

ASS. REC. BY:

Tang

REF:

CS/CT/21010215/THC

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To Inspect Vehicle No: CB 7985R

at Workshop m/s \_\_\_\_\_

of \_\_\_\_\_

Insured: YN 2428S

Policy No. DMCVSNW00013492100

Claims No. SNM21D205602/C02

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

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

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
N/S	O/S
<input type="checkbox"/>	<input type="checkbox"/>

Bal. or Market Value: \$6600

IDAC Accident Rpt: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: 3 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: CB 7985R Yr Regn: 2017 Nov

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

Truck / Trailer or

Maké: Toyota Hiace Super 4.0 2982

Colour: Grey A/C: Insured / Std / NI / NA

Sp. Reading: 155336 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: KDH 24 8007622

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 195/15

R: 15

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. \_\_\_\_\_

D.O.I. 4/10/21

Survey held at EM - 1 Auto

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

Confirmed L/S \$3600, 3 repair days.

(RED \$1159.30; 24%)

Date/Time, File Pass to?

☐

: Prell. Report

1) 18/11 TYPIST

☐

: Final Report

Date/Time, File Return to?

2) \_\_\_\_\_

Rep. Format:

TP

Lump Sum / Fee: \$3600

Days Of Repair: 3

Resurvey No. of Trip: 2

Survey Fee:

Transportation:

S + RS \$

Photos

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

# EM-1 AUTO PTE LTD

BLK 8 SIN MING INDUSTRIAL ESTATE SECTOR C

#01-68 SINGAPORE 575643

Contact Number: 6452 3298 (O) 9666 6556 (H/P) 6457 5776 (F)

Email Address: em1autopteltd@gmail.com

COMPANY / GST REG. NO. : 201316380R

Vehicle Number : CB 7985R  
Vehicle Model : TOYOTA HIACE GL  
Accident Date : 01.10.2021  
Original Reg Date : 15.11.2017

Date : 04.10.2021  
Chassis : KDH2118007622  
TP Ins. **CHINA TAIPING**

## ESTIMATE

1	1 pc	Front Door LH		1,438.50
2	1 pc	Front Door Wing Mirror LH		998.00
3	1 pc	Front Door Weatherstrip		209.50
4	1 pc	Front Door Bottom Rubber		69.20
5	1 pc	Front Door Outer Moulding		109.50
6	1 pc	Front Door Glass LH		419.00
7	1 pc	Front Door Glass Seal		72.00
8	1 pc	Front Door Channel		215.00
9	1 pc	Front Door Inner Trim LH		672.10
10	1 set	Front Door Inner Trim Clips		40.00
11	1 pc	Front Side Third Wing Mirror LH		196.20
12	1 pc	Wiper Garnish LH		243.50
13	1 pc	Headlamp Assy LH		623.00
				5,305.50
				Less 25% 1,326.38
				3,979.13

## Special Nett

1	1 set	Front Door Sun Visor		250.00
2	1 set	Front Door Wing Mirror Chrome Sticker 'hella'		50.00

## Labour charge

1	Panel Beating		the Repairer of the following:	500.00
2	Spray painting		• To resurvey before/after spray painting	1,000.00
3	Check Wiring		• To display damaged part(s) during resurvey	30.00
4	Anti rust		• Parts prices are subject to confirmation	50.00
5	Remove and install front door parts		• Third party survey is on a "Without Prejudice" basis	90.00
			• No illegal modification(s) is allowed	
			• Supplementary item(s) must be resurveyed and is subject to final approval from insurance Company	
				5,949.13
			Acknowledged by Repairer	
			Signature:	Less 20%
			Date:	1,189.83
				Lump sum
				4,759.30

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:

