

ASS. REC. BY:

REF:

CS/MS422001860/Rqf3

429A

EXPIRY: 2023/AUG

## ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No: PA8051E

at Workshop m/s CONNELL 3

of 566, WOODLANDS RD

Insured: MSH

Policy No.

Claims No. 270475

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:

16K

IDAC Accident Rpt: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 4 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:

PA8051E

Yr Regn: 2008 / AUG

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

Truck / Trailer or

Make:

TOYOTA HIACE 3.0DXM c.c. 2982

Colour:

GREEN

A/C: Insured / Std / NI / NA

Sp. Reading:

665391

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

KOH 2010019651

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:

195R15C

R:

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.

24/02/22

D.O.I.

01/03/22

Survey held at

CONNELL 3

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

N/S FR

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

Date / Time

Action / Instruction

REPAIR LIMIT - 11K

LS \$2700, 4 days. (Red \$2806.76, 50%)

Date/Time, File Pass to?

☐

: Preli. Report

1) 09/06 Typist

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

4

Resurvey No. of Trip:

1

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Report Format: MER-TP

Lump Sum / L.S. (\$) 2700

# CONNECT3

566 Woodlands Road Singapore 597648

Tel: (65) 9850-9666 Email: Connect3winnie@gmail.com

R o c : 5 3 3 6 0 0 6 1 L

G S T : 5 3 3 6 0 0 6 1 L

QT22/PA8051E/TPC

<b>MSIG Insurance (Singapore) Pte Ltd</b>
4 Shenton Way
#21-01
SGX Centre 2
Singapore 068807

Dear Sir,

Cost of Repair to Vehicle PA8051E

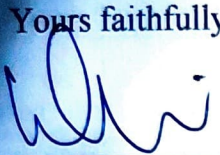
With reference to the above-mentioned, we are pleased to quote as follows:-

No.	DESCRIPTION	QTY	U/PRICE (\$\$)	AMOUNT (\$\$)
1.	Front bumper <i>SC</i> /	1	735.10	735.10
2.	Front bumper bracket LH ?	1	112.36	112.36
3.	Front bumper clips <i>m</i> /	10	2.50	25.00
4.	Front bumper inner duct <i>X</i>	1	337.80	337.80
5.	LH headlamp <i>cm</i> /	1	389.40	389.40
6.	LH passenger door <i>bt</i> /	1	1,887.10	1,887.10
7.	Spray painting	1	800.00	<i>500</i> <del>800.00</del>
8.	Apply anti rust	1	50.00	<i>30</i> <del>50.00</del>
9.	Check wiring	1	20.00	20.00
10.	Transfer door fittings	1	150.00	<i>60</i> <del>150.00</del>
11.	Labour charges	1	1,000.00	<i>400</i> <del>1,000.00</del>
SUB-TOTAL				<i>500</i> <del>5,506.76</del>
				<b>\$S5,506.76</b>

- Price before 7% gst

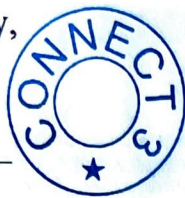
Thank you.

Yours faithfully,



Winnie Chai

HP: 9850-9666



Resue  
Hp 9000068

4 days

L/S

01/03/22 @ 0930

Resue after repair

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:

## 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	25/02/2022 13:55 (SGT)
Date of Accident	24/02/2022 17:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ANG MO KIO STREET 51
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	PA8051E
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	Adel & Hong Transport Service
Company Reg No	5XXXX429A
Email Address	vmade73@yahoo.com.sg
Mobile Phone No	(Phone) +65-83338368
Alternative Phone No	+65-83338368

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	HIACE 3.0DX M
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?	No - Claiming third party
Vehicle Category	Bus
Transmission	Manual
CC	2982

#### INSURANCE COMPANY

Name of Insurance Company	Great American Insurance Company
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	MOMVC000009027-00-000
Cover Note Number	06/08/2021 TO 05/08/2022

#### DRIVER

Name of Driver	NG CHENG KWANG
NRIC No	SXXXX455J

Birth	11/02/1965
Location	Outdoor
Of Driving Pass	21/07/1995
ing experience	26 YEARS AND 7 MONTHS
ender	Male
obile Number	(Phone) +65-94378326
Alt. Phone Number	-
Email Address	vmade73@yahoo.com.sg
Address	APT BLK 128 RIVERVALE STREET #04-832 (S0 540128
Address complement	-
Postcode	-
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 Property
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	PASSENGER
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 WITH ATTACHED.

