

(08/11/13) wef

ASS. REC. BY: Paul

REF:

CS3/ASM 21008023/Ritz

8780

## ASSIGNMENT

Cob XPIRY: 2025/mar

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No: XD 3964Tat Workshop m/s Lysof 7,800N LEE ST #01-39

Insured:

ASM

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:

35k

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:

XD 3964T

Yr Regn:

2010 / mar

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

Truck / Trailer or

Make:

SCANIA P380CA4X2MSZ c.c 11705

Colour:

yellow

A/C: Insured / Std / NI / NA

Sp. Reading

785274

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

XLEP4X2000 5234857

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

285/80R22.5

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

8

mm

R/Bal.

8/8

mm

L/Bal.

8

mm

L/Bal.

8/8

mm

D.O.A.

23/07/21

D.O.I.

05/08/21

Survey held at

7,800N LEE ST

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

O/S Frt

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

Date / Time

Action / Instruction

Repair link - 26k

ESTIMATE RANGE OF REPAIR / NO. OF DAYS - (5K-6K) / 7 days

SUBMIT PRS REPORT

Date/Time, File Pass to?

☐

Preli. Report

Days Of Repair: 7

1)

☐

Final Report

Resurvey No. of Trip:

Date/Time, File Return to?

2)

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

S + RS SI

Photos

Others

Report Format :

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

TOTAL



## 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 Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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              | 24/07/2021 09:43 (SGT)            |
| Date of Accident                | 23/07/2021 16:25 (SGT)            |
| Exact Location of Accident      | Tuas Rd, Singapore                |
| Additional Location Information | TUAS ROAD & PIONEER ROAD JUNCTION |
| Country/State of Loss           | Singapore                         |

### DETAILS OF OWN VEHICLE

Vehicle Registration Number XD3964T

#### INSURED/POLICYHOLDER

|                          |                          |
|--------------------------|--------------------------|
| Is company?              | Yes                      |
| Name Of Registered Owner | SAB LOGISTICS PTE LTD    |
| Company Reg No           | 2XXXXX878N               |
| Email Address            | BOCK@SABLOGISTICS.COM.SG |
| Mobile Phone No          | (Phone) +65-62659370     |
| Alternative Phone No     | (Office) +65-62659370    |

#### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer   | Scania                    |
| Model  | PRIME MOVER               |
| 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   | 12000                     |

#### INSURANCE COMPANY

|                           |                      |
|---------------------------|----------------------|
| Name of Insurance Company | Lonpac Insurance Bhd |
| Type of Coverage          | Comprehensive        |
| Fleet Policy              | No                   |
| Policy Number             | Z21VC05006982        |
| Cover Note Number         | -                    |

#### DRIVER

|                |               |
|----------------|---------------|
| Name of Driver | TAN HONG KIAT |
| NRIC No        | SXXXX533Z     |



|  |                                      |
|--|--------------------------------------|
| Date Of Birth  | 17/12/1958                           |
| Occupation   | Outdoor                              |
| Date Of Driving Pass   | 21/07/1981                           |
| Driving experience   | 40 YEARS                             |
| Gender   | Male                                 |
| Mobile Number  | (Phone) +65-84009148                 |
| Alt. Phone Number  | -                                    |
| Email Address  | BOCK@SABLOGISTICS.COM.SG             |
| Address  | BLK 57 TELOK BLANGAH HEIGHTS #04-129 |
| Address complement   | -                                    |
| Postcode   | -                                    |
| 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 - Change/cross lane |
| 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 vehicle 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?  | Yes   |
| Police Station Name                       | Bukit Merah East Neighbourhood Police Centre                              |
| Police Station Phone No                   | (Phone) +65-18002369999   |
| Alt. Police Station Phone No              | (Fax) +65-62204360  |
| Police Station Address                    | 391 New Bridge Road Police Cantonment Complex Block A<br>Singapore 088762 |
| Was notice of intended Prosecution given? | No  |
| If yes, against whom?                     | -   |