Tanpin 97495749

WP 4/10/21 @ 3:25pm

1/3 Resurvey after repair  
03 days  
further consultation

[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle**

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Business
Owner ID:	022C
<b>Vehicle Details</b>	
Vehicle No.:	CB7985R
Vehicle to be Exported:	No
Intended Deregistration Date:	04 Oct 2021
Vehicle Make:	TOYOTA
Vehicle Model:	HIACE SUPER GL 3.0D AUTO
Primary Colour:	Grey
Manufacturing Year:	2016
Engine No.:	1KD2672873
Chassis No.:	KDH2118007622
Maximum Power Output:	-
Open Market Value:	\$48,485.00
Original Registration Date:	15 Nov 2017
First Registration Date:	15 Nov 2017
Transfer Count:	0
Actual ARF Paid:	\$2,425.00
<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 Rebate Amount:	\$0.00
<b>Total Rebate Amount:</b>	<b>\$0.00</b>

The information contained herein is correct as at 04 Oct 2021

OK



## 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	01/10/2021 16:31 (SGT)
Date of Accident	01/10/2021 11:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SLE TOWARDS WODLANDS TURN LEFT SLIP ROAD.YISHUN
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	CB7985R
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	PL Bus Services
Company Reg No	53260022C
Email Address	Plbuservices@gmail.com
Mobile Phone No	(Phone) +65-90035190
Alternative Phone No	+65-90035190

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	HIACE SUPER GL 3.0D AUTO
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Bus
Transmission	Auto
CC	2982

#### INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	GA556942/1
Cover Note Number	-

#### DRIVER

Name of Driver	Goh Yin Jie
NRIC No	S9513613C

Date Of Birth	21/04/1995
Occupation	Outdoor
Date Of Driving Pass	12/02/2016
Driving experience	5 YEARS AND 8 MONTHS
Gender	Female
Mobile Number	(Phone) +65-91686760
Alt. Phone Number	-
Email Address	Plbusservices@gmail.com
Address	Apt Blk 408B Fernvale Road #05-22
Address complement	-
Postcode	792408
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	Side Swipe
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	Toh Poh Leng
Gender	Female

#### 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 sketch plan

#### 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	YN2428S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Goods vehicle

Name of Driver	Teo Boon Hui
NRIC No	S8105768J
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 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. 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:

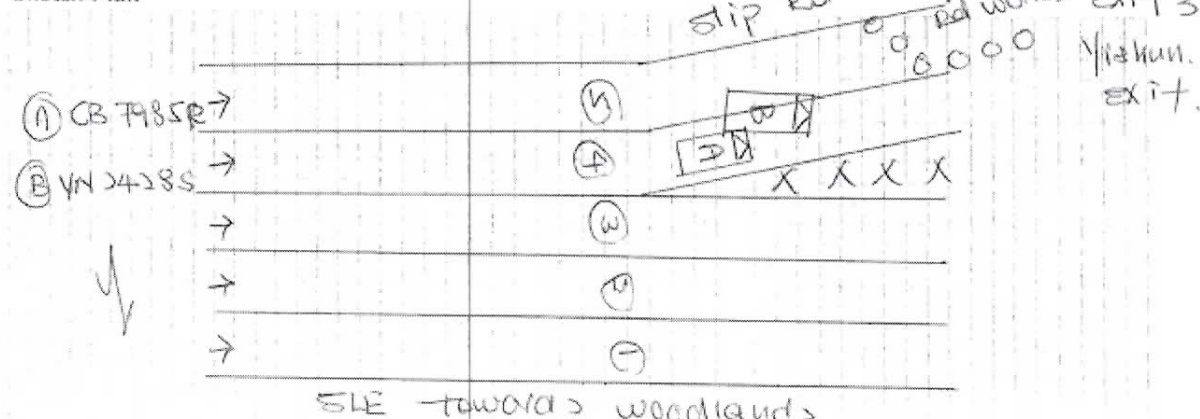
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (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





## Describe Circumstances of the Accident

I was travelling along SLE towards woodlands  
turn left into Slips (Yisuny Exit) on lane 4,  
suddenary vehicle B on left (lane 5) cut into  
my lane and hit onto my left hand fir portion.



Repair at EM-1 AUTO Pte Ltd.

## 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 &amp; Time

Witnessed by Reporting Centre  
 Personnel