

(08/11/13) wef

ASS. REC. BY: Pome

REF:

CS/AWA22003471/Rvg3

S86H

## ASSIGNMENT

COTX PIR: 2024

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No: PA 4430X

at Workshop m/s SC AUTO

of SI, JENOKO RI

Insured:

AWA

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.

N/S	O/S

Bal. or Market Value:

18K

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:

Date / Time

Action / Instruction

REPAIR LIMIT - 12K

Veh No:

PA 4430X

Yr Regn:

2004 / JAN

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

Truck / Trailer or

MINI-VAN

Make:

NISSAN URVAN 3.0M

c.c

2953

Colour:

GREY

A/C:

Insured / Std / NI / NA

Sp. Reading

602941

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JN1TH4E2820700685

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:

195R152

R:

SS / 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.

09/03/22

D.O.I.

21/04/22

Survey held at

SC AUTO

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

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

Date/Time, File Pass to?

☐

: Prell. Report

Days Of Repair:

1)

☐

: Final Report

Resurvey No. of Trip:

Date/Time, File Return to?

2)

Add Fee:

☐

: Site Insp (\$

Survey Fee:

Transportation:

) S + RS, SI

☐

: Interview (\$

) Photos

☐

: Tech. Invs (\$

) Others

☐

: Weekend (\$

)

Report Format :

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



# SC AUTO INDUSTRIES (S) PTE LTD

51 Senoko Road, Singapore 758133

T 65 6758 2222 F 65 6257 6931

E sales@scauto.com.sg

scauto.com.sg

Co. Reg. No. 199800107D

M/S YEOH BROTHERS TRANSPORT PTE LTD  
No 3 Kwong Min Road  
SINGAPORE 628706  
Insured YEOH BROTHERS TRANSPORT PTE LTD  
Policy VFX/P2419279/00094

## ESTIMATE Bill

GST Reg. No: 19-9800107D

Date: 13/4/2022

Our Case Ref. SC22/03/032/4YB-TP

Accident Date 9/3/2022

Damaged Vehicle No: PA4430X

S/no	Description	QTY	Price	Disc	Amount
<b>Replaced Parts</b>					
1	ARTWORK <i>me</i>	1 PC	\$800.00	- <i>400</i>	<del>\$800.00</del>
2	REAR BUMPER <i>tom</i>	1 PC	\$500.00	25.00%	\$375.00
3	REAR TAIL LAMP RHS <i>bro</i>	1 PC	\$180.00	25.00%	\$135.00
4	FUEL CAP <i>?</i>	1 PC	\$70.00	25.00%	\$52.50
5	SIDE GLASS RHS <i>sla</i>	1 PC	\$350.00	25.00%	\$262.50
6	SIDE WINDOW ALUMINIUM PROFILE <i>bt</i>	2 PC	\$150.00	25.00%	\$225.00
7	REAR VIEW MIRROR RHS <i>mi</i>	1 PC	\$195.00	25.00%	\$146.25
8	STICKER 'PTE HIRE BUS' <i>me</i>	1 PC	\$15.00	-	\$15.00
9	WINDOW RUBBER RHS <i>cut</i>	2 PC	\$80.00	25.00%	\$120.00
10	BODY PANEL RHS <i>bur</i>	1 PC	\$600.00	25.00%	\$450.00
<b>Labour Charges</b>					
1	LABOUR FOR RHS PORTION <i>@450</i>	1	\$3,200.00	- <i>2700</i>	<del>\$3,200.00</del>
2	LABOUR FOR SPRAY PAINTING <i>@400</i>	1	\$2,200.00	- <i>2000</i>	<del>\$2,200.00</del>
3	LABOUR FOR WIRING	1	\$80.00	- <i>40</i>	<del>\$80.00</del>
Sub Total					\$ 8,061.25

Authorised Signature

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:

*Perme*  
*Hp 90010068*  
*10 days*  
*21/04/22 @ 1018*  
*Resy after repair*



# 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	10/03/2022 08:57 (SGT)
Date of Accident	09/03/2022 08:40 (SGT)
Exact Location of Accident	Near 52 Jln Buroh, Singapore 619497
Additional Location Information	JAJAN BUROH
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number PA4430X

### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	YEOH BROTHERS TRANSPORT PTE LTD
Company Reg No	2XXXXX586H
Email Address	sales@yeohbrothers.com.sg
Mobile Phone No	(Phone) +65-63165196
Alternative Phone No	(Office) +65-63165196

### VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Urvan
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	Manual
CC	2953

### INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	Yes
Policy Number	P2419279
Cover Note Number	-

### DRIVER

Name of Driver	ISMAIL BIN ALI KHAN
NRIC No	SXXXX549H

Date Of Birth .....  
 Occupation .....  
 Date Of Driving Pass .....  
 Driving experience .....  
 Gender .....  
 Mobile Number .....  
 Alt. Phone Number .....  
 Email Address .....  
 Address .....  
 Address complement .....  
 Postcode .....  
 Is the driver the policyholder? .....  
 If No, Relationship of the Driver with the Insured .....  
 Does Driver Own Other Vehicles? .....  
 Vehicle Registration Number of Other Vehicle Owned by Driver .....  
 Insurance Company of Other Vehicle Owned by Driver .....

