

ASS. REC. BY:

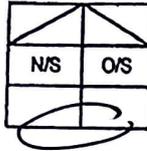
REF: SMO / 22003930/K vy3

Kenneth

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MY
 To Inspect Vehicle No: _____
 at Workshop m/s AT Int
 of _____
 Insured: GBJ 7684D
 Policy No. _____
 Claims No. CMTD2201116/GPL
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: PC 9681 U Yr Regn: 08, 21
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Toy Hiac c.c. 2754
 Colour: M Silver A/C: Insured / Std / NI / NA
 Sp. Reading: 100767 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: G014223 - 2002871
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or _____
 Brake: Inorder / Jammed / Leaked / Burnt or _____
 Modl: Nil / S/Rlm / STD A/Rlm or _____
 Tyre Size: F: 195R15XR
 R: B.S
 BS / OUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____
 Front R/Bal. 6 mm Rear R/Bal. 7 mm
 L/Bal. 6 mm L/Bal. 7 mm
 D.O.A. 4/4/22 D.O.I. 1/8/2022
 Survey held at _____ 10.35am
 Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or _____



(Policy Condition)
 Remark: The veh had commenced its repair at the time of inspection.

Bal. or Market Value: 087k
 IDAC Accident Rport: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 04-5 days Res.: Yes or No
 Lum Sum: 1.51 % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

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

Date / Time	Action / Instruction
6/9/22	Submit preli report-revised fig \$4600.75 check items \$625.50 Note: The vehicle has not send in for repair

Date/Time, File Pass to? : Prell. Report
 : Final Report

Days Of Repair: 4
 Resurvey No. of Trip: _____

Date/Time, File Return to?
 2) 6/9/22-typist

Add Fee: : Site Insp (\$ _____)
 : Interview (\$ _____)
 : Tech Invs (\$ _____)
 : Weekend (\$ _____)

Survey Fee: _____
 Transportation: _____
 S - RS - SI _____
 Extras _____
 Others _____
 TOTAL _____

Report Format : _____
 Lump Sum / I.B.I: (\$ _____)

AT AUTO CONSULTANT

Blk 113 Teck Whye Lane #05-650 Singapore 680113
 HP: 83868989 Email: atautoconsultant@gmail.com
 Our company Co. Reg. No: 53368526E

*Not Authorized
 Purvey B4 paint
 4 days*

Date of Estimate: 06.04.2022
 Vehicle No: PC9681U
 Owner: CITITRANS BUS TRAINSIT PTE LTD
 Date of Accident: 04.04.2022
 Make & Model: Toyota Hiace Commuter GL 2.8 AT High Roof
 Chassis No : GDH2232002871

ESTIMATE FOR ACCIDENT VEHICLE NOS: PC9681U

PARTS

- | | | | |
|----|---|---------------------------------|---|
| 1 | 1 | Rear bumper | |
| 2 | 1 | Rear bumper side retainer RH | |
| 3 | 1 | Rear apron corner panel RH/LH | @ |
| 4 | 1 | Taillamp RH/LH | @ |
| 5 | 1 | Tail gate | |
| 6 | 1 | Tail gate outer handle moulding | |
| 7 | 1 | Tail gate emblem "TOYOTA" | |
| 8 | 1 | Tail gate emblem "HIACE" | |
| 9 | 1 | Tail gate emblem "GL" | |
| 10 | 1 | Tail gate inner trim | |
| 11 | 1 | Tail gate lock | |
| 12 | 1 | Tail gate weather strip | |

@ \$165.00
 @ \$412.00

By \$913.00 ✓
By \$63.00 X
By \$330.00 X
By \$824.00 X
By \$3,012.00 ✓
By \$365.00 X
By \$98.00 ✓
By \$78.00 ✓
By \$68.00 ✓
By \$536.00 *27*
By \$412.00 ✓
 \$298.00 *7*
 \$6,997.00
 \$1,749.25
 \$5,247.75

SUB TOTAL
 LESS 25 %
 DISCOUNTED SUB TOTAL

S. NETT ITEM

- | | | | |
|---|---|---------------------------|--|
| 1 | 1 | 70KM sticker | |
| 2 | 1 | Windscreen sealant x 6 | |
| 3 | 1 | Give way sticker | |
| 4 | 1 | Company contact sticker | |
| 5 | 1 | Emergency door sticker | |
| 6 | 1 | Rear number plate/garnish | |

SUB TOTAL
 LESS 0 %
 DISCOUNTED SUB TOTAL

By \$20.00 *15sn*
By \$240.00 *40sn*
By \$30.00 X
By \$30.00 X
By \$15.00 X
By \$0.50 *45sn*
 \$335.50
 \$0.00
 \$335.50

LABOUR

- | | | |
|---|--|--|
| 1 | Panel beating for replace and repair affected parts | |
| 2 | Spray painting on accident areas | |
| 3 | Wiring charges | |
| 4 | Apply undercoating to above affected areas | |
| 5 | R/R last row seat & fender side garnish to facilitate hot work | |
| 6 | R/R rear tailgate windscreen | |

1,200.00 *500*
 900.00 *400*
 100.00 *15L*
 300.00 *30L*
na 300.00 X
 350.00 *120L*
 \$3,150.00

LKK Auto Consultants hence notify
 SUBTOTAL (LABOUR) 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
 subject to final approval from Insurance Company
 Acknowledged by Repairer
 Signature:
 Date:

Port
 16P
 AM

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 06/04/2022 17:10 (SGT)
Date of Accident 04/04/2022 10:45 (SGT)
Exact Location of Accident PIE, Singapore
Additional Location Information PIE TOWARDS CHANGI NEAR TOA PAYOH
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number PC9681U

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner CITITRANS BUS TRANSIT PTE LTD
Company Reg No 2XXXXX000G
Email Address IVY@CITITRANS.COM.SG
Mobile Phone No (Phone) +65-96405917
Alternative Phone No (Home) +65-96405917

VEHICLE PARTICULARS

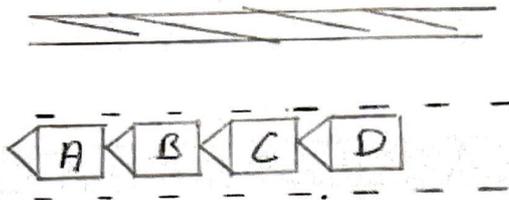
Manufacturer Toyota
Model Hiace
Variant -
Exact purpose for which vehicle was being used at time of accident Employment
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Bus
Transmission Auto
CC 0

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number SD21V13057/VBS/R00
Cover Note Number -

DRIVER

Name of Driver NEO SIM BOCK
NRIC No SXXXX697Z



A- PC9681U

B- GBJ7684D

C- GBC8012M

D- GBE4438U

Date 04/04/2022

Time 1045

PIE Towards Churaji
Near Ton Payoh

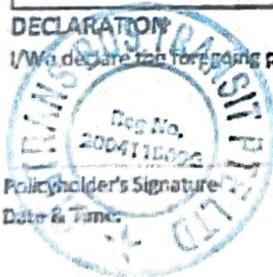
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On mentioned date and time, I was driving along
 PIE towards Churaji near Ton Payoh on lane 2.
 As I drove, the front vehicle slowed and stopped
 so I followed. Suddenly I felt an impact
 from the rear. I checked, it was vehicle
 B that collided onto my rear.
 Total of 4 vehicles involved in the accident.

DECLARATION

I/We declare that 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/FIN No.: