



# A T AUTO CONSULTANT

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Co. Reg. No. : 53368526E

Date of Estimate: 17.06.2021  
Vehicle No: PC1028J  
Owner: CITITRANS BUS TRANSIT PTE LTD  
Date of Accident: 15.06.2021  
Make & Model: KING LONG XMQ6900K  
Chassis No : LA6R1DSB0BB203980

## ESTIMATE FOR ACCIDENT VEHICLE NO PC1028J

### PARTS

1	1 Front electrical side mirror assy L/H <i>Crn</i>	\$2,800.00
	<b>SUB TOTAL</b>	<b>\$2,800.00</b>
	<b>LESS 5 %</b>	<b>\$140.00</b>
	<b>DISCOUNTED SUB TOTAL</b>	<b>\$2,660.00</b>

### LABOUR

1	Spray painting on affected area	<del>\$200.00</del> 150
2	Wiring charges & testing commissioning	<del>\$120.00</del> 60
3	Transfer side mirror mechanism L/H	<del>\$200.00</del> 100
	<b>SUB TOTAL (LABOUR)</b>	<b>\$520.00</b>

<b>SUB TOTAL (PARTS)</b>	<b>\$2,660.00</b>
<b>SUB TOTAL (LABOUR)</b>	<b>\$520.00</b>
<b>ESTIMATED GRAND TOTAL</b>	<b>\$3,180.00</b>

PLEASE NOTE THAT THE ABOVE IS ONLY AN ESTIMATE. THEREFORE, SHOULD THERE OF REPAIRS, WE WOULD INFORM YOU ACCORDINGLY FOR NECESSARY ACTION. PRICES OF PARTS QUOTED ARE SUBJECT TO CHANGE WITHOUT NOTICE.

APPROVING OFFICER SIGNATURE & COMPANY'S CHOP

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*  
*1 day*  
*43*  
*22/06/21 @1030*  
*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 ..... 15/06/2021 16:25 (SGT)  
Date of Accident ..... 15/06/2021 01:10 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... JUNCTION OF WOODLANDS AVE 1 TWDS WOODLANDS  
CENTRE ROAD  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... PC1028J

### 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) +65-90626694  
Alternative Phone No ..... (Home) +65-90626694

### VEHICLE PARTICULARS

Manufacturer ..... King Long  
Model ..... XMQ6900K 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 ..... Bus  
Transmission ..... Auto  
CC ..... 6693

### INSURANCE COMPANY

Name of Insurance Company ..... AXA Insurance Pte Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... GA461923/1  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... SELLAMUTHU THIYAGARAJAN

Work Permit No .....	GXXXX778M
Date Of Birth .....	02/06/1970
Occupation .....	Outdoor
Date Of Driving Pass .....	07/02/2013
Driving experience .....	8 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90626694
Alt. Phone Number .....	-
Email Address .....	derrick@cititrans.com.sg
Address .....	7 MANDAI LINK #04-12 MANDAI CONNECTION
Address complement .....	-
Postcode .....	728653
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 - Cross Junction
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) .....	5
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

PASSENGER 1

Name .....	PASSENGER
Gender .....	Female

PASSENGER 2

Name .....	PASSENGER
Gender .....	Female

PASSENGER 3

Name .....	PASSENGER
Gender .....	Male

PASSENGER 4

Name .....	PASSENGER
Gender .....	Male

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)

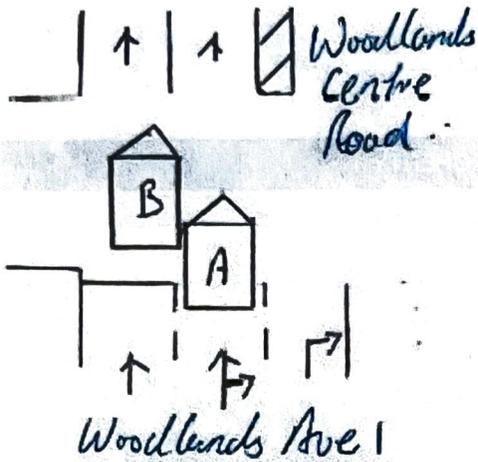
Are accident photos available for attachment? .....  
Was there any video captured by Car Camera? .....  
Reasons for not uploading a video of the accident .....  
Was there any audio recorded? .....

Yes  
Yes  
WITH OWNER  
No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number ..... SG5826P  
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



A-PL102&J  
 B-SG5826P  
 Date 15/06/2021  
 Time 0110

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On mentioned date and time, I was along Woodlands Ave 1 towards Woodlands Centre Road junction.

When the traffic signal turned green within my lane, I proceeded to move. Vehicle B which on my left suddenly speed up and came close. While passing my vehicle, vehicle B collided onto my left side mirror.

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.:

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Company
Owner ID:	000G
<b>Vehicle Details</b>	
Vehicle No.:	PC1028J
Vehicle to be Exported:	Yes
Intended Deregistration Date:	21 Jun 2021
Vehicle Make:	KING LONG
Vehicle Model:	XMQ6900K AUTO
Primary Colour:	Multicolor
Manufacturing Year:	2011
Engine No.:	ISBE420521985384
Chassis No.:	LA6R1DSB0BB203980
Maximum Power Output:	-
Open Market Value:	\$99,078.00
Original Registration Date:	15 Sep 2011
First Registration Date:	15 Sep 2011
Transfer Count:	1
Actual ARF Paid:	\$4,954.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	14 Sep 2021
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$32,590.00
COE Rebate Amount:	\$757.00
<b>Total Rebate Amount:</b>	<b>\$757.00</b>

The information contained herein is correct as at 21 Jun 2021

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