

(08/11/13) wef

ASS. REC. BY: Rasul

REF:

CS/SNR 21012991/R19f3

C
604R

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

4P9945J

at Workshop m/s

V-TECH

of

1, SMOON LEE ST #06-04

Insured:

SAR

Policy No.

Claims No.

TAX/11/21/2067

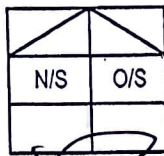
Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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

Bal. or Market Value:

69K

IDAC Accident Rport:

Consistent?: Yes or No

GIA / PR Seen:

Consistent?: Yes or No

Est. Repairs:

3

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Date / Time

Action / Instruction

REPAIR LIMIT - 59K

07/01/22@2.04pm Rasul finalised with Mee Key LS \$1950, 3 days. (Red \$4000, 67%).

Veh No:

4P9945J

Yr Regn:

2018 / OCT

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

Truck / Trailer or

Make:

Hino XZUTOR

c.c

4009

Colour

WHITE

A/C:

Insured / Std / NI / NA

Sp. Reading

100066

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JH4UCV3A90K027559

Gen. Cond: Good / ~~Fair~~ / Poor / BurntSteering: ~~In order~~ / Jammed / Leaked / Burnt orBrake: ~~In order~~ / Jammed / Leaked / Burnt orModi: ~~Nil~~ / S/Rim / STD A/Rim or

Tyre Size:

F:

7.00R16

R:

^^

D/D

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

TOYO / YOKO or

KENDU RADIAL

Front

Rear

R/Bal.

7

mm

R/Bal.

7/7

mm

L/Bal.

7

mm

L/Bal.

7/7

mm

D.O.A.

23/1/21

D.O.I.

23/12/21

Survey held at

V-TECH

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, File Pass to?

☐

Preli. Report

1) 21/01 Typist

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair:

3

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

☐

Site Insp (\$

) : S + RS, SI

☐

Interview (\$

) Photos

☐

Tech. Invs (\$

) Others

☐

Weekend (\$

)

Report Format :

TP

Lump Sum H.B.L. (\$

1950

TOTAL

Vehicle No. YP 9945 J

Parts and Labour Assessment

SPECIAL NETT ITEMS

- 1 REAR LIFTGATE SUPPORT BAR *rapir*
- 2 REAR LIFTGATE SUPPORT BAR YELLOW & BLACK REFLECTIVE STICKER *na* ✓
- 3 REAR ALUMINIUM LIFTGATE RH HYDRAULIC TRANSVERSE CYLINDER (SMALL) *X NN*
- 4 REAR CENTRE BUMPER ASSY *bt* ✓
- 5 REAR CENTRE BUMPER YELLOW & BLACK REFLECTIVE STICKER *na* ✓
- 6 REAR LH BUMPER ASSY *bt* ✓
- 7 REAR LH BUMPER YELLOW & BLACK REFLECTIVE STICKER *na* ✓
- 8 REAR NUMBER PLATE LAMP *cut* ✓ *060*
- 9 REAR NUMBER PLATE BRACKET *bt* ✓
- 10 REAR NUMBER PLATE *bt* ✓

Qty	Cost
1	600.00
1	100.00 <i>85</i>
1	1,500.00
1	920.00 <i>650</i>
1	100.00 <i>85</i>
1	450.00 <i>300</i>
1	60.00
<i>21</i>	160.00 <i>60</i>
1	235.00 <i>90</i>
1	25.00

Percentage discount 0%

	\$	4,150.00
	\$	-
Sub-total	\$	4,150.00



LABOUR

1 To remove, reinstall electrical wiring harness, check lighting, and rewire.

~~120.00~~ 30

2 To re-spray painting on the change bodyparts, repair portion, and where consistent to the accident.

~~600.00~~ 500

To provide labour to change the above damaged bodyparts, repair, re-construct structure consistent
3 to the accident.

~~1,000.00~~ 500

4 To apply anti-rust chemical on repaired and replaced panel.

~~80.00~~ 00

Labour Total \$ 1,800.00

Parts & Labour Total \$ 5,950.00

Best Regards,

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:



Resur
Hp 90010068
3 days
L/S
23/12/21 @ 1120
Reg after paint

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	24/11/2021 15:29 (SGT)
Date of Accident	23/11/2021 12:55 (SGT)
Exact Location of Accident	Mountbatten Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP9945J
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ALSCO PTE LTD
Company Reg No	200009604R
Email Address	ATOKDV@GMAIL.COM
Mobile Phone No	(Phone) +65-83117487
Alternative Phone No	+65-83117487

VEHICLE PARTICULARS

Manufacturer	Hino
Model	XZU710R 14FT WIDE CAB 5T
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	4009

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5110231578-02
Cover Note Number	-

DRIVER

Name of Driver	MOHAMED ZAINAL BIN MOHAMED ELIAS
NRIC No	S8126592E

Date Of Birth	05/09/1981
Occupation	Outdoor
Date Of Driving Pass	08/12/2009
Driving experience	11 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83117487
Alt. Phone Number	-
Email Address	ATOKDV@GMAIL.COM
Address	APT BLK 450D BUKIT BATOK WEST AVENUE 6
Address complement	#04-665
Postcode	654450
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 - Head to Rear
Weather Conditions	Clear
Road Surface	Wet

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	JAZNI BIN KASIAM
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

PLEASE REFER TO THE 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	SHF319E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi

Name of Driver
NRIC No
Contact Number
Address
Address complement
Postcode
Insurance Company Name
Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

KRISHNA SINGH
S7411912C
(Phone) +65-97269688

-
-
-
-
-
-
-

SKETCH PLAN

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3. 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.

