

(08/11/13) Wef

ASS. REC. BY: Pam

REF:

CS/MSH 21006791/R1uf3

BC
0006

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No: PC 9743Dat Workshop m/s A T CONSULTANTSof No. 7, MANDALINK #04-R

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:

94K

IDAC Accident Rpt:

Consistent?: Yes or No

GIA / PR Seen:

Consistent?: Yes or No

Est. Repairs:

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:

PC 9473DYr Regn: 2020 / OCT

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

Truck / Trailer or

Make:

TOYOTA HIACG COMMUTER 2.8 c.c 2754

Colour:

GREEN

A/C: Insured / Std / NI / NA

Sp. Reading

67530

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

GPH 223 200 2286

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

195 R15C

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

11/06/21

D.O.I.

22/06/21

Survey held at

A T CONSULTANT

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

O/S FR

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

Date / Time

Action / Instruction

Repair limit - 69KSUBMIT PRELI REPORT
VEHICLE NOT SENT IN FOR REPAIR

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

2

Resurvey No. of Trip:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

) S + RS, SI

) Photos

) Others

Report Format :

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

TOTAL

A T AUTO CONSULTANT

Blk 113 Teck Whye Lane #05-650 Singapore 680113

HP: 8386 8989 Email:atautoconsultant@gmail.com

Co. Reg. No. : 53368526E

Date of Estimate: 20.06.2021
Vehicle No: PC9473D
Owner: CITITRANS BUS TRANSIT PTE LTD
Date of Accident: 11.06.2021
Make & Model: TOYOTA HIACE COMMUTER GL 2.8A
Chassis No : GDH2232002288

ESTIMATE FOR ACCIDENT VEHICLE NO PC9473D

PARTS

1	1 Front door <i>bt</i>	\$1,675.00
3	1 Front door hinge top LH <i>X</i>	\$115.00
4	1 Front door hinge bottom LH <i>X</i>	\$115.00

SVC
SVC

SUB TOTAL	\$1,905.00
LESS 25%	\$476.25
DISCOUNTED SUB TOTAL	\$1,428.75

S. NETT ITEM

SUB TOTAL	\$0.00
LESS 0 %	\$0.00
DISCOUNTED SUB TOTAL	\$0.00

LABOUR

1	R/R door mechanism	<i>250 200</i> \$300.00
2	Spray painting on accident areas	<i>250 200</i> \$350.00
3	Wiring charges	<i>X</i> \$100.00
4	Apply undercoating to above affected areas	<i>40</i> \$150.00
SUB TOTAL (LABOUR)		\$900.00

SUB TOTAL (PARTS) \$1,428.75

S. NETT (PARTS) \$0.00

SUB TOTAL (LABOUR) \$900.00

ESTIMATED GRAND TOTAL \$2,328.75

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:

Resue
Hp 90010068
2 days
48
22/06/21 @ 1020
Resue 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	14/06/2021 17:21 (SGT)
Date of Accident	11/06/2021 20:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	10 TUAS BAY LANE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC9473D
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CITITRANS BUS TRANSIT PTE LTD
Company Reg No	2XXXXX000G
Email Address	derrick@cititrans.com.sg
Mobile Phone No	(Phone) +65-91415518
Alternative Phone No	(Home) +65-91415518

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
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	Auto
CC	2754

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	SD20V12887/VBS/R00
Cover Note Number	-

DRIVER

Name of Driver	LIM SIAK LAI
NRIC No	SXXXX168C

Date Of Birth	02/08/1968
Occupation	Outdoor
Date Of Driving Pass	14/03/1998
Driving experience	23 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91415518
Alt. Phone Number	-
Email Address	derrick@cititrans.com.sg
Address	BLK 182B WOODLANDS ST 13 #13-739
Address complement	-
Postcode	732182
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 - Opening Door of Vehicle
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

REFER TO ATTACHED

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLH5426M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-97456133
Address	-
Address complement	-

SKETCH PLAN

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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 would involve disclosure of my 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.

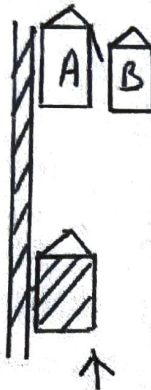


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



Thas Bay lone

A - P.C 9473D

B - SLH 5426M

Date 11/06/2021

Time 2010

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On mentioned date and time I was stationary parked along the road side of Thas Bay lone with my door slightly opened.

As I pushed my stuff and prepared to alight from my vehicle. Vehicle B just came and collided onto my opened door.

DECLARATION

(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.:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	000G
Vehicle Details	
Vehicle No.:	PC9473D
Vehicle to be Exported:	Yes
Intended Deregistration Date:	21 Jun 2021
Vehicle Make:	TOYOTA
Vehicle Model:	HIACE COMMUTER GL 2.8 AUTO
Primary Colour:	Silver
Manufacturing Year:	2019
Engine No.:	1GD8453593
Chassis No.:	GDH2232002288
Maximum Power Output:	-
Open Market Value:	\$48,455.00
Original Registration Date:	01 Oct 2020
First Registration Date:	01 Oct 2020
Transfer Count:	0
Actual ARF Paid:	\$2,423.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	30 Sep 2030
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$26,644.00
COE Rebate Amount:	\$21,315.00
Total Rebate Amount:	\$21,315.00

The information contained herein is correct as at 21 Jun 2021

OK

Toyota Hiace Commuter 2.8A GL High Roof

[Overview](#)[Financial](#)[Accessories](#)[Similar](#)[Research](#)[Photos](#)[Map](#)**ABWIN** 論輝

YOUR FIRST CHOICE AUTOMOTIVE SERVICE PROVIDER



Price	\$87,800	Lifespan ?	09-Feb-2040
Depreciation ?	\$10,160 /yr View models with similar depre	Reg Date	10-Feb-2020 (8yrs 7mths 18days COE left)
Mileage	N.A.	Manufactured ?	2019
Road Tax ?	N.A.	Transmission	Auto
Dereg Value ?	\$21,604 as of today (change)	Fuel Type	Diesel
COE ?	\$25,001	OMV ?	\$45,188
Engine Cap	2,754 cc	ARF ?	\$2,260
Curb Weight ?	2,180 kg	No. of Owners ?	1