ASSI	GNMENT
Peter	Veh No: XB869/H Yr Regn: US/12/16
From: Date: Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD TP WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No: XB & 691H	Make: SCANIA 1360 c.c 12742
at Workshop m/s Mohlign Com.	Colour White A/C: Insured / Std / NI / NA
of	Sp.Reading 3/636 4 T/Radio: Insured / Std / NI / NA
Insured: GBD 46004	Eng/No:
Policy No. DM22HO00038/JT	C/No: 1/52P6X4000542912
Claims No.	Gen. Cond: Good / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil / S/Rim / STD A/Rim or
	Tyre Size: F: 275 70122-5
(Policy Condition)	R:
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO/YOKO or AMberstone
Bal. or Market Value:	Front Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. R/Bal. S/S/mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. L/Bal. L/Bal.
Est. Repairs: 3 days Res.: Yes or No	D.O.A. 4/1/22 D.O.I. 11/1/22
Lum Sum: /-3./ % 3 Val.: Yes or No	Survey held at
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Vehicle: IN / OUT	Ree n (S
Date: Person Contacted: L7A & 23981	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction No MV Roc Garbage / Sa  /// P/P \$ 1500 informed Si	hui only labour (red 17,114, 91%)
Date/Time, File Pass to?  : Preli. Report  1) : Final Report  Date/Time, File Return to?	Days Of Repair: 3  Resurvey No. of Trip: 1 Survey Fee:  Transportation:
2) 8/6/22-typist Add Fee	: Site Insp (\$ )S+RS,SI
	: Interview (\$ ) Photos
Report Format : TP	: Tech. Invs (\$ ) Others
Lump Sum / I.B.I: (\$1500)	: Weekend (\$

TOTAL

# > Back to OneMotoring

**Enquire PARF/COE Rebate for Registered Vehicle** 

Vehicle Owner Particulars		
Owner ID Type:	Company	
Owner ID: <b>Vehicle Details</b>	873W	
Vehicle No.:	XB8691H	
Vehicle to be Exported:	No	
Intended Deregistration Date:	12 Jan 2022	
Vehicle Make:	SCANIA	
Vehicle Model:	P360CB6X4MHZ	
Primary Colour:	Multicolor	
Manufacturing Year:	2016	
Engine No.:	6948461	
Chassis No.:	YS2P6X40005429122	
Maximum Power Output:	-	
Open Market Value:	\$112,852.00	
Original Registration Date:	05 Dec 2016	
First Registration Date:	05 Dec 2016	
Transfer Count:	2	
Actual ARF Paid: Intended PARF Rebate Details	\$5,643.00	
PARF Eligibility:	No	
PARF Eligibility Expiry Date:	-	
PARF Rebate Amount:	\$0.00	
Intended COE Rebate Details		
COE Expiry Date:	04 Dec 2026	
COE Category:	C - Goods Vehicle & Bus	
COE Period(Years):	10	
QP Paid:	\$49,002.00	
COE Rebate Amount:	\$23,981.00	
Total Rebate Amount:	\$23,981.00	

The information contained herein is correct as at 12 Jan 2022

OK

SB0122150001 / Ban Choon Motor Works ENTRY DATE & TIME: 05/01/2022 12:12 (SGT) SUBMITTED BY: Ng Tian Chuan VERSION: 1 (05/01/2022 12:12 (SGT))



## 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 witholding of material facts may allow insurance companies to repudiate

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.

4. The issue and acceptance of this report by insurance companies is not an admission of policy flability 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 05/01/2022 12:12 (SGT) Date of Accident 04/01/2022 00:10 (SGT) **Exact Location of Accident** AYE, Singapore Additional Location Information AYE (AFTER SOUTH BUONA VISTA ROAD EXIT 8)

Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number XB8691H

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner TEE ENVIRONMENTAL PTE LTD Company Reg No 2XXXXX873W **Email Address** laykeng.low@teeinfra.com Mobile Phone No (Phone) +65-91219367 Alternative Phone No. (Office) +65-63831703

VEHICLE PARTICULARS

Manufacturer Scania P360CB 6X4MHZ Model 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? Vehicle Category

Transmission CC

Employment

No - Claiming third party Commercial vehicle

Auto 12742

**INSURANCE COMPANY** 

Name of Insurance Company Tokio Marine Insurance Singapore Ltd Type of Coverage Comprehensive Fleet Policy No

Policy Number 21-MJ001332-R03 Cover Note Number

DRIVER

Name of Driver ABU KHUROIAH BIN ALI Passport No/FIN GXXXX739P



Date Of Birth	02/11/1986
Occupation	Outdoor
Date Of Driving Pass	12/05/2015
Driving experience	6 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	0.000000
Alt. Phone Number	(Phone) +65-91219367
Email Address	- Indiana la Obaciafa
Address	laykeng.low@teeinfra.com
Address complement	41 DEFU LANE 1
Postcode	-
Is the driver the policyholder?	539494
	No
If No, Relationship of the Driver with the Insured  Does Driver Own Other Vehicles?	Employee
Vehicle Registration Number of Other Vehicle Owned by Driver	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	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?	NO
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s)	5
soliciting/offering accident claims assistance?	No
PASSENGER 1	
Name	ABDUL AZIS BIN SUNOJO
Gender	Male
PASSENGER 2	Wate
THOUSEN E	
Name	SA ADIN @ SA'ADIN BIN ISMAIL
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	
CINCOWSTANCES OF ACCIDENT	
REFER TO SKETCH PLAN	
ATTACHMENT(S)	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No
DETAILS OF OTHER	VEHICLE PROPERTY 1