I HEREBY CERTIFY THAT MY INSURER HAS GIVEN A 14 DAYS THRESHOLD FOR ME TO SUBMIT A HOWEVER LARGE CLAIM UNDER MY QUALIFYING POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

Policyholder's Signature
Date & Time:



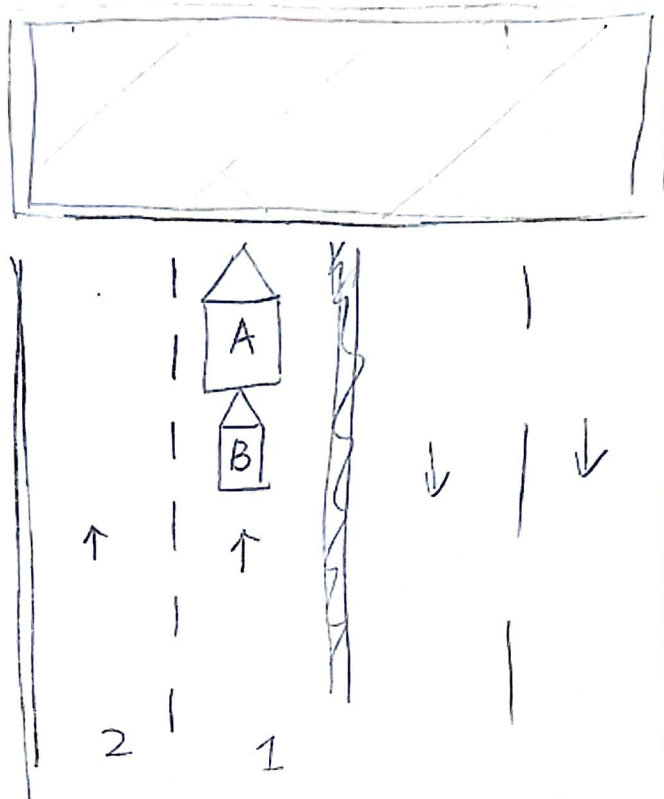
Insurer's Signature
(If driver is not the policyholder)
Date & Time:

Reporting General Insurance Insurers
Name:
HEIC/SB File:

SKETCH PLAN

A YP 9945J

B SHP 319E



Mountbatten Road.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 23/11/2021 about 1255pm. I was driving along
Mountbatten Road. I stop in front of the yellow box.
Suddenly, Third Party being my Lorry from behind.
Nobody injured.

DECLARATION

I/We declare the foregoing particulars are true to my/best knowledge.

Report holder's Signature
(Date & Time)



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

[Signature]

Recovering Costs Personnel's Signature
(Date & Time)

☐ Claimant only
☐ Claim third party
☒ ~~SHOULD~~ *SHOULD* *be* *included*
☐ For record purposes

Collection
Name: _____ Address: _____

V-Tech Auto Service

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	604R
Vehicle No.:	YP9945J
Vehicle to be Exported:	No
Intended Deregistration Date:	24 Dec 2021
Vehicle Make:	HINO
Vehicle Model:	XZU710R 14FT WIDE CAB 5T
Primary Colour:	White
Manufacturing Year:	2018
Engine No.:	N04CVV10356
Chassis No.:	JHHUCV3H90K027559
Maximum Power Output:	-
Open Market Value:	\$32,676.00
Original Registration Date:	29 Oct 2018
First Registration Date:	29 Oct 2018
Transfer Count:	0
Actual ARF Paid:	\$1,634.00
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
COE Expiry Date:	28 Oct 2028
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$14,113.00
COE Rebate Amount:	\$9,659.00
Total Rebate Amount:	\$9,659.00

The information contained herein is correct as at 24 Dec 2021

OK

Hino XZU710R

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

CONVINCE AUTO

YOUR TRUSTED & RELIABLE MOTORING PARTNER

Price	\$66,800	Lifespan	05-Jul-2038
Depreciation	\$10,220 /yr View models with similar depre	Reg Date	06-Jul-2018 (6yrs 6mths 11days COE left)
Mileage	N.A.	Manufactured	2018
Road Tax	N.A.	Transmission	Manual
Dereg Value	\$17,340 as of today (change)	Fuel Type	Diesel
COE	\$26,537	OMV	\$30,780
Engine Cap	4,009 cc	ARF	\$1,539
Curb Weight	2,500 kg	No. of Owners	1