CS/SMR21005926/R1uc

ASS. REC. BY: Rosie | REF: ~~CS/SMR21005926/R1uc~~ | 721m

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: PC 6183K

at Workshop m/s WOODLANDS TRANSPORT

of 8, GUL CIRCLE

Insured: SMR SG 1713H

Policy No. _____

Claims No. BUS/05/21/1013

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 Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 3 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: PC6183K Yr Regn: 2017 / July

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

Make: Yutong ZK6116HEA c.c 6690

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

Sp.Reading 301491 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: LZYTBTE69H1004323

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

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

Tyre Size: F: 11R22.5

R: - -

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

Front		Rear	
R/Bal.	8 mm	R/Bal.	8/8 mm
L/Bal.	8 mm	L/Bal.	8/8 mm
D.O.A.	11/05/21	D.O.I.	19/05/21

Survey held at WOODLANDS TRANSPORT

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

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

Date / Time	Action / Instruction
7/6/2021	Confirmed with Mr Chan final fig P/P $980, 3 repair days. (RED $270; 22%)

Date/Time, File Pass to? 1) 7/6 TYPIST

Date/Time, File Return to? 2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: 3

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech, Invs ($ _____)

☐ : Weekend ($ _____)

Report Format : TP

~~Letter Claim~~ / L.O.I: ($ 980)

Survey Fee:	
Transportation:	
S + RS SI	
Photos	
Others	
TOTAL	

WTS Engineering

WTS Engineering Pte Ltd
8 Gul Circle, Singapore 629564 Tel: 65598984 Fax: 68622163
Company Registration Number: 200505706E

SMKT

Quotation

DATE:	17/05/21	LOCATION:	Gul Workshop
VEHICLE NO:	PC6183K	Q REF No:	Q21/05/1209
DRIVER:	LEE SWEE BOON	DEPARTMENT:	WTS Bus Department
ATTENTION TO:		ACCIDENT DATE:	11/05/21
PREPARED BY:	Chan Soo Lye	REF No:	JW-0521-201

S/N	Description	Qty	Cost per Unit	Amount S$
	Labour Costs			
1	TO REPAIR KNOCK RHS REAR CORNER PILLAR.	1	600	480 ~~600.00~~
	Spray Paint			
1	Spray Painting TO PUTTY AND SPRAY PAINTING RHS REAR CORNER PILLAR.	1	650	500 ~~650.00~~
			TOTAL:	**1,250.00**
			Total Amount	**SGD 1,250.00**

Remarks:

17/5/21
Signature of Workshop Dpt

17/5/21
Signature of Department Head

Signature of Claim Department

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:

Hp 90010068
3 days
19/05/21 @ 1010
Req after repair

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	12/05/2021 16:25 (SGT)
Date of Accident	11/05/2021 18:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	traffic junction of Yishun Ave 2 towards Sembawang
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC6183K

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	Woodlands Transport Service Pte Ltd
Company Reg No	1XXXXX721M
Email Address	GOO@WOODLANDSTRANSPORT.COM.SG
Mobile Phone No	(Phone) +65-98383481
Alternative Phone No	(Office) +65-65598954

VEHICLE PARTICULARS

Manufacturer	Yutong
Model	ZK6116HE AUTO
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	Commercial vehicle
Transmission	Manual
CC	6690

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	SD20V10861
Cover Note Number	-

DRIVER

Name of Driver	Lee Swee Boon
NRIC No	SXXXX969B

Date Of Birth	09/03/1964
Occupation	Outdoor
Date Of Driving Pass	20/08/2001
Driving experience	19 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96249029
Alt. Phone Number	-
Email Address	GOO@WOODLANDSTRANSPORT.COM.SG
Address	Blk 245 Compassvale Road #05-654
Address complement	-
Postcode	540245
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 - Head to Rear
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

On 11/5/2021, at about 18:20 hrs, my vehicle was along the traffic junction of Yishun Ave 2 towards Sembawang in lane 5.The traffic was heavy and the weather was clear with dry road surfaces at that point of time. As the traffic light turned green, a vehicle, SG1713H collided into the rear of my bus while it was filtering from lane 4 into lane 5.As a result, my bus sustained damages on the RH corner panel while SG1713H sustained damages on the LH mirror mounting. No one was injured.

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	SG1713H
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.

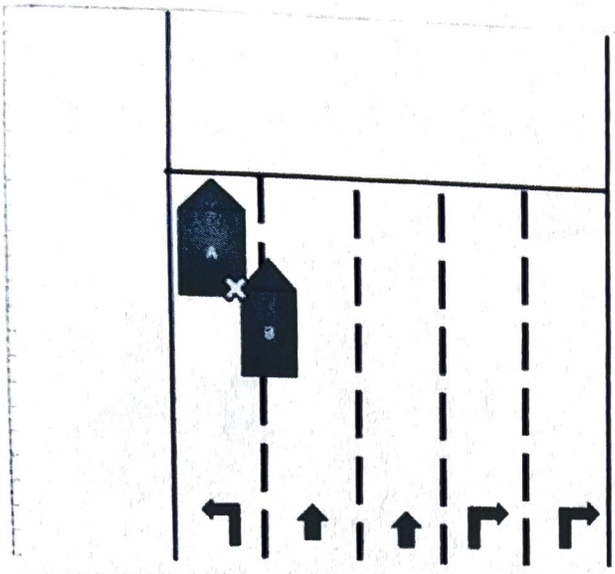
   (e) the information so collected under (d) above may be shared / disclosed:

   (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	**Driver's Signature**	**Reporting Centre Personnel's Signature**
Date & Time:	**(If driver is not the policyholder)**	**Name:**
	Date & Time:	**NRIC/FIN No.:**

SKETCH PLAN



A- PC6183K
B-SG1713H
YISHUN AVE 2

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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

GIARMC SketchPlan Form_V3

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	721M
Vehicle No.:	PC6183K
Vehicle to be Exported:	No
Intended Deregistration Date:	20 May 2021
Vehicle Make:	YUTONG
Vehicle Model:	ZK6116HE AUTO
Primary Colour:	Multicolor
Manufacturing Year:	2017
Engine No.:	ISB67E528522236178
Chassis No.:	LZYTBTE69H1004323
Maximum Power Output:	-
Open Market Value:	$120,631.00
Original Registration Date:	24 Jul 2017
First Registration Date:	24 Jul 2017
Transfer Count:	0
Actual ARF Paid:	$6,032.00
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	$0.00
COE Expiry Date:	23 Jul 2027
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	$36,879.00
COE Rebate Amount:	$22,771.00
Total Rebate Amount:	**$22,771.00**

The information contained herein is correct as at 20 May 2021

OK