GBD4600Y Nissan

Accident report SB0122150001

Vehicle Registration Number Vehicle Manufacturer

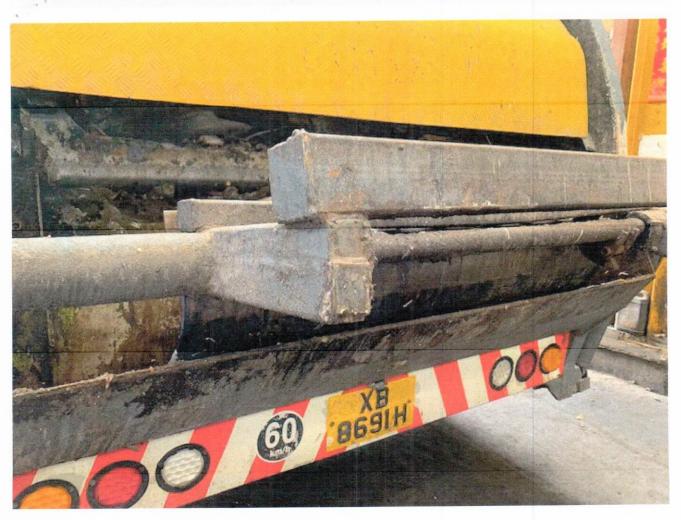
Vehicle Model	=
Vehicle Variant	-
Vehicle Colour	-
Vèhicle Category	Commercial vehicle
Name of Driver	VICKNESH S/O KANDASAMY
NRIC No	SXXXX100Z
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN	
VEOT8	A . X886914
	8 G80-4600Y
FAMILY AND	P OF THE
South Suena VistaRa	
North Buon & Vista Ka	
[	
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT	
I was travelling along AYE after South Bu	iona Vista Rd Exit 8 & i V
	AND ALLEN WA EXIL O YO L A
derving Straight on Lane 3 . out of Sudden, I	Let that there was
Company or Karage S . Var of Sandten , 2	well had here why
an big impact & Vehicle 8 was banged onto	tear portion of .
an organization rentile 8 was variged and	TANT PERIOD OF
my : Venicle & caused an accident.	
my Vehicle & chused an accident.	
I have video recording in my vehicle to	prove that 's was driving
suddenly	J. J.
	exicle tear portion.
The state of the s	
	A-100-110-110-110-110-110-110-110-110-11
DECLARATION	
/We declare the fareacing particulars are true in every respect.	
X ANTHORONOS (S)	PANA
VO - LANGUE /S	Reporting Centre Personner's Signature
Policyholder Menature O Driver's Signature Date & Time: \N = 1/4 (if driver is not the policyholder)	Name:



IMAGES #2





IMAGES #4



### MAH LIAN MOTOR VEHICLE REPAIRER

No.38 Defu Lane 9 Singapore 539278 TEL: 62823336 FAX: 62893336 Email: mahlian@singnet.com.sg GST:M90362564P RCB NO:201327339E

M/S: EQ Insurance Company Ltd

5 Maxwell Road #17-00,

Towing Block MND Complex,

Singapore 069110

TEL: 6223 9433

ATTN: Motor Claim Department

Your Ref No:

TEE ENVIRONMENTAL PL

FAX: 6224 3903

Claim Type: Accident Date: Third Party 04/01/2022

TP Veh Reg No:

GBD4600Y

Estimate No:

ES1700980

Date:

04 Jan 2022

Policy No:

21-MJ001332-R03

Veh Reg No: Make/Model:

XB8691H **SCANIA** 

P360CB6X4MHZ

YS2P6X40005429122

Chassis No: Engine No:

6948461

Reg. Date:

05/12/2016

Estimate Renair Cost to Vehicle No :XB8691H

	Description	U/Price	Quantity	List Price	Amoun
	Net Price			<u>S</u> \$	SS
1	Rear REL Rear Bumper	4,800.00	1 PC	4,800.00	1.2
2	Rear REL Bin Hock	3,800.00	1 PC	3,800.00	/V
3	Rear REL Hock Hydraulic	1,200.00	2 PC	2,400.00	3
4	Rear Signal Lamp RH	58.00		58.00	2
5	Rear Tail Lamp RH	68.00	1 PC	68.00	X
5	Rear Reverse Lamp RH	58.00	1 PC	58.00	X
				11,184.00	11,184.00
	Labour				
7	Labour to renew rear REL rear bumper ,bin hock & hock hydraulic .	4,800.00	1 JOB	4,800.00	1000
3	Labour to reconnect wire for all lamp.	580.00	1 JOB	580.00	
)	To rust prrofing.	850.00	1 JOB	11 850.00	×
0	To spray & painting on affected area.	1,200.00	1 JOB	1,200.00	500
				7,430.00	7,430.00
			·	Total	S\$ 18,614.00
			Add GS	T @ 7%	1,302.98
			Total Amount	Payable	S\$ 19,916.98

TOTAL: SINGAPORE DOLLAR NINETEEN THOUSAND NINE HUNDRED SIXTEEN AND CENTS NINETY EIGHT ONLY

For MAH LIAN MOTOR VEHICLE REPAIRER

Not Arborned

14/122

N/26 1500

3deys

the Reauthorised SIGNATURE

To display damaged part(s) during resurvey

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