

(08/11/13) wef

ASS. REC. BY: James

REF:

CS/EA121009997/R1043

721m

## ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No: PH 8338Sat Workshop m/s WOODLAND TRANSPORTof B, GUL CIRCLEInsured: YK 688L EQ

Policy No.

Claims No. DM21HO01420/JT

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:

103K

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:

PH 8338S

Yr Regn:

2017 / MAR

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

Truck / Trailer or

Make:

YUTONH ZK6116HG Auto

c.c

6690

Colour

MAU

A/C:

Insured / Std / NI / NA

Sp. Reading

260608

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

L24TB1E 6161055149Gen. Cond: Good / Fail / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

11R22.5

R:

6"

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

TOYO / YOKO or

FRANXY

Front

Rear

R/Bal.

8

mm

R/Bal.

8/8

mm

L/Bal.

8

mm

L/Bal.

8/8

mm

D.O.A.

23/09/21

D.O.I.

28/09/21

Survey held at

B, GUL CIRCLE

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

FRT N/S

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

Date / Time

Action / Instruction

Repair 1st - 80K

1/10/21 Final fig \$503 confirmed by email (Red 67, 11%)

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2) 4/10/21-Typist

Days Of Repair: 2Resurvey No. of Trip: 1

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp (\$

): S + RS SI☐

: Interview (\$

): Photos

☐

: Tech. Invs (\$

): Others

☐

: Weekend (\$

Report Format : TP

Lump Sum / I.B.I: (\$ 503.00

**WTS Engineering Pte Ltd**  
 8 Gul Circle, Singapore 629564 Tel: 65598984 Fax: 68622163  
 Company Registration Number: 200505706E

## Quotation

DATE: 24/09/21  
 VEHICLE NO: PH8338S  
 DRIVER: WANG HUISENG  
 ATTENTION TO:  
 PREPARED BY: Chan Soo Lye

LOCATION: Gul Workshop  
 Q REF No: Q21/09/1229  
 DEPARTMENT: WTS Bus Department  
 ACCIDENT DATE: 23/09/21  
 REF No: JW-0921-311

S/N	Description	Qty	Cost per Unit	Amount S\$
<b>Spare Parts</b>				
1	WIPER ARM SWF LHS <i>cm</i>	1	300	300.00
2	WIPER BLADE SWF LHS <i>MIS</i>	1	170	170.00
<b>Labour Costs</b>				
1	TO CHECK INSTALL FRONT FRONT LHS WIPER ARM AND BLADE.	1	100	<del>100.00</del> <i>80</i>
<b>TOTAL:</b>				<b>570.00</b>
<b>Total Amount</b>				<b>SGD 570.00</b>

Remarks:

*[Signature]* 24/9/21  
 Signature of Workshop Dpt

*[Signature]* 24/9/21  
 Signature of Department Head

Signature of Claim Department

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:

*Ram*  
 4p 900 10068  
 2 days  
 P/P  
 28/09/21 @ 1120  
 Reg 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 ..... 24/09/2021 15:28 (SGT)  
Date of Accident ..... 23/09/2021 16:20 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... 18 Kaki Bukit Rd 2  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... PH8338S

### 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 ..... Yutong  
Model ..... ZK6116HE 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 ..... Commercial vehicle  
Transmission ..... Manual  
CC ..... 6690

### INSURANCE COMPANY

Name of Insurance Company ..... Liberty Insurance Pte Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... Yes  
Policy Number ..... SD20V10861  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... Wang Huisheng  
Passport No/FIN ..... GXXXX135X

PLAN

SKETCH PLAN

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 .....

16/10/1974  
Outdoor  
05/08/2008  
13 YEARS AND 1 MONTH  
Female  
(Phone) +65-94761868  
-  
goo@woodlandstransport.com.sg  
8 gul circle  
-  
629564  
No  
Employee  
No  
-  
-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....  
Weather Conditions .....  
Road Surface .....

Side Swipe  
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 vehicle or property damaged? .....  
Number of Passengers (Including Driver) .....  
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....

No  
2  
No  
-  
No  
1  
No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....  
Was notice of intended Prosecution given? .....  
If yes, against whom? .....

No  
No  
-

#### CIRCUMSTANCES OF ACCIDENT

On 23/9/2021, at about 16:20 hrs, my bus was at 18 Kaki Bukit Rd 2. The weather was clear with dry road surfaces. As I wanted to exit the said location, I made a right turn at the corner of the carpark. At this moment, a vehicle, YK688L, that was parked parallel by the side, suddenly reversed towards my bus and caused the collision. As a result, my bus sustained damages on the LH wiper while YK688L sustained no damages. No one was injured.

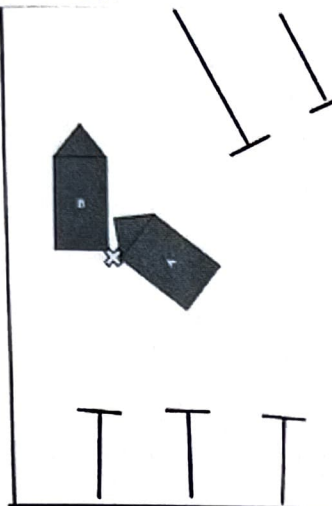
#### ATTACHMENT(S)

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

Yes  
No  
No



### SKETCH PLAN



A- PH8338S  
B-YK688L  
18 KAKI BUKIT RD 2

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

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.

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

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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 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.:



> Back to OneMotoring

### Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	721M
Vehicle No.:	PH8338S
Vehicle to be Exported:	No
Intended Deregistration Date:	29 Sep 2021
Vehicle Make:	YUTONG
Vehicle Model:	ZK6116HE AUTO
Primary Colour:	Multicolor
Manufacturing Year:	2016
Engine No.:	ISB67E528522221523
Chassis No.:	LZYTBE61G1055149
Maximum Power Output:	-
Open Market Value:	\$123,924.00
Original Registration Date:	16 Mar 2017
First Registration Date:	16 Mar 2017
Transfer Count:	0
Actual ARF Paid:	\$6,197.00
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
COE Expiry Date:	15 Mar 2027
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$40,918.00
COE Rebate Amount:	\$22,328.00
Total Rebate Amount:	\$22,328.00

The information contained herein is correct as at 29 Sep 2021

OK



# Yutong ZK6119H

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

## Think One Automobile



Price	\$185,000	Lifespan ?	27-Jul-2041
Depreciation ?	\$18,820 /yr View models with similar depre	Reg Date	28-Jul-2021
Mileage	N.A.	Manufactured ?	2021
Road Tax ?	N.A.	Transmission	Auto
Dereg Value ?	N.A.	Fuel Type	Diesel
COE ?	N.A.	OMV ?	\$149,006
Engine Cap	6,690 cc	ARF ?	\$7,451
Curb Weight ?	11,760 kg	No. of Owners ?	1