11/06/1963  
 Outdoor  
 15/09/1992  
 29 YEARS AND 6 MONTHS  
 Male  
 (Phone) +65-85228072  
 -  
 sales@yeohbrothers.com.sg  
 BLK 939 JURONG WEST STREET 91 #02-423  
 -  
 -  
 No  
 Employee  
 No  
 -  
 -

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident ..... Side Swipe  
 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? ..... -  
 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

#### REFER 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 ..... XD4263B  
 Vehicle Manufacturer ..... -  
 Vehicle Model ..... -  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 Vehicle Category ..... Goods vehicle  
 Name of Driver ..... ZHANG YONG  
 Passport No/FIN ..... GXXXX567W  
 Contact Number ..... -  
 Address ..... -

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



# SKETCH PLAN

## **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 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.

### **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.

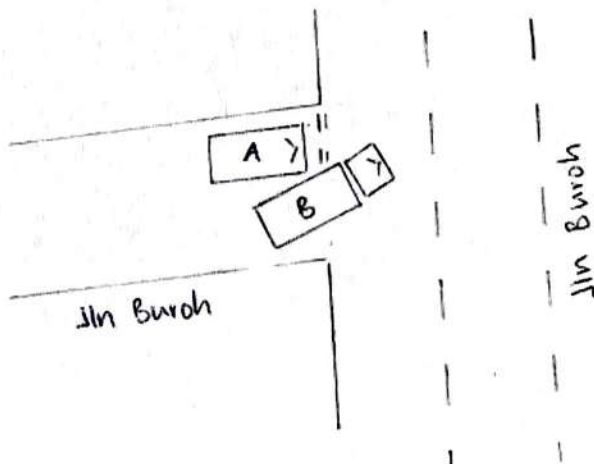
STWOC  
SINGAPORE  
STWOC 9181 FAX 9181

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

## **Sketch Plan**



veh A - PA4430X  
veh B - XD 46258  
42635

**Describe Circumstances of the Accident**

I was in my vehicle A (PA4430X) travelling along Jln  
 Buruh. At the slip road I was stop stationary waiting  
 for traffic on the main road to clear.  
 vehicle B (XD4263B) was on my right side.  
 When traffic on the main road is clear, I give way  
 to vehicle B to move off first while im still stationary.  
 Seconds later vehicle B rear container had came close  
 to my vehicle. I honked to warn the driver however  
 vehicle B keep moving forward thus the collision.

**Declaration**

We declare the foregoing particulars are true in every respect.

RECEIVED

Policyholder's Signature / Date &  
 Time

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

Witnessed by Reporting Centre  
 Personnel



> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

### Vehicle Owner Particulars

Owner ID Type:

Owner ID:

### Vehicle Details

Vehicle No.:

Vehicle to be Exported:

Intended Deregistration Date:

Vehicle Make:

Vehicle Model:

Primary Colour:

Secondary Colour:

Manufacturing Year:

Engine No.:

Chassis No.:

Maximum Power Output:

Open Market Value:

Original Registration Date:

First Registration Date:

Transfer Count:

Actual ARF Paid:

### Intended PARF Rebate Details

PARF Eligibility:

PARF Eligibility Expiry Date:

PARF Rebate Amount:

### Intended COE Rebate Details

COE Expiry Date:

COE Category:

COE Period(Years):

PQP Paid:

COE Rebate Amount:

**Total Rebate Amount:**

### Message

Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 10 Mar 2022

Company

586H

PA4430X

No

10 Mar 2022

NISSAN

URVAN 3.0 M

Blue

Silver

2003

ZD30034281

JN1TG4E25Z0700685

-

\$24,060.00

12 Jan 2004

12 Jan 2004

2

\$1,203.00

No

-

\$0.00

11 Jan 2024

C - Goods Vehicle & Bus

5

\$14,086.00

\$5,172.00

\$5,172.00

OK



# Nissan Urvan 3.0M (COE till 06/2023)

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

Price	\$12,800	Lifespan	09-Jul-2023
Depreciation	\$10,760 /yr	Reg Date	10-Jul-2003 (1yr 2mths 8days COE left)
Mileage	567,830 km (30.2k /yr)	Manufactured	2003
Road Tax	N.A.	Transmission	Manual
Dereg Value	\$4,009 as of today (change)	Fuel Type	Diesel
COE	\$16,859	OMV	\$21,287
Engine Cap	2,953 cc	ARF	\$1,065
Curb Weight	1,500 kg	No. of Owners	3