ZAW MYO NAING
Passport No/FIN	GXXXX546L
Date Of Birth	02/12/1969
Occupation	OUTDOOR
Date Of Driving Pass	15/11/2006
Driving Experience	13 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98590913
Fax Number	
Contact Number	
Email Address	AUTO@AAKLS.COM

Address	153 BUKIT BATOK ST 11
Postcode	
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	SIDE SWIPE
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?	
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)	1

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

Refer to report. I am working for 'AAK Logistics Services Pte Ltd' and using the vehicle for delivery at the time of accident.


Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC153G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN



A - XD 9473D
B - SHC 153G
C - SLL 1615P

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON MENTION DATE AND TIME, AS I WAS TRAVELLING TOWARDS JURONG
TOWN HALL FROM PENJURU ROAD. I SIGNALLED LEFT AND ALREADY
IN THE LANE. SUDDENLY A TAXI SHC 153G FROM BEHIND SQUEEZE
IN BETWEEN THE LANE AND HIT A CAR SLL 1615P REAR RIGHT
AND HIT MY VEHICLE XD 9473D FRONT LEFT CAUSING DAMAGE.
I HAVE VEHICLE VIDEO AS PROOF. NO ONE WAS INJURED.

DECLARATION

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

Policyholder's Signature
Date & Time:

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

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


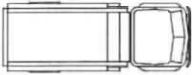
**LKK Auto Consultants Pte Ltd**

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/FCI20002772/Esf3e2		
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Date: 28-02-2020		
		Code: FCI2		
1. Policy Particulars :- (THIRD PARTY CLAIM)				
Insured Veh.	SHC 153G	Veh. Inspected	XD 9473D	
Policy No.		Coverage (\$)	0.00	
Claim No.	D20000955MFSH	Excess (\$)	0.00	
Assign From	MERINA CHIA SAN SAN	Assign Date	17/02/2020	
2. Vehicle Particulars & Condition				
Make & Model	IVECO STRALIS	c.c	10308	
Engine No.	HIDDEN	Year of Reg.	2014	
Chassis No.	WJMM1VTH4DC264079	Colour	WHITE	
Odometer	242795 KM	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	FAIR			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	315/80 R22.5	TAITONG	5 mm	
L/H Front Tyre	315/80 R22.5	TAITONG	5 mm	
R/H Rear Tyre	315/80 R22.5	TAITONG	5 mm	
L/H Rear Tyre	315/80 R22.5	TAITONG	5 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT N/S PORTION.				
5. General Information				
Accident Date	10/02/2020	Inspect Date / Time	18/02/2020 (10:36 AM)	
Survey held at	4 PENJURU CLOSE			
Repairer	AAK LOGISTICS SERVICES PL			
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:\$67,000.00(EST)				

Report Ref No. CS3/FCI20002772/Esf3e2

Inspected By



CHEN TSUE YEE

Automotive Assessor



K.K.LAU CPT(RET)

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

REGD Auto Consultant-SAE, Licensed Appraiser

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or replying on this Report, in whole or in part, does so at his or her own risk.