ASS. REC. BY: Steve [illegible] CS3/CTL2100 5854/EV73

ASSIGNMENT

From: PRS Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

at

Insured: CB 8427D

Policy No. DMB1SNW00003532100

Claims No. SNM21D202775/C02/THAMYL

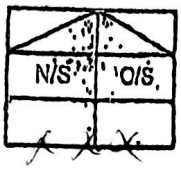
Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value:

IDAC Accident Rport: Consistent? : Yes or No

SIA / PR Seen: Consistent? : Yes or No

Est. Repairs: days Res.: Yes or No

Sum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted: Vehicle: IN / OUT

Veh No: PC 8310Y Yr Regn: 26/12/17

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

Make: ISUZU LT457P c.c 7790

Colour: MULTI COLOUR A/C: Insured / Std / NI / N

Sp.Reading: 231306 T/Radio: Insured / Std / NI / N

Eng/No:

C/No: JALT4S4 PG7000971

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: 295/80R22.5

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Golden Crown

Front		Rear	
R/Bal.	5 mm	R/Bal.	5 mm
L/Bal.	5 mm	L/Bal.	5 mm
D.O.A.	13/5/21	D.O.I.	10/6/21

Survey held at FTL Auto

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

The U/C / Chassis frame / Body Structure affected due to collisio

Date / Time	Action / Instruction
	Repr range 7-8K
	5 repr days
11/6/21	Submit PRS,repair range $7,000-$8,000

Date/Time, File Passed? : ☐ : Prell. Report ☐ : Final Report

Date/Time, File Return to? 11/6/21-Typist

Days Of Repair: 5

Resurvey No. of Trip:

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

Survey Fee:

Transportation: S + RS S

Phone

Others

TOTAL

SK0L215E0003 / KAN FOOK SING MOTOR WORKSHOP [539147]
ENTRY DATE & TIME: 14/05/2021 12:49 (SGT)
SUBMITTED BY: Lee Nai Vien
VERSION: 1 (14/05/2021 12:49 (SGT))

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 witholding 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	14/05/2021 12:49 (SGT)
Date of Accident	13/05/2021 11:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BUKIT BATOK EAST AVENUE 2 HEAVY VEHICLE CAR PARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC8310Y

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	YZ TRANSPORT SERVICE
Company Reg No	5XXXX806J
Email Address	yztransportservice@gmail.com
Mobile Phone No	(Phone) +65-90884418
Alternative Phone No	+65-90884418

VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	LT434P 7.8 SMT
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
Transmission	Manual
CC	7790

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5111418006-01
Cover Note Number	05/08/2020 TO 04/08/2021

DRIVER

Name of Driver	WONG YUEN CHEOW
NRIC No	SXXXX845C

Birth	24/02/1955
ation	Outdoor
Of Driving Pass	04/06/1979
ing experience	41 YEARS AND 11 MONTHS
nder	Male
Mobile Number	(Phone) +65-94591500
Alt. Phone Number	-
Email Address	yztransportservice@gmail.com
Address	APT BLK 268 BUKIT BATOK EAST AVENUE 4 #11-248 (S) 650268
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	Hit and run / Vandalism / Damaged whilst parked
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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)	0
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 WITH ATTACHED.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	FILE SIZE TOO LARGE UNABLE TO UPLOAD
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY(1)

Vehicle Registration Number	CB8427D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	-
Contact Number	-

s complement	-
ode	-
rance Company Name	-
ture Of Damage	-
etails of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	PC8091D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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

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

Reporting Centre Personnel's Signature
Name
NRIC/FIN No

PLAN #2

SKETCH PLAN

A - PC 8310 P

B - CB 8427 D

C - PC 8091 D

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 13/5/2022 around 11:50hrs, My bus PC 8310 P was parked at the Bukit Batok East Ave 3 Heavy vehicle car park. veh B exiting out the Parking lot brush against my Bus rear portion. veh B also brushed against veh C which was parked next to veh B.

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

Recording Centre Personnel's Signature
Name
NRIC/FIN No