#### CIRCUMSTANCES OF ACCIDENT

#### AS PER POLICE REPORT

#### 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 | SHB2293C |
| Vehicle Manufacturer        | -        |
| Vehicle Model               | -        |
| Vehicle Variant             | -        |
| Vehicle Colour              | -        |





SINGAPORE  
POLICE FORCE



1/25210/232112

Police Station Of Origin  
Bukit Merah East N.P.C.  
A 381 New Bridge Road Police Cantonment  
Complex SINGAPORE 088782  
Tel No. 1800-2369999

3 of 3

Rep'd At 1/25210/232112

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 65474085 stating the report number as reference.

Signature Of Officer Recording The Report:  
A/  
Sgt 2 JAVIER TAN KAI MING

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
23/07/2021 21:59

Officer In Charge Of Case:  
TP / GIT /  
Sgt 2 PHUA TIAK YEE  
Contact No. 65472077

Classification Of Case:

Authentication Stamp  
NP 100

2



| Vehicle Category                        | Taxi |
|---|------|
| 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)     | -    |



Describe Circumstances of the Accident

AS PER POLICE REPORT

Declaration

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



Police Officer's Signature, Date & Time

*[Handwritten signature]*

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



Witnessed by Reporting Centre  
Particulars



REPORTING NOTICE

The following information is to be provided to the relevant authorities in the event of an accident or incident involving a vehicle or vessel on the water.

1. The name and address of the person or persons who are responsible for the accident or incident.

2. The name and address of the person or persons who are responsible for the investigation of the accident or incident.

3. The name and address of the person or persons who are responsible for the recovery of the vehicle or vessel.

4. The name and address of the person or persons who are responsible for the disposal of the vehicle or vessel.

5. The name and address of the person or persons who are responsible for the disposal of the contents of the vehicle or vessel.

6. The name and address of the person or persons who are responsible for the disposal of the contents of the vehicle or vessel.

7. The name and address of the person or persons who are responsible for the disposal of the contents of the vehicle or vessel.

8. The name and address of the person or persons who are responsible for the disposal of the contents of the vehicle or vessel.

9. The name and address of the person or persons who are responsible for the disposal of the contents of the vehicle or vessel.

10. The name and address of the person or persons who are responsible for the disposal of the contents of the vehicle or vessel.



9

TUAI



A = 3031647

B = 31152111C





**SINGAPORE  
POLICE FORCE**



1/20210723/2112

1 of 3

Police Station Of Origin:  
Bukit Merah East N.P.C  
A 391 New Bridge Road Police Cantonment  
Complex SINGAPORE 088702  
Tel No: 1800-2369999

Report No: 1/20210723/2112

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made:  
23/07/2021 21:59

Video Report No.:  
J/20210723/0109

Station Diary No.:  
128

**Informant's Particulars**

Name of Informant:  
TAN HONG KIAT

Address:  
APT BLK 57 TELOK BLANGAH HEIGHTS #04-129  
SINGAPORE 100057

ID Type / ID No.:  
NRIC NO / S1289533Z

Contact No.:  
Home/Office: Mobile: 84009148

Nationality:  
SINGAPORE CITIZEN

Email:

Sex: Male Age: 62 Date of Birth: 17/12/1958

Type of Informant:  
Driver

Race:  
Chinese

Language:  
English

Institution / School Name:

Occupation:  
PRIME MOVER

Driving Licence Information:  
Class: 2B,2A,2,3,4,5

Date of Expiry:

**General Information of the Accident**

|   |                           |                   |   |                                   |
|---|---------------------------|-------------------|---|-----------------------------------|
| Type of Accident:   | Injury Attended by Police | Drink Drive: No   | Date/Time of Accident: 23/07/2021 16:25 | Type of Location: Others          |
| Location:<br>PIONEER ROAD   |                           |                   |   |                                   |
| Weather: Clear  |                           | Road Surface: Dry | Road Speed Limit:                       |                                   |
| Traffic Flow:   |                           | Traffic Control:  | Traffic Volume: Light                   |                                   |
| Type of Collision:<br>Between Moving Vehicles - Side Swipe - Same Direction |                           |                   |   | Anyone conveyed by ambulance: Yes |

