

(08/11/13) wef
ASS. REC. BY: *MG/CS*

REF:

CS/AG120005103/41/43

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
To Inspect Vehicle No: *XD 5077R*
at Workshop m/s: *focus*
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.

N/S	O/S

Bal. or Market Value: *28k.*
IDAC Accident Rpt: _____ Consistent?: Yes or No
GIA / PR Seen: _____ Consistent?: Yes or No
Est. Repairs: *4* days Res.: Yes or No
Lum Sum: *20* % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

LTA 4822

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: *XD 5077R* Yr Regn: *10 11*
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or car
Make: *IVECO TRAKKER* c.c. *12882*
Colour: *orange* A/C: Insured / Std / NI / NA
Sp. Reading: *nothing fly* T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: *WJME2N5540C233334*
Gen. Cond: *Good* / Fair / Poor / Burnt
Steering: *Order* / Jammed / Leaked / Burnt or
Brake: *Order* / Jammed / Leaked / Burnt or
Modi: *NI* / S/Rim / STD A/Rim or
Tyre Size: F: *295/R 22.5*
R: *275/70R 22.5*
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or *AMBERSTONE*
Front _____ Rear _____
R/Bal. *5* mm R/Bal. *5/5 5/5* mm
L/Bal. *5* mm L/Bal. *5/5 5/5* mm
D.O.A. *4/4/20* D.O.I. *9/4/20*
Survey held at _____
Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Rear
The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

we 10-10-2021
11/4/20 4/5 2300 confirmed with MR Wong

Date/Time, File Pass to?

☐ : Preli. Report
☐ : Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Survey Fee: _____

Transportation: _____

) \$ + RS \$

) Photos

) Others

TOTAL

Report Format :

Lump Sum / I.D.I. (\$)

FOCUS AUTO PTE LTD
 NO. 1 KAKI BUKIT AVENUE 6 #02-48/50
 AUTOBAY @ KAKI BUKIT SINGAPORE 417883
 TEL: 6886 9097 FAX: 6844 4625 Email: claims@focusauto.com.sg
 GST:201004495R RCB NO:201004495R

not Authorized LKK
1/5 @ 2300 / 4 days.

M/S : FIRST CAPITAL INSURANCE LTD

ATTN: Motor Claim Department
 Your Ref No: **XD5077R**
 Claim Type: **THIRD PARTY CLAIM**
 Accident Date: : 04/04/20

Estimate No: M00147
Date: 13-Apr-20
Veh Reg No : XD5077R
 Make/Model: IVECO TRAKKER
 Chassis No: WJME25NSS40C233334
 Engine No:163218
 Reg. Date :11/10/2011

Estimate Repair Cost to Vehicle No : XD5077R

PAGE:1/2

S/N	Description	Quantity	Unit	Price	Amount
	<u>SPECIAL NETT PRICE</u>			<u>SS</u>	<u>SS S.N</u>
1	Rear Trailer End Panel	1	PCS	1800.00	1800.00 X
2	Rear Trailer Power Gate	1	PCS	3800.00	3800.00 X
3	Rear Trailer Sticker	1	PCS	40.00	40.00 ✓
3	Rear Trailer Sticker 60km/hr	1	PCS	15.00	15.00 10
4	Rear Trailer Power Gate Hydraulic Pump - LH	1	PCS	2800.00	2800.00 2100
5	Rear Hydraulic Oil	4	SET	80.00	320.00 50
TOTAL				8535.00	8775.00

LABOUR CHARGES

6	Panel Beating	1600.00
7	To Remove & Replace Hydraulic Pump	280.00
8	To Spray Paint	650.00

TOTAL 2530.00

OVERALL TOTAL 11305.00

S.N - 2200.00
L - 700.00
2900.00
200
2300

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey the damaged part(s) during resurvey
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

FOR FOCUS AUTO PTE LTD

Acknowledged by Repairer
 Signature:
 Date:

AUTHORISE SIGNATURE

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	06/04/2020 17:44
Date Of Accident	04/04/2020 11:40
Exact Location Of Accident	KJE TOWARDS TUAS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD5077R
Insured/Policyholder	
Name Of Registered Owner	VS RENTAL & SERVICES
Co Reg No	5XXXX527J
Email Address	VSRENTAL.SERVICING@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-91005602

Vehicle Particulars

Manufacturer	IVECO
Model	TRAKKER 13L AUTO ABS TURBO 28T
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	VCA / P1569010
Cover Note Number	