#### 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

Vehicle Registration Number	SJD1673L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Driver's Name  
Number  
Insurance Company Name  
Nature Of Damage  
Details of property damaged in accident  
No. Of Passenger (Including Driver)

## SKETCH PLAN

### IMPORTANT NOTICE

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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.
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5. Any false reporting may be referred to the Police for investigation.
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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:

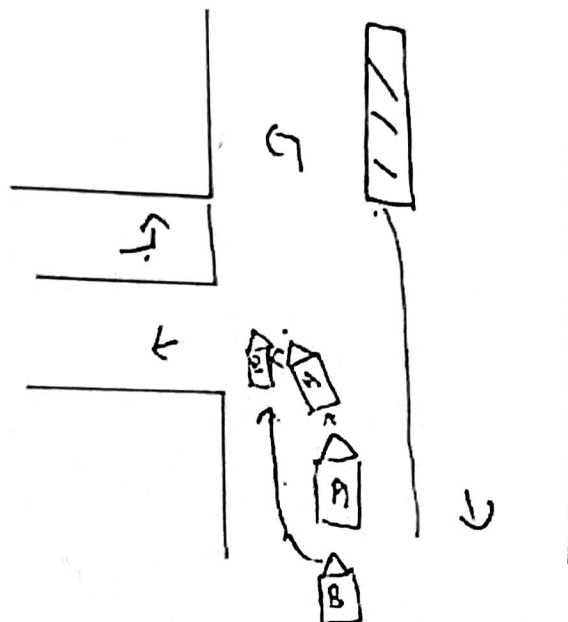
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the "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 claim 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 making 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;
  - (ii) regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (iii) for complying with requirements under any regulations, laws or court orders.

REPORT SERVICE  
POLICYHOLDER'S SIGNATURE  
Date & Time

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

Reporting Centre Personnel's Signature  
Name  
NRIC/ID No.

# SKETCH PLAN



A - PA 8051E

B - SJD 1673L

Ang Mo Kio  
St 51.

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 24/12/2022 around 1715hrs, I was driving my bus PA 8051E along Ang Mo Kio St 51. I was travelling within my lane, suddenly I felt an impact from the left, ven B SJD 1673L over take my bus on the left, as the results ven B collided onto my bus left front portion.

## DECLARATION

I/We declare the foregoing particulars are true in every respect



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

Reporting Centre Personnel's Signature  
Name  
NAIC/TOT I.D.

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Business
Owner ID:	429A
Vehicle No.:	PA8051E
Vehicle to be Exported:	No
Intended Deregistration Date:	02 Mar 2022
Vehicle Make:	TOYOTA
Vehicle Model:	HIACE 3.0DXM
Primary Colour:	Silver
Manufacturing Year:	2008
Engine No.:	1KD1793118
Chassis No.:	KDH2010019651
Maximum Power Output:	-
Open Market Value:	\$28,732.00
Original Registration Date:	06 Aug 2008
First Registration Date:	06 Aug 2008
Transfer Count:	1
Actual ARF Paid:	\$1,437.00
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
COE Expiry Date:	05 Aug 2023
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	5
PQP Paid:	\$15,582.00
COE Rebate Amount:	\$4,440.00
Total Rebate Amount:	\$4,440.00

Please note that all future COE renewals for this vehicle can only be for a 5-year period, subject to the statutory lifespan (if applicable) of the vehicle.

The information contained herein is correct as at 02 Mar 2022

OK

# Toyota Hiace 3.0M DX (COE till 03/2024)

Overview Financial Accessories Similar Research Photos Map

Price	\$23,800	Lifespan	15-Mar-2029
Depreciation	\$11,680 /yr	Reg Date	16-Mar-2009 (2yrs 13days COE left)
Mileage	N.A.	Manufactured	2008
Road Tax	N.A.	Transmission	Manual
Dereg Value	\$5,454 as of today (change)	Fuel Type	Diesel
COE	\$13,378	OMV	\$32,667
Engine Cap	2,982 cc	ARF	\$1,634
Curb Weight	1,780 kg	No. of Owners	4
Type of Vehicle	Van		

Features  
[View specs of the Toyota Hiace](#)