

**ASSIGNMENT**

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
OD / TP / WS / TP RES / OD RES / EVA / INV / MV  
 To Inspect Vehicle No: XE 2706Z  
 at Workshop m/s Sen & Sonh Auto  
 of S, TMS MK 3  
 Insured: lll  
 Policy No. \_\_\_\_\_  
 Claims No. MFL2021D0005592  
 Sum Insured: \_\_\_\_\_ Excess: 3000  
 (Client's Record)  
 Make of Veh: \_\_\_\_\_

N/S	O/S

(Policy Condition)  
 Remark: The veh had commenced its repair at the time of inspection.

Bal. or Market Value: 80K  
 IDAC Accident Rpt: Consistent?: Yes or No  
 GIA / PR Seen: Consistent?: Yes or No  
 Est. Repairs: 2 days Res.: Yes or No  
 Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No  
 CA / REV / REP. / 24 HRS  
 Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_  
 Vehicle: IN / OUT

Veh No: XE 2706Z Yr Regn: 2017 / MAR  
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or Tow Truck  
 Make: MAN TGS 40.540 6X6 BS c.c 12419  
 Colour: MULTI A/C: Insured / Std / NI / NA  
 Sp. Reading: 138226 T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: WMA58WZZXHL073344  
 Gen. Cond: Good / Fair / Poor / Burnt  
 Steering: In order / Jammed / Leaked / Burnt or  
 Brake: In order / Jammed / Leaked / Burnt or  
 Modi: Nil / S/Rim / STD A/Rim or  
 Tyre Size: F: 385/65R22-5  
 R: \_\_\_\_\_  
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or ANNAITG  
 Front R/Bal. 8 mm Rear R/Bal. 8/8 mm  
 L/Bal. 8 mm L/Bal. 8/8 mm  
 D.O.A. 05/12/21 D.O.I. 16/12/21  
 Survey held at Sen & Sonh  
 Des. of Damages Fr / Rear / O/S / N/S / U/C / Rooftop or  
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction  
REPAIR LIMIT - 53K  
 20/12/21@3.07pm revert to Gabriel via Merimen.  
 21/12/21@1.59pm Gabriel Wee informed C/A & ex:\$3000 via Merimen.  
 21/12/21@6.06pm Informed wksp C/A & ex:\$3000 by email.  
 Rasul finalised final fig \$4021.95, 2 days. (Red \$655, 14%)

Date/Time, File Pass to?  : Preli. Report  
 1) 20/04 Typist  : Final Report  
 Date/Time, File Return to?  
 2) \_\_\_\_\_  
 Days Of Repair: 2  
 Resurvey No. of Trip: 1  
 Survey Fee: \_\_\_\_\_  
 Transportation: \_\_\_\_\_  
 Add Fee:  : Site Insp (\$ ) \_\_\_\_\_ S + RS, SI  
 : Interview (\$ ) Photos  
 : Tech. Invs (\$ ) Others  
 : Weekend (\$ )  
 Report Format: MER-TP  
 Lump Sum / I.B.I: (\$ 4021.95 )  
 TOTAL

# SIN SHENG AUTO WORKSHOP PTE LTD

REGISTRATION NO.: 202019500G

NO. 5 TUAS AVE 3 SINGAPORE 639405

TEL: (+65) 6416 1996 FAX: (+65) 6863 1944 EMAIL: ENQUIRY@SINSHENG.COM.SG

## India International Insurance Pte Ltd

64 Cecil Street

#04/#05 IOB Building

Singapore 049 711

Attn: Motor Claims Department

Estimate No : ES2021/0042  
 Date : 14/12/2021  
 Vehicle No : XE2706Z  
 Make/Model : MAN / TGS 40.540  
 Date of Accident : 05/12/2021  
 Policy number : D19MFL0000768\_02

S/N	Description	Qty	Unit Amount (\$\$)	Amount (\$\$)
<u>Parts</u>				
1	Front bumper towing covering <i>cm</i>	1	3,985.50	3,985.50
			Less 10%	<u>(398.55)</u>
			Part after disc	3,586.95

<u>Nett</u>				
1	Front number plate with casing <i>bt</i>	1	40.00	<u>40.00</u> <i>35</i>
	<b>Parts total</b>			<b>3,626.95</b>

### Labour charges

To panel beating/repair front body } ~~550.00~~ *200*

To remove/replace above mentioned parts } ~~500.00~~ *200*

To spray painting on affected areas

**Labour total** 1,050.00

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*  
*2 days*  
*P/P*  
*EXCESS: TBA*  
*REVERS*

**TOTAL** 4,676.95

*Rasy 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	13/12/2021 16:35 (SGT)
Date of Accident	05/12/2021 21:00 (SGT)
Exact Location of Accident	Pioneer Rd, Singapore
Additional Location Information	JUNCTION OF PIONEER ROAD / PIONEER CRESCENT
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	XE2706Z
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	BOK SENG LOGISTICS PRIVATE LIMITED
Company Reg No	1XXXXX010H
Email Address	andy.peng@bokseng-ipl.com
Mobile Phone No	(Phone) +65-64161975
Alternative Phone No	(Office) +65-64161975

