

ASS. REC. BY:

Steve

REF:

CS/CT122003641/Ety3

## ASSIGNMENT

From:

Date:

Estimated Cost:

OD

TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

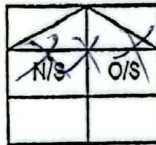
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

IDAC Accident Rpt: 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:

PC 55924

Yr Regn:

12/1/17

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

Truck / Trailer or

Make:

King Long XMQ6117K5 c.c. 6691

Colour

Multi-colour

A/C: Insured / Std / NI / NA

Sp. Reading

130090

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

LAGRIESH8GB402380

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: NII / S/Rim / STD / Rim or

Tyre Size:

F:

295/80R22.5

R:

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.

11/4/22

D.O.I.

14/4/22

Survey held at

Auto Insure

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

MV-121K

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

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. \$1

Photos

Others

TOTAL

**Auto Insure Pte Ltd (HQ)** (Co.Reg.No:201437380M)

6 Marsiling Lane

Singapore 739145

Tel: 3157 2626 Fax: 6368 0081 Email: claims01@autoinsure.com.sg

**INSURER: China Taiping Insurance (Singapore) Pte. Ltd. (HQ)****PARTICULARS OF CLAIM**

Claim Type:	OD (OWN DAMAGE)	Ref. No:	M4738
Policy No:	DMB1SNA00008542101	Date of Loss:	11/04/2022
Vehicle Reg. No.:	<b>PC5592U</b>	Driveable?	YES
Driver Age/Info:	/ MALE	Party At Fault:	UNKNOWN
TP Injury Involved?	NO	Third Party Involved?	YES
Insured/Claimant:	SINGAPORE COACH SERVICES PTE LTD		
Driver:	SHIEH YU		
Make/Model:	KING LONG XMQ6117K, 6.7 (A)	Vehicle Reg. Date:	12/01/2017
Vehicle Colour:	MULTI-COLOUR	Gen Condition:	FAIR
Engine No:	ISB67E528522076980	Chassis No:	LA6R1FSH8GB402380
Odometer:	230090 KM		
Paint Type:	METALLIC 2K		
Total Loss?	NO		
Est. Duration of Repair (day)	14		
Present Location:	AUTO INSURE PTE LTD (HQ) (WOODLANDS)		

**COST OF CLAIMS**

	Amount
Parts	77,885.00
Miscellaneous Items	880.00
Labour	7,450.00
Paintwork Labour	1,200.00
Towing	0.00
<b>Calculated Gross Total (S\$)</b>	<b>87,415.00</b>
<b>- Excess (S\$)</b>	<b>2,500.00</b>
<b>(S\$)</b>	<b>84,915.00</b>
<b>+ GST 7.00% (S\$)</b>	<b>5,944.05</b>
<b>Nett Amount (S\$)</b>	<b>90,859.05</b>

**This claim is handled by: MARVYN CHUA HONG LENG**

Generated using Merimen e-Claims Internet Estimation &amp; Adjusting System



## AIR DETAILS

## Reference

Part Source: (Last Synchronised: 12 Apr 2022)  
 Parts: N/A KING LONG XMQ6117K 6.7 (A) (Model not available in database)  
 Labour: Repairer's (Price-denominated Standard List)  
 Print Code: Auto Insure Pte Ltd (HQ)/PC5592U/12/04/2022 16:07  
 Validity: These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the  
 END OF ESTIMATES marker on the last estimate page  
 Further Info: Items/values not in reference catalogue are prefixed with an asterisk \*.

## Estimates on Parts

No.	Qty	Part No.	Particulars	%Disc	%Depr	Amount
1	1		*SIDE MIRROR LH X	0.00	0.00	*1,215.00 F
2	1		*SIDE MIRROR RH X	0.00	0.00	*1,215.00 F
3	1		*FRONT WIPER ARM LH X / CUT	0.00	0.00	*139.50 F
4	1		*FRONT WIPER ARM RH X / CUT	0.00	0.00	*139.50 F
5	1		*FRONT RH LINKAGE X / DO	0.00	0.00	*1,080.00 F
6	1		*FRONT WINDSCREEN / OR	0.00	0.00	*3,420.00 F
7	1		*FRONT DRIVER SIDE GLASS part / ON	0.00	0.00	*720.00 F
8	1		*FRONT ROOF PANEL / DO	0.00	0.00	*9,450.00 F
9	1		*FRONT ROOF PANEL INNER TRIM / CR4	0.00	0.00	*8,370.00 F
10	1		*FRONT ROOF PANEL STRUCTURE	0.00	0.00	*7,740.00 F
11	1		*CENTER ROOF PANEL / DO	0.00	0.00	*3,780.00 F
12	1		*CENTER ROOF PANEL STRUCTURE ?	0.00	0.00	*2,790.00 F
13	1		*A PILLAR RH / DO	0.00	0.00	*2,520.00 F
14	1		*A PILLAR INNER TRIM RH X	0.00	0.00	*1,260.00 F
15	1		*ROOF AC ASSEMBLY X / OR (photo) ?	0.00	0.00	*25,200.00 F
16	1		*ROOF AC ASSEMBLY COVER / OR	0.00	0.00	*3,330.00 F
17	1		*CABIN AC DUCT RH / OR	0.00	0.00	*1,215.00 F
18	1		*CABIN AC DUCT TRIM RH / CR4	0.00	0.00	*648.00 F
19	1		*CABIN AC DUCT TRIM GUIDE RH / CR4	0.00	0.00	*729.00 F
20	1		*ERP BRACKET / OR	0.00	0.00	*26.00 F
21	1		*FRONT WINDSCREEN MOULDING / OR	0.00	0.00	*288.00 F
22	1		*CENTER ROOF PANEL INNER TRIM ? (photo)	0.00	0.00	*2,610.00 F