Driver

Name of Driver	THANDAYUTHAM SASIKUMAR
NRIC No	SXXXX416Z
Date Of Birth	13/01/1976
Occupation	OUTDOOR
Date Of Driving Pass	10/02/2015
Driving Experience	5 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91005602
Fax Number	
Contact Number	
Email Address	VSRENTAL.SERVICING@GMAIL.COM

Address 7 SEMBAWANG HILLS DRIVE
Postcode 575886
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 CHAIN COLLISION
Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? YES
Foreign Vehicle Registration Number BDQ55858 (COMMERCIAL VEHICLE)
Number of vehicles (including own vehicle) involved in the accident 4
Was any body injured in the Accident? YES
Was any injured conveyed to hospital by ambulance? YES
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? YES
If Yes, Please state which Police Station
Police Station Name TRAFFIC POLICE DIVISION HQ
Police Station Address ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact TEL NO: 65470000 - FAX NO.
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

As per police report number T/20200406/7010

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number BDQ5585
Vehicle Make/Model/Colour PASSENGER VAN
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

GBJ8181G

Vehicle Make/Model/Colour

TOYOTA DYNA

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

SLS2057G

Vehicle Make/Model/Colour

HYUNDAI ELANTRA

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SLS2057G

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

DETAILS OF INJURED PERSON 2

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

GBJ8181G

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

Accident Sketch Plan

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:

06/04/2020
11:00





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

06/04/2020
11:00



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

07/04/20



SKETCH PLAN

A - XD 5077R
B - BDQ 5585
C - GBJ 8181G
D - SLS 2057G



Pls refer to Police report - T20200406/7010

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: 07/09/20

POLICE REPORT 1



**SINGAPORE
POLICE FORCE**



T/20200406/7010

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20200406/7010

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/04/2020 10:18		Vide Report No.: J/20200404/0113		Station Diary No.:	
Informant's Particulars					
Name of Informant: THANDAYUTHAM SASIKUMAR			Address: 7 SEMBAWANG HILLS DRIVE SINGAPORE 575886		
ID Type / ID No.: NRIC NO / S7662416Z			Contact No.: Home/Office: Mobile: 91005602		
Nationality: INDIAN			Email: vsrental.servicing@gmail.com		
Sex: Male	Age: 44	Date of Birth: 13/01/1976	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: Senior Technician			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 04/04/2020 11:40	Type of Location:
Location: KRANJI EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Moderate	
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
XD5077R	Lorry					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

POLICE REPORT 2



**SINGAPORE
POLICE FORCE**



T/20200406/7010

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20200406/7010

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
RASHIDAH BINTE AZMAN
Contact No.: 65476216

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
06/04/2020 10:18

Classification Of Case:

POLICE REPORT 3



**SINGAPORE
POLICE FORCE**



T/20200406/7010

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20200406/7010

CONTINUATION OF REPORT

Driver			
Name	THANDAYUTHAM SASIKUMAR		ID No. S7662416Z
Related Vehicle	XD5077R (Lorry)		Contact No. 91005602
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of Injury Slight

Brief Details.

AT THE ABOVEMENTIONED DATE AND TIME,

I WAS TRAVELLING ALONG KJE TOWARDS PIE. I HEARD A SOUND FROM MY LORRY AND BRAKED. I DID NOT TURN OFF THE ENGINE. THREE VEHICLES FROM BEHIND WERE SUDDENLY INVOLVED IN A CHAIN COLLISION WITH MY VEHICLE. FIRSTLY, A VAN(BDQ55805) HIT THE BACK OF MY LORRY. THEN A LORRY(GBJ8181G) HIT THE BACK OF THE VAN. THEN A CAR(SLS2057G) HIT THE BACK OF THE VAN.

THAT IS ALL.

Scene Photo



Page 15 of 30

Scene Photo



Page 16 of 30

Scene Photo



Page 17 of 30

Scene Photo



Page 18 of 30

> **Back to OneMotoring**

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Business
Owner ID:	527J
Vehicle Details	
Vehicle No.:	XD5077R
Vehicle to be Exported:	No
Intended Deregistration Date:	09 Apr 2020
Vehicle Make:	IVECO
Vehicle Model:	TRAKKER 13L AUTO ABS TURBO 28T
Primary Colour:	White
Manufacturing Year:	2010
Engine No.:	163218
Chassis No.:	WJME2NSS40C233334
Maximum Power Output:	-
Open Market Value:	\$124,915.00
Original Registration Date:	11 Oct 2011
First Registration Date:	11 Oct 2011
Transfer Count:	1
Actual ARF Paid:	\$6,246.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	10 Oct 2021
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$32,289.00
COE Rebate Amount:	\$4,852.00
Total Rebate Amount:	\$4,852.00

The information contained herein is correct as at 09 Apr 2020

OK