

ASS. REC. BY:

Steve

REF:

CS/INC22002916/ETY 3

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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

XX	
N/S	O/S

Bal. or Market Value:

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

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:

PA8854E

Yr Regn:

21/7/09

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

Truck / Trailer or

Make:

Toyota Coaster

c.c.

4164

Colour

White

A/C: Insured / Std / NI / NA

Sp. Reading

284.277

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JTGECS38805000412

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: NII / S/Rlm / STD A/Rlm or

Tyre Size:

F:

R:

205/75R17.5

1)

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

TOYO / YOKO or

Front

Rear

R/Bal.

4

mm

R/Bal.

4

mm

L/Bal.

4

mm

L/Bal.

4

mm

D.O.A.

26/3/22

D.O.I.

30/3/21

Survey held at

FTL

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

Date/Time, File Pass to?

☐

: Prel. Report

1)

Date/Time, File Return to?

☐

: Final Report

2)

Report Format :

Lump Sum / I.B.I: (\$

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

TOTAL

FTL Auto

566 Woodlands Road (Mandai Estate)
Singapore 728697
+65 81884136
Ftlauto1@gmail.com
Company Registration No. 53401661L



Steve (LKK)
30/3/22, 3.00pm

WZ PL
L/S
M AL H
4 L/S

Estimate

ADDRESS

NTUC Income Insurance Cooperative Ltd
1 Maritime Square
#10-01 Harbourfront Centre
singapore
Singapore 099253

ESTIMATE

PA8854E - TP

DATE

28/03/2022

VEHICLE PLATE

PA8854E

ACCIDENT DATE

26/03/2022

ACTIVITY	DESCRIPTION	QTY	RATE	AMOUNT
Sales	Front panel / 00	1	3,345.60	3,345.60
Sales	Front Headlamp LH ?	1	922.50	922.50
Sales	Front headlamp LH bracket ?	1	135.68	135.68
Sales	Front bumper / 00	1	1,256.50	1,256.50
Sales	Front windscreen moulding / MC	1	638.56	638.56
Sales	Front grille / CUT	1	358.00	358.00
Sales	Toyota emblem / CUT	1	95.00	95.00
Sales	Sealant / MC	4	30.00	120.00
Sales	Check wiring	1	30.00	30.00 ✓
Sales	Labour to remove & refit front windscreen to assist repair	1	200.00	150 200.00
Sales	Labour charges	1	1,200.00	900 1,200.00
Sales	Apply Putty & spray painting to affected areas	1	1,000.00	800 1,000.00

TOTAL

SS9,301.84

Accepted By

Accepted Date

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	28/03/2022 13:16 (SGT)
Date of Accident	26/03/2022 20:20 (SGT)
Exact Location of Accident	6A Admiralty Rd, Admiralty Park, Singapore 732006
Additional Location Information	ADMIRALTY ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PA8854E
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	AMARJIT & SONS COACH PTE LTD
Company Reg No	2XXXXX698N
Email Address	AMARJITSINGHSONS@GMAIL.COM
Mobile Phone No	(Phone) +65-96806454
Alternative Phone No	+65-96806454

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Coaster
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Bus
Transmission	Auto
CC	4009

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	GA573887
Cover Note Number	-

DRIVER

Name of Driver	MOHAMMAD YAN ZARIZAL BIN GAZALI
NRIC No	SXXXX723B



Birth	26/06/1994
Location	Outdoor
Driving Pass	15/04/2015
Driving experience	6 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88773566
Alt. Phone Number	-
Email Address	AMARJITSINGHSONS@GMAIL.COM
Address	NA
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Paid Driver
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	DRIZZLING
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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

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 26/03/2022 @ 20:20HRS, I WAS DRIVING MY BUS PA8854E ALONG ADMIRALTY ROAD AND AS MY BUS WAS APPROACHING THE TRAFFIC LIGHT JUNCTION, THE TRAFFIC LIGHT JUST TURN AMBLE AND A CAR SMW2651H HAS DROVE PAST THE STOP LINE AND SUDDENLY JAMMED BRAKED FOR NO REASON AND CAUSED THE COLLISION.

I HAVE CCTV RECORDING OF THE ACCIDENT.

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	SMW2651H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-

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

NOTICE

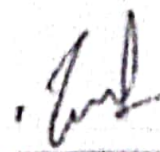
IMPORTANT NOTICE

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 Authorized 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 deny 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 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:

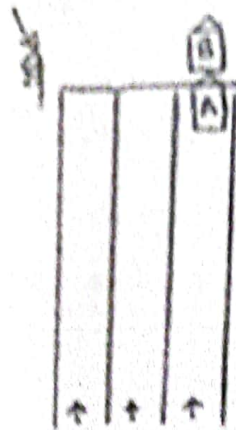
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer collectively the "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 purposes 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/are be disclosed to 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.


 Policyholder's Signature: _____
 Date & Time: _____


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

Winnie Chan
 Connect3
 Reporting Centre Personnel's Signature
 Name: _____
 NRIC/NTN No.: _____

traffic light



Alameda Road

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 2/10/2007 @ 20:20hrs I was driving my car M8854E along Alameda Rd. as my car was approaching the traffic light junction, the traffic light just turned amber & a car M8854E was driving past the stop line & suddenly jumped back for no reason & caused the collision.

I have CCTV recording of the accident.

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:

Witness Chai
Contact 13

Reporting Centre Personnel's Signature

Name:

NRIC/ID No.: