

(08/11/13) wef
ASS. REC. BY: Ragun

REF:

CS/LPC21006667/R19/3

B
Kase

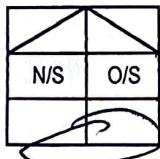
COE EXP 1600 2015

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
To Inspect Vehicle No: XE 7254
at Workshop m/s KAN FOOK SINH MOTOR
of 10, PENJURAN CLOSE
Insured: LPC
Policy No. _____
Claims No. 21/21/21/VC05/024623
Sum Insured: _____ Excess: 1500
(Client's Record)
Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value: 102K
IDAC Accident Rpt: Consistent? : Yes or No
GIA / PR Seen: Consistent? : Yes or No
Est. Repairs: 7 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: XE 7254 Yr Regn: 2015 / JUN
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or
Make: SCANIA P440CB6X4MH2 C.C. 12742
Colour WHITE A/C: Insured / Std / NI / NA
Sp. Reading 70837 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: VS2P6X40005358161
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: 315/80R22.5
R: _____
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or GITI
Front Rear
R/Bal. 8 mm R/Bal. 8/8 mm
L/Bal. 8 mm L/Bal. 8/8 mm
D.O.A. 04/06/21 D.O.I. 15/06/21
Survey held at 10, PENJURAN CLOSE
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

Repair limit - 84K

16/06/21@3.02pm revert to Kenny Lim by email.
23/06/21@9.30am 2nd revert to Kenny by email. (revise estimate)
29/06/21@7.03pm Kenny informed C/A & ex:\$1500 by email.
30/06/21@9.01am Informed Mr Tan C/A & ex:\$1500 by email.
final fig \$19800, 7 days (Red \$4400, 18%)

Date/Time, File Pass to?

☐ : Preli. Report
☐ : Final Report

1) 23/11 Typist

Date/Time, File Return to?

2)

Days Of Repair: 7

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

) : S + RS, SI

) Photos

) Others

Report Format : OD

Lump Sum / I.B.I: (\$ 19800)

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Invs (\$

☐ : Weekend (\$

TOTAL



簡福星摩多工廠

KAN FOOK SING MOTOR WORKSHOP

Headquarter: 61 Defu Lane 12 Singapore 539147
Tel: (65) 6747 9560, 6473 5344 Fax: (65) 6748 1006, 6281 8428
E-mail: ryan@kanfs.net/ patricia@kanfs.net
Branch: 1 Kaki Bukit Avenue 6 #01-108 Singapore 417883
Tel: (65) 6481 5150 Fax: (65) 6481 8683

LONPAC INSURANCE BHD

DATE : 14-06-2021

300 BEACH ROAD #17-04/07 THE CONCOURSE SINGAPORE 199555

VEHICLE NO. : XE725G

ACCIDENT DATE : 04-06-2021 10:20

THIRD PARTY REF. :

ATTN: MOTOR CLAIMS DEPT.

ESTIMATE COST OF REPAIR TO VEHICLE XE725G SCANIA P 440CB 6X4MHZ 5100 CP19N

#	QTY	PARTS DESCRIPTION		AMOUNT (SG\$)
1	1	WOODEN DROP SIDE <i>bs</i>	3000	4000.00
2	1	SAFETY BARRIER <i>bt</i>	5000	6000.00
3	1	INTERNAL FATIGUE <i>bt</i>	10000	12000.00
				<hr/>
				22,000.00
ADD 10 %				<hr/>
				2,200.00
TOTAL (A)				<hr/>
				24,200.00
ESTIMATE TOTAL				<hr/>
				24,200.00

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:

Rasul

Hp 90010068

7 days

L/S

15/06/21 @ 1055

EXCESS: TBA

Revert

Resurvey 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 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 07/06/2021 15:14 (SGT)
Date of Accident 04/06/2021 10:20 (SGT)
Exact Location of Accident Singapore
Additional Location Information BALESTIER ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number XE725G

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner GIM SEN TRANSPORTATION SERVICES
Company Reg No 3XXXX400E
Email Address gimsentp@gmail.com
Mobile Phone No (Phone) +65-94396075
Alternative Phone No +65-94396075

VEHICLE PARTICULARS

Manufacturer Scania
Model P 440CB 6X4MHZ 5100 CP19N
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? Yes
Vehicle Category Commercial vehicle
Transmission Manual
CC 12742

INSURANCE COMPANY

Name of Insurance Company Lonpac Insurance Bhd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number Z21VC05006850
Cover Note Number 02/02/2021 TO 01/02/2022

DRIVER

Name of Driver LIU JIRUI
Work Permit No GXXXX705N

No assessment notes entered.

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

19/04/1984
Outdoor
26/01/2015
6 YEARS AND 5 MONTHS
Male
(Phone) +65-94396075

gimsentp@gmail.com
APT BLK 190 WOODLANDS INDUSTRIAL PARK E7 #01-01
BALAM GARDENS (S) 757178

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

No
Employee
No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident
Weather Conditions
Road Surface

Collided into Property
Clear
Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?
Number of vehicles involved in the accident
Was anybody injured in the Accident?
Was any injured conveyed to hospital by ambulance?
Was any other material or property damaged?
Number of Passengers (Including Driver)
Has the driver been approached by unknown person(s)
soliciting/offering accident claims assistance?