F=Franchise part.

Total Parts (S\$)

77,885.00

Supp - \* Overhead inner Trim RH / OR

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# **Estimates on Miscellaneous Items**

Qty	Particulars	Amount
<b>Miscellaneous Items</b>		
1	AIRCON GAS <i>MC</i>	
2	FRONT DRIVER SIDE GLASS SEALANT <i>MC</i>	200.00 ✓
3	FRONT WINDSCREEN SEALANT <i>MC</i>	40.00 ✓
4	SIDE GLASS SEALANT <i>MC</i>	320.00 ✓
		320.00 ✓
<b>Sub Total (S\$)</b>		<b>880.00</b>

## **Estimates on Labour**

No	Particulars	Lab.Type	Amount
<b>Paintwork Labour</b>			
1	LABOUR FOR SPRAY PAINTING		
<b>Labour Items</b>			
2	LABOUR FOR PANEL BEATING	New 1000	1,200.00
3	LABOUR TO REMOVE AND REFIT FRONT WINDSCREEN	New 2700	3,000.00
4	LABOUR TO REMOVE AND REFIT DRIVER GLASS	New	800.00 ✓
5	LABOUR TO REMOVE AND REFIT SIDE GLASS	New	200.00 ✓
6	LABOUR TO REMOVE AND REFIT INNER TRIMS	New 1300	1,500.00
7	LABOUR TO REMOVE AND REFIT ROOFTOP AIRCON	New 700	900.00
8	LABOUR TO CHECK WIRING	New	600.00 ✓
9	LABOUR FOR RUSTPROOFING <i>1 Spray Foam</i>	New 200	250.00
		New	200.00 ✓
<b>Gross Labour Cost (S\$)</b>			<b>8,650.00</b>

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< END OF ESTIMATES >

Steve CLKK)  
14/4/22, 10:30am

00- M MC

Excess ?

50 dys

M MC sy  
L/S

**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	12/04/2022 10:50 (SGT)
Date of Accident	11/04/2022 15:00 (SGT)
Exact Location of Accident	Dunearn Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC5592U
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SINGAPORE COACH SERVICES PTE LTD
Company Reg No	2XXXXX110H
Email Address	accounts@singaporecoachservices.com
Mobile Phone No	(Phone) +65-66945458
Alternative Phone No	+65-66945458

#### VEHICLE PARTICULARS

Manufacturer	King Long
Model	XMQ6117K5 AUTO
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	Bus
Transmission	Manual
CC	6691

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMB1SNA00008542101
Cover Note Number	-

#### DRIVER

Name of Driver	SHIEH YU
NRIC No	SXXXX741E

Date Of Birth	31/03/1956
Occupation	Outdoor
Date Of Driving Pass	20/12/1975
Driving experience	46 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98150127
Alt. Phone Number	-
Email Address	accounts@singaporecoachservices.com
Address	BLK 613 JURONG WEST ST 62 #13-151
Address complement	-
Postcode	640613
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	Raining
Road Surface	Wet

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	No
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

#### REFER TO STATEMENT

#### ATTACHMENT(S)



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

**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 willful 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. 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 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.

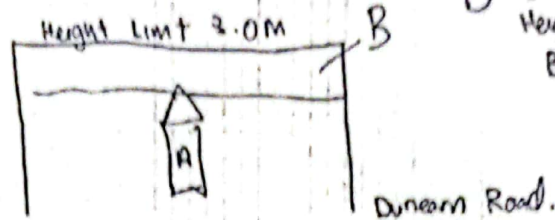
Policyholder's Signature  
 Date & Time:

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

Reporting Centre Personnel's Signature  
Name:  
NAC/TIN No.:



B - over head  
Height Limit  
Barrier.



On 11/4/2022 around 1500hrs, I was driving my Bus PC 5592U along Dunbar Road. I misjudged the height limit and collided onto the overhead height limit barrier. There is no damage on the overhead height limit barrier.

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/TIN No.: