

(08/11/13) Wef

ASS. REC. BY: Rame

REF:

CS/AK21004744/Rqf3

721A

ASSIGNMENT

COB + PIER: 2621/SEP

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: PA 65154at Workshop m/s: WOODLANDS TRANSPORT SVC PTETMof B, GUL CIRCLEInsured: N/APolicy No. 1900090667Claims No. 8340999192SG

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: 15K

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 2 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: PA65154 Yr Regn: 2006 / SEP

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

Truck / Trailer or

Make: ISUZU LT133P c.c. 8226Colour: MULTI A/C: Insured / Std / NI / NASp. Reading: 586537 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JML T133P67000047

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: NR 22-5R: 22 D/D

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

TOYO / YOKO or FRONWAY

Front

Rear

R/Bal. 8 mm R/Bal. 8/8 mmL/Bal. 8 mm L/Bal. 8/8 mmD.O.A. 09/04/21 D.O.I. 15/04/21Survey held at WOODLANDS TRANSPORT

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

N/S FR

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

Date / Time Action / Instruction

Repair limit - 12K

20/04/21 @ 10.51am Rasul finalised with Mr Chan final fig \$400, 2 days (Red \$80, 17%)

Date/Time, File Pass to?

☐

Preli. Report

1) 23/04 Typist

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair: 2

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)Report Format : MER-TPLump Sum / I.B.I. (\$) 400

Quotation

DATE: 12/04/21
VEHICLE NO: PA6515Y
DRIVER: REN MIN
ATTENTION TO:
PREPARED BY: Wilson Ng Wee Sing

LOCATION: Gul Workshop
Q REF No: Q21/04/1205
DEPARTMENT: WTS Bus Department
ACCIDENT DATE: 9-4-2021
REF No: JW-0421-175

S/N	Description	Qty	Cost per Unit	Amount S\$
Spray Paint				
1	Spray Painting <i>front</i> TO PUTTY AND SPRAY PAINTING AT LHS DOOR PANEL AND LHS CORNER PANEL.	1	480	480.00
TOTAL:				480.00
Total Amount				SGD 480.00

marks:

Signature of Workshop Dpt

Signature of Department Head

Signature of Claim Department

LK 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 approved and is subject to final approval from insurance company

Acknowledged by Repairer

Signature:

Date:

Resul
Hg 90010068
2 days / P/P
15/04/21 @ 1415
Resurvey after repair

Resul 90010068

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 13/04/2021 08:18 (SGT)
Date of Accident 09/04/2021 21:40 (SGT)
Exact Location of Accident Singapore
Additional Location Information Kallang Road
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number PA6515Y

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 Isuzu
Model LT133P
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 8226

INSURANCE COMPANY

Name of Insurance Company Liberty Insurance Pte Ltd
Type of Coverage ThirdParty
Fleet Policy Yes
Policy Number SD20V09835
Cover Note Number -

DRIVER

Name of Driver Ren Min
Passport No/FIN GXXXX496R

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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:
NRIC/FIN No.:

GIA/RC SketchPlanForm_V3

A diagram showing a simple house with a chimney and a door, positioned between two vertical dashed lines. Arrows at the bottom indicate the direction of movement.

KALLANG ROAD

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

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

GLAMC SketchPlatform_V3

在教

Wan

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:

Owner ID:

Company

721M

Vehicle No.:

PA6515Y

Vehicle to be Exported:

No

Intended Deregistration Date:

16 Apr 2021

Vehicle Make:

ISUZU

Vehicle Model:

LT133P

Primary Colour:

Multicolor

Manufacturing Year:

2006

Engine No.:

6HH1416874

Chassis No.:

JALLT133P67000047

Maximum Power Output:

-

Open Market Value:

\$77,191.00

Original Registration Date:

27 Sep 2006

First Registration Date:

27 Sep 2006

Transfer Count:

0

Actual ARF Paid:

\$3,860.00

PARF Eligibility:

No

PARF Eligibility Expiry Date:

-

PARF Rebate Amount:

\$0.00

COE Expiry Date:

26 Sep 2021

COE Category:

C - Goods Vehicle & Bus

COE Period(Years):

5

PQP Paid:

\$24,044.00

COE Rebate Amount:

\$2,137.00

Total Rebate Amount:

\$2,137.00

Message:

Please note that all future COE renewals for this vehicle can only be for a 5-year period, subject to the statutory lifespan applicable) of the vehicle.

The information contained herein is correct as at 16 Apr 2021

OK

Date Of Birth
 Occupation
 Date Of Driving Pass
 Driving experience
 Gender
 Mobile Number
 Alt. Phone Number
 Email Address
 Address
 Address complement
 Postcode
 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

09/10/1981
 Outdoor
 24/02/2015
 6 YEARS AND 2 MONTHS
 Male
 (Phone) +65-86939267
 -
 GOO@WOODLANDSTRANSPORT.COM.SG
 8 GUL CIRCLE
 -
 629564
 No
 Employee
 No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Side Swipe
 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 9/4/2021, at about 21:40 hrs, I was traveling along Kallang Road in lane 2. The weather was clear with dry road surfaces at that point of time. As I was traveling in my lane, another vehicle SMK9100Z that was traveling in lane 3 suddenly encroached into my lane and grazed against my bus. As a result, my bus sustained damages on the left body panel while SMK9100Z sustained damages on the right portion. No one was injured to my knowledge.

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 SMK9100Z
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour Private car
 Vehicle Category -
 Name of Driver -
 Contact Number -

Complement

re

Insurance Company Name

ature Of Damage

Details of property damaged in accident

No. Of Passenger (Including Driver)