

ASS. REC. BY: Sun Pin

REF:

CS3/CT121003668/Gvf3**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.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Report: _____ Consistent? : Yes or No

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

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

Lump Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: CB 71384 Yr Regn: 05/04/2013

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

Truck / Trailer or _____

Make: Golden dragon xML6776 c.c. 3759Colour: Multicolour A/C: Insured / Std / NI / NASp. Reading: 362725 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: LL3ADAD EX CA000017

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: 215/75 R17.5R: 215/75 R17.5

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

TOYO / YOKO or _____

Front _____ Rear _____

R/Bal. 6 mm / R/Bal. 6 mmL/Bal. 6 mm / L/Bal. 6 mmD.O.A. 21/01/2021 D.O.I. 23/03/2021Survey held at Infinity CoachDes. 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 _____

	Repair day 7 days
	Repair Range
	\$6,000 - \$7,000

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2) 24/3/21-Typist

Rep. Format: PRS

Lump Sum / L.B. / C. _____

Days Of Repair: 7

Resurvey No. of Trip: _____

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

S + PS. SI

Photos

Others

TOTAL

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	21/01/2021 16:02 (SGT)
Date of Accident	21/01/2021 13:53 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SWISS CLUB AVENUE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	CB7138U
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	YELLOW BUS SERVICES PTE LTD
Company Reg No	2XXXXX143M
Email Address	llplp8800@gmail.com
Mobile Phone No	(Phone) +65-85884939
Alternative Phone No	+65-85884939

VEHICLE PARTICULARS

Manufacturer	Golden Dragon
Model	XML6770J18
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	India International
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D18MFL0002025_02 (COMP)
Cover Note Number	-

DRIVER

Name of Driver	FU FAN HIN
NRIC No	GXXXXX717W
Date Of Birth	10/11/1975
Occupation	Outdoor

Date Of Driving Pass	27/03/2018
Driving experience	2 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91889361
Alt. Phone Number	-
Email Address	llp1lp8800@gmail.com
Address	BLK 320 SEMBAWANG CLOSE #07-271
Address complement	-
Postcode	750320
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 - Change/cross lane
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)	8
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	BUS ATTENDENT
Gender	Female

PASSENGER 2

Name	SCHOOL CHILDREN
Gender	Male

PASSENGER 3

Name	SCHOOL CHILDREN
Gender	Male

PASSENGER 4

Name	SCHOOL CHILDREN
Gender	Female

PASSENGER 5

Name	SCHOOL CHILDREN
Gender	Female

PASSENGER 6

Name	SCHOOL CHILDREN
Gender	Female

PASSENGER 7

Name	SCHOOL CHILDREN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
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Was notice of intended Prosecution given? No
If yes, against whom? -

CIRCUMSTANCES OF ACCIDENT

I STOPPED MY VEHICLE WITH MY HAZARD LIGHT SWITCHED ON AS I WAS ALIGHTING MY PASSENGERS.
VEHICLE B WHICH WAS BEHIND MY VEHICLE SUDDENLY OVERTOOK MY VEHICLE ON MY RIGHT. THUS, VEHICLE B FRONT LEFT PORTION COLLIDED INTO THE REAR RIGHT PORTION OF MY STATIONARY VEHICLE.

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	XD3352J
Vehicle Manufacturer	Isuzu
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	TOK TENG KWEE
NRIC No	SXXXX676D
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	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.
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 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.
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.



Policyholder's Signature / Date & Time



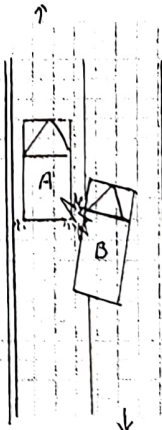
Driver's Signature (If driver is not the policyholder) / Date & Time

27 JAN 2021



Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

[illegible]

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &
Time

27 JAN 2021

4

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



Witnessed by Reporting Centre
Personnel

[> Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	143M
Vehicle Details	
Vehicle No.:	CB7138U
Vehicle to be Exported:	No
Intended Deregistration Date:	24 Mar 2021
Vehicle Make:	GOLDEN DRAGON
Vehicle Model:	XML6770J18
Primary Colour:	Multicolor
Manufacturing Year:	2012
Engine No.:	ISF38S414189039191
Chassis No.:	LL3ADADEXCA000017
Maximum Power Output:	-
Open Market Value:	\$49,338.00
Original Registration Date:	05 Apr 2013
First Registration Date:	05 Apr 2013
Transfer Count:	0
Actual ARF Paid:	\$2,467.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Rebate Amount:	\$0.00
Total Rebate Amount:	\$0.00

The information contained herein is correct as at 24 Mar 2021

OK