## VEHICLE PARTICULARS

Manufacturer	Man
Model	Tgs
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	Yes
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	12419

## INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	D19MFL0000768_02
Cover Note Number	-

## DRIVER

Name of Driver	KOH KIE BOON
NRIC No	SXXXX451E

Date Of Birth	28/07/1964
Occupation	Outdoor
Date Of Driving Pass	27/12/1989
Driving experience	32 YEARS
Gender	Male
Mobile Number	(Phone) +65-98158366
Alt. Phone Number	-
Email Address	andy.peng@bokseng-ipl.com
Address	BLK 679C JURONG WEST CENTRAL 1 #15-14
Address complement	-
Postcode	643679
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	Collided into Motorcyclist
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	NOT APPLICABLE
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

ON THE ABOVE MENTIONED DATE AND TIME, I WAS DRIVING ALONG PIONEER ROAD UNDER THE ESCORT OF VEHICLE B (FBR 7473D; AUXILIARY POLICE). WHILE APPROACHING THE JUNCTION OF PIONEER CRESCENT, I SLOW DOWN AND CONTINUED TO GO STRAIGHT WHEN VEHICLE B SUDDENLY APPEARED IN FRONT OF MY VEHICLE. I APPLY BRAKES BUT MY VEHICLE NOT MANAGE TO STOP IN TIME AND COME IN CONTACT WITH VEHICLE B. THERE IS NO ONE INJURED.

ATTACHMENT(S)

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

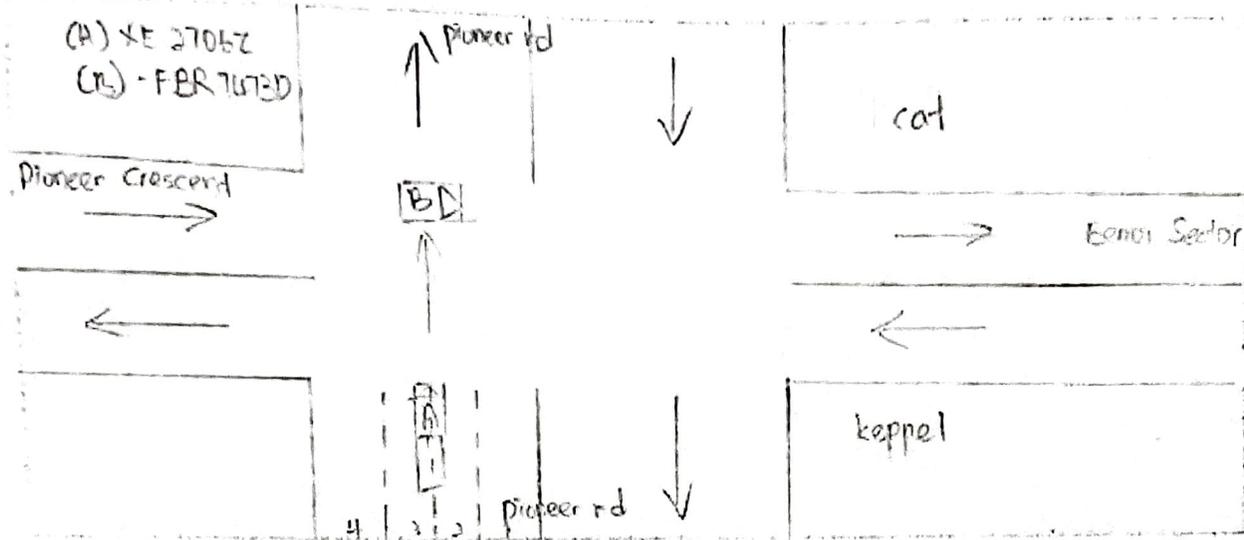
**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number	FBR7473D
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEH B
No. Of Passenger (Including Driver)	1



**SKETCH PLAN**



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

On the above mentioned date and time, I was drive along Pioneer Road under the escort of vehicle B (FBR 7473D; Auxiliary Police). While approaching the junction of Pioneer Crescent, I slow down and continued to go straight when vehicle B suddenly appeared in front of my vehicle. I apply brakes but my vehicle did not manage to stop in time and come in contact with vehicle B. There is no one injured

**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.:



*[Handwritten signature]*

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	010H
Vehicle No.:	XE2706Z
Vehicle to be Exported:	No
Intended Deregistration Date:	16 Dec 2021
Vehicle Make:	MAN
Vehicle Model:	TGS 40.540 6X6 BBS-WW AUTO
Primary Colour:	White
Manufacturing Year:	2016
Engine No.:	51545361604546
Chassis No.:	WMA58WZZXHL073344
Maximum Power Output:	-
Open Market Value:	\$299,453.00
Original Registration Date:	10 Mar 2017
First Registration Date:	10 Mar 2017
Transfer Count:	0
Actual ARF Paid:	\$14,973.00
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
COE Expiry Date:	09 Mar 2027
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$49,810.00
COE Rebate Amount:	\$26,033.00
Total Rebate Amount:	\$26,033.00

The information contained herein is correct as at 16 Dec 2021

OK