

ASS. REC. BY: Sun Pin

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: PC 2045C

at Workshop m/s: CONNECT 3

of: _____

Insured: SBU 1008M

Policy No: DMPCSNW00180942000

Claims No: SNM21D201384/C02

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: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 5 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: PC2045C Yr Regn: 12/08/2013

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

Truck / Trailer or _____

Make: Higer KLQ6759AR C.C. 3760

Colour: White A/C: Insured / Std / NI / NA

Sp. Reading: _____ T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: LKLS1CS84CA603712

Gen. Cond: Good / Fair / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 215/75R17.5

R: 215/75R17.5

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

TOYO / YOKO or _____

Front _____ Rear _____

R/Bal. 6 mm / R/Bal. 6 mm

L/Bal. 6 mm / L/Bal. 6 mm

D.O.A. 10/03/2021 D.O.I. 12/03/2021

Survey held at Connect 3

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
18/03/21	@12.53PM REVISED IA TO JENNY LEW VIA MERIMEN.
	MV: 28,000
	PV: 8,588
	NV: 19,412
6/4/2021	Cfmed final fig L/S \$3900, 5 days. (RED \$7365; 65%)

Date/Time, File Pass to? : Preli. Report

1) 20/4 TYPIST : Final Report

Date/Time, File Return to? _____

2) _____

Days Of Repair: 5

Resurvey No. of Trip: 1

Survey Fee: _____

Transportation: _____

_____ S + RS. SI

Photos _____

Others _____

TOTAL _____

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech. Invs (\$ _____)

: Weekend (\$ _____)

Report Format: TP

Lump Sum / Est. % \$3900

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	10/03/2021 14:05 (SGT)
Date of Accident	10/03/2021 10:41 (SGT)
Exact Location of Accident	International Rd, Singapore
Additional Location Information	ALONG INTERNATIONAL RD TURNING TO FAN YOONG RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC2045C
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CHITSON TRANSPORT SERVICE CO PTE. LTD.
Company Reg No	2XXXXX067C
Email Address	INFO@CHITSONTRANSPORT.COM.SG
Mobile Phone No	(Phone) +65-67650262
Alternative Phone No	(Office) +65-67650262

VEHICLE PARTICULARS

Manufacturer	Higer
Model	KLQ6759AR
Variant	-
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 - Claiming third party
Vehicle Category	Bus

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	5117424820-000013
Cover Note Number	-

DRIVER

Name of Driver	ONG CHOON HUAT
NRIC No	SXXXX924G
Date Of Birth	02/04/1951
Occupation	Outdoor

Date Of Driving Pass	13/09/1995
Driving experience	25 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90287518
Alt. Phone Number	-
Email Address	INFO@CHITSONTRANSPORT.COM.SG
Address	APT BLK 521 HOUGANG AVE 6 #05-37
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
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 - Cross Junction
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER SKETCH PLAN

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	SBU1008M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	China Taiping Insurance

Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

SKETCH PLAN

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2. This form must be completed by the Policyholder and/or the Authorised Driver.
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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.
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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.

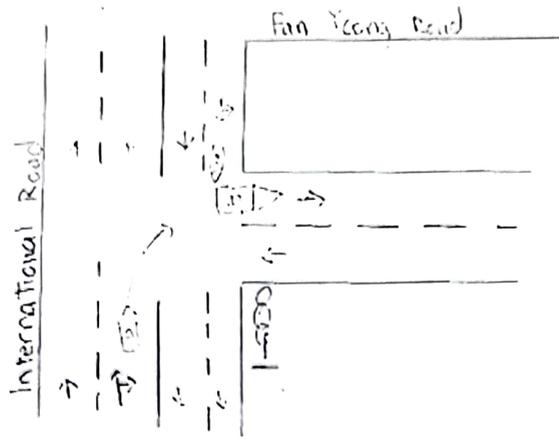


Policyholder's Signature
Date & Time

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

Reporting Centre Personnel's Signature
Name
NIC/PIN No

SKETCH PLAN



A - PC2045C

B - SB11005M

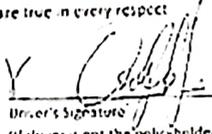
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 10/3/2009 around 10:41hrs, I was driving my Blue PC2045C along International Rd turning to Fan Young Road. Traffic light green and traffic is clear and I made a right turn, when I was about to complete my turn vehicle SB11005M travel very fast and rolled into my left side rear mirror.

DECLARATION

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


 Police Officer's Signature
 Date & Time


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


 Reporting Centre Personnel's Signature
 Name
 RNIC/IN No

C O N N E C T 3

566 Woodlands Road (Mandai Estate) Singapore 728697
Tel: (65) 9850-9666 Email: Connect3winnie@gmail.com

R o c : 5 3 3 6 0 0 6 1 L
G S T : 5 3 3 6 0 0 6 1 L

QT21/PC2045C/TPC

China Taiping Insurance (Singapore) Pte Ltd
3 Anson Rd #15-02
Springleaf Tower
Singapore 079909

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed **and** is subject to final approval from Insurance Company

Acknowledged by Repairer
Signature:
Date:

QUOTATION

Dear Sir,
Cost of Repair to Vehicle PC2045C

With reference to the above-mentioned, we are pleased to quote as follows:-

No.	DESCRIPTION	QTY	U/PRICE (S\$)	AMOUNT (S\$)
1.	Rear bumper / CR4.	1	1,750.00	1,750.00
2.	Rear bumper LH bracket / BT.	1	350.00	350.00
3.	Rear LH side panel XR	1	3,700.00	3,700.00
4.	Rear LH side reflector lamp / SCK	1	185.00	185.00
5.	Remove & refit Lh side glasses to assist repair X	1	900.00	900.00
6.	Remove & refit inner trim, seats etc to assist repair X	1	300.00	300.00
7.	Sealant X	4	40.00	160.00
8.	Check wiring	1	20.00	20.00
9.	Labour charges	1	1,500.00	1,500.00
10.	Spray painting	1	2,400.00	2,400.00
SUB-TOTAL				S\$11,265.00

- Price before 7% gst

Repair day 5 days
L/S
After paint photo.
Sun Pin (Lth)
12/03/2021
TP without prejudice

900
2,000

Thank you.

Yours faithfully,



Winnie Chai
HP: 9850-9666

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	067C
Vehicle Details	
Vehicle No.:	PC2045C
Vehicle to be Exported:	No
Intended Deregistration Date:	15 Mar 2021
Vehicle Make:	HIGER
Vehicle Model:	KLQ6759AR
Primary Colour:	White
Manufacturing Year:	2012
Engine No.:	ISF38S516889067843
Chassis No.:	LKLS1CS84CA603712
Maximum Power Output:	-
Open Market Value:	\$45,957.00
Original Registration Date:	12 Aug 2013
First Registration Date:	12 Aug 2013
Transfer Count:	1
Actual ARF Paid:	\$2,298.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	11 Aug 2023
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$35,699.00
COE Rebate Amount:	\$8,588.00
Total Rebate Amount:	\$8,588.00

The information contained herein is correct as at 15 Mar 2021

OK