**Details of Vehicle Involved**

| Vehicle No. | Type        | Make | Model | Color | Condition        | No of Passenger |
|-------------|-------------|------|-------|-------|------------------|-----------------|
| SHB2293C    | Car         |      |       |       | Slightly Damaged | 1               |
| XD3964T     | PRIME MOVER |      |       |       | Slightly Damaged | 0               |

**Details of Person Involved**

Any Pedestrian Involved: No  
No. of Pedestrians Injured: NIL  
Use of Pedestrian Crossing: NA





**SINGAPORE  
POLICE FORCE**



J/20210723/2112

Police Station Of Origin:  
Bukit Merah East N.P.C  
A 391 New Bridge Road Police Cantonment  
Complex SINGAPORE 068762  
Tel No: 1800-2369999

2 of 3  
Report No: J/20210723/2112

## CONTINUATION OF REPORT

|                                   |               |        |  |   |   |
|-----------------------------------|---------------|--------|--|---|---|
| Driver                            |               | ID No. |  | S1289533Z                                       |   |
| Name                              | TAN HONG KIAT |        |  | Contact No.                                     | 84009148                                    |
| Related Vehicle                   | NIL           |        |  | Class of<br>Driving<br>Licence &<br>Expiry Date | Class: 2B,2A,2,3,4,5<br>Date of Expiry: NIL |
| Hospital/Clinic                   | NIL           |        |  |   |   |
| Date Treatment                    | NIL           |        |  | Date Discharge                                  | NIL   |
| No. of Days granted Medical Leave | NIL           |        |  | Degree of Injury                                | NIL   |

**Brief Details.**

On 23/07/2021 at about 1623hrs, while I was on Pioneer Road x Tuas Road, heading towards PIE, I was travelling along the left-lane for about 5 minutes. Suddenly, I heard an impact and loud sound on my vehicle's (XD3964T) right side.

I then found out that my vehicle had come into contact with a taxi (SHB2293C). There were damages to the right-front side of my vehicle, and damages to the left-front door of the taxi. This incident happened along lamp post 72/2.

I do not have any injuries. Police attended to the incident (vide J/20210723/0109) and the other party requested to be conveyed to the hospital.

That is all.



> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

|                               |                   |
|-------------------------------|-------------------|
| Owner ID Type:                | Company           |
| Owner ID:                     | 878N              |
| Vehicle No.:                  | XD3964T           |
| Vehicle to be Exported:       | No                |
| Intended Deregistration Date: | 11 Aug 2021       |
| Vehicle Make:                 | SCANIA            |
| Vehicle Model:                | P380CA4X2MSZ      |
| Primary Colour:               | Yellow            |
| Manufacturing Year:           | 2010              |
| Engine No.:                   | 6611126           |
| Chassis No.:                  | XLEP4X20005234857 |
| Maximum Power Output:         | -                 |
| Open Market Value:            | \$98,709.00       |
| Original Registration Date:   | 25 Mar 2010       |
| First Registration Date:      | 25 Mar 2010       |
| Transfer Count:               | 0                 |
| Actual ARF Paid:              | \$4,936.00        |

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

|                             |                         |
|-----------------------------|-------------------------|
| Intended COE Rebate Details |                         |
| COE Expiry Date:            | 24 Mar 2025             |
| COE Category:               | C - Goods Vehicle & Bus |
| COE Period(Years):          | 5                       |
| PQP Paid:                   | \$12,194.00             |
| COE Rebate Amount:          | \$8,824.00              |
| Total Rebate Amount:        | \$8,824.00              |

### Message

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

The information contained herein is correct as at 11 Aug 2021

OK