

ASS. REC. BY:

REF:

C72/ 20013599/K

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.

<input checked="" type="checkbox"/>	<input type="checkbox"/>
N/S	O/S
<input type="checkbox"/>	<input type="checkbox"/>

Bal. or Market Value:

IDAC Accident Rpt:

Consistent?: Yes or No

GIA / PR Seen:

Consistent?: Yes or No

Est. Repairs:

01 days

Res.: Yes or No

Lum Sum:

1-B.1 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Palmic

96564133

Date / Time

Action / Instruction

Veh No:

SG 5109B

Yr Regn:

07.16

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

Truck / Trailer or

Make:

Volvo

B9TL

c.c.

9364

Colour:

Green

A/C:

Insured / Std / NI / NA

Sp. Reading:

32422

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

YV 384P926GA178270

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

275/70R22.5

R:

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

TOYO / YOKO or

Pirelli

Front

Rear

R/Bal.

7

mm

R/Bal.

88

66 mm

L/Bal.

7

mm

L/Bal.

88

66 mm

D.O.A.

30/11/20

D.O.I.

14/12/2020

Survey held at

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

FR N/S

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

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S - RS. \$

Fees

Others

TOTAL

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Report Format:

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



ComfortDelGro Engineering

205 Braddell Road S(579701)

ACCIDENT REPAIR ESTIMATES

Our Ref:

Type of Claim : Third Party - GASVehicle No. : SG5109BMake & Model : VOLVO B9TL 9.4LYear of Manufacture : 2016Chassis No. : YV3S1P926G178270Ins Company : CHINATAIPING INS

Engine No. : _____

Excess : NAPolicy No. : D-19094111MFBPDate of Accident : 30/11/2020Time of Accident : 17:10

Suggested Days of Repair : _____

In-house Vehicle Assessor

Repair EstimatesCase Owner : Chan Foo Heng/Patrick

Signature : _____

Parts (a) Cost / List Price Items \$-Less 10% \$-Total of Cost / List \$-(b) Nett Price Items \$-

Less _____

Total of Nett Item _____

(c) Special Nett Items \$-Total Parts Cost (Appendix A) \$-Labour (Appendix B) \$1,420.00Total Repair Cost \$1,420.00

Contact No

Operations

63837369 - Chan Foo Heng / Sam Tan

chanfh@cdge.com.sg

samtan@cdge.com.sg

Patrick Tia - 63837441

patricktia@sparkcarcare.com

Not Authorized
Running After Pain
B 3501

The above total will be subjected to 7% G.S.T.

Name of Surveyor : Kenneth
Company : CIC
Survey conducted on : 19/12/20 at 11.55pm

Remarks By Surveyor(a) The repair of this vehicle is not authorized / is not authorized until further notice.(b) Recommended Days of Repair : 01 day(s)(c) Resurvey : Required / Not Required

(d) Excess : \$ _____

(e) Signature of surveyor : De Date: 19/12/20

ACCIDENT REPAIR ESTIMATE#F3

ComfortDelGro Engineering Pte Ltd
205 Braddell Road S (579701)
Tel: 63837168 / 63837466 Fax: 62815767

Vehicle No.	: <u>SG5109B</u>	Case Owner	: <u>Chan Foo Heng/Patrick</u>
Make & Model	: <u>VOLVO B9TL 9.4L</u>	Year of Manufacture	: <u>2016</u>

Note: The above estimate of repair is based on visual assessment of the external affected areas. Any

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 Submission 08/12/2020 09:44 (SGT)
Date of Accident 30/11/2020 15:29 (SGT)
Exact Location of Accident Geylang Rd & Lor 34 Geylang, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SG5109B

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner GO AHEAD SINGAPORE PTE LTD
Company Reg No 2XXXXX900C
Email Address enquiries@go-aheadsingapore.com
Mobile Phone No (Phone) +65-63847169
Alternative Phone No (Office) +65-63847169

VEHICLE PARTICULARS

Manufacturer Volvo
Model B91
Variant -
Exact purpose for which vehicle was being used at time of accident Employment
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Bus

INSURANCE COMPANY

Name of Insurance Company First Capital
Type of Coverage Comprehensive
Fleet Policy Yes
Policy Number D-19094111MFBP
Cover Note Number -

DRIVER

Name of Driver Lee Kok Leong
Work Permit No GXXXX939W
Date Of Birth 09/05/1990
Occupation Outdoor

20/02/2013
 7 YEARS AND 9 MONTHS
 Male
 (Phone) +65-84076446
 -
 enquiries@go-aheadsingapore.com
 176B Edgefield Plains
 #12-170
 822176
 No
 Employee
 No
 -
 -
 Is the driver the policyholder?
 If No, Relationship of the Driver with the Insured
 Does Driver Own Other Vehicles?
 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 - Major/Minor Rd
 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 material or property damaged? Yes
 Number of Passengers (Including Driver) 1
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No

DETAILS OF POLICE ACTION

Was the accident reported to the police? Yes
 Police Station Name Sengkang Neighbourhood Police Centre
 Police Station Phone No (Phone) +65-18003438999
 Alt. Police Station Phone No (Fax) +65-63438939
 Police Station Address 2 Sengkang Square #01-02
 Was notice of intended Prosecution given? No
 If yes, against whom? -

CIRCUMSTANCES OF ACCIDENT

I WAS DRIVING GO-AHEAD SINGAPORE SERVICE 2 [SG5109B] TOWARDS 81049 • AFT LOR 34 GEYLANG VIA THE EXTREME LEFT LANE OF A 5-LANE ALONG GEYLANG RD WHEN A CHAMPAGNE TOYOTA ALTIS [SJQ3282A] DASHED OUT FROM THE MINOR RD OF LOR 34 GEYLANG WHERE SJQ3282A'S FRONT BUMPER COLLIDED ON TO SG5109B'S FRONT LEFT CORNER BUMPER. I ALIGHTED SG5109B WANTING TO EXCHANGE PARTICULARS WITH SJQ3282A'S DRIVER BUT HE REFUSED & ABUSED ME VERBALLY

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 SJQ3282A
 Vehicle Manufacturer Toyota
 Vehicle Model Corolla
 Vehicle Variant -
 Vehicle Colour Apricot

Accident report SG0G20C70005