No
1
No
-
Yes
1
No
No

DETAILS OF POLICE ACTION

Was the accident reported to the police?
Police Station Name
Police Station Phone No
Alt. Police Station Phone No
Police Station Address
Was notice of intended Prosecution given?
If yes, against whom?

Yes
Hougang Neighbourhood Police Centre
(Phone) +65-18004890999
(Fax) +65-63128989
60 Hougang Ave 9 Singapore 538775
No
-

CIRCUMSTANCES OF ACCIDENT

REFER WITH ATTACHED.

ATTACHMENT(S)

Are accident photos available for attachment?
Was there any video captured by Car Camera?
Was there any audio recorded?

Yes
No
No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number
Vehicle Manufacturer
Vehicle Model
Vehicle Variant
Vehicle Colour

OVERHEAD BRIDGE
-
-
-
-

Vehicle Category	NA / Unknown
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 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

Witnessed by Reporting Centre Personnel

Sketch Plan

A XE725G

B. Overhead Bridge



Describe Circumstances of the Accident

ref to Police report

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

THP

05/01/21 11:55

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



Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20210605/2039

1 of 3

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Report No. T/20210605/2039

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/06/2021 13:46		Vide Report No.:		Station Diary No.: 54	
Informant's Particulars					
Name of Informant: LIU JIRUI		Address: APT BLK 190 WOODLANDS INDUSTRIAL PARK E7 #01-01 BALAM GARDENS SINGAPORE 757178			
ID Type / ID No.: FIN NO / G2457705N		Contact No.:		Mobile: 94396075	
Nationality: CHINESE		Email:			
Sex: Male	Age: 37	Date of Birth: 19/04/1984	Type of Informant: Driver		
Race: Others		Language:		Institution / School Name:	
Occupation: Crane operator (port)		Driving Licence Information: Class: 3,4,5		Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury Government Property	Drink Drive: No	Date/Time of Accident: 04/06/2021 10:20	Type of Location: Straight Road
Location: BALESTIER ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Collision with Overhead bridge			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
XE725G	Lorry					0

**SINGAPORE
POLICE FORCE**

T/20210605/2039

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

2 of 3

Report No. T/20210605/2039

CONTINUATION OF REPORT**Brief Details.**

I am the mentioned person and is currently working as crane operator for Gim Sen Transportation services.

On 04/06/2021 about 1010hrs, I was driving my lorry with an attached crane at the rear bearing registration number XE725G along Balestier Road towards Moulmein Road on the middle lane and nothing was amiss.

On the same day at about 1020hrs while I was travelling along Balestier Road I felt a loud impact from the rear and immediately make a stop to check. It was then I discovered that I had just drove past an overhead bridge. In addition, I had forgotten to tie down the crane attached at the rear portion of my lorry causing the crane to collide onto the overhead bridge.

There were no one injured. Not long after, Traffic police and ambulance arrived at scene. I was not injured. Subsequently I was then arrested by the Traffic Police to Traffic Police HQ.

I wish to state that due to the accident, the crane were detached from my lorry. There is no CCTV installed in my lorry. I am not sure if there is any CCTV at the said location. In addition, no other passer by or vehicles were affected. I also wish to state that my lorry was towed away.

Thus I was advised by the Traffic police to lodge a traffic accident report.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999



T/20210605/2039

3 of 3

Report No. T/20210605/2039

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

Insp DILLION LEE YONG WEI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AER
Insp BOON YEN KIAN
Contact No.: 65476172

SN 77

Authentication Stamp SIGNATURE
NP158

Signature Of Informant:

Date/Time:
05/06/2021 13:46

Classification Of Case:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Business
Owner ID:	400E
Vehicle No.:	XE725G
Vehicle to be Exported:	No
Intended Deregistration Date:	16 Jun 2021
Vehicle Make:	SCANIA
Vehicle Model:	P 440CB 6X4MHZ 5100 CP19N
Primary Colour:	Multicolor
Manufacturing Year:	2014
Engine No.:	DC13112L016827502
Chassis No.:	Y52P6X40005358161
Maximum Power Output:	-
Open Market Value:	\$137,640.00
Original Registration Date:	08 Jun 2015
First Registration Date:	08 Jun 2015
Transfer Count:	1
Actual ARF Paid:	\$6,882.00

Intended PARF Rebate Details

PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00

Intended COE Rebate Details

COE Expiry Date:	07 Jun 2025
COE Category:	C - Goods Vehicle & Bus
COE Period (Years):	10
PQP Paid:	\$44,983.00
COE Rebate Amount:	\$17,887.00
Total Rebate Amount:	\$17,887.00

The information contained herein is correct as at 16 Jun 2021

OK