

ASS. REC. BY:

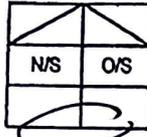
REF: SMO / 22003930/K

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 Auto  
 of \_\_\_\_\_  
 Insured: \_\_\_\_\_  
 Policy No. \_\_\_\_\_  
 Claims No. \_\_\_\_\_  
 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: GDIH223 - 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



(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

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

CA / REV / REP. / 24 HRS  
 Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or  
 The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction

Date/Time, File Pass to?  : Prell. Report  
 : Final Report  
 1) \_\_\_\_\_  
 Date/Time, File Return to? \_\_\_\_\_

Days Of Repair: \_\_\_\_\_  
 Resurvey No. of Trip: \_\_\_\_\_

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

Survey Fee: \_\_\_\_\_

Transportation
S - RS - SI
Fees
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 *?*  
 \$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

*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

SUB TOTAL  
 LESS 0 %  
 DISCOUNTED SUB TOTAL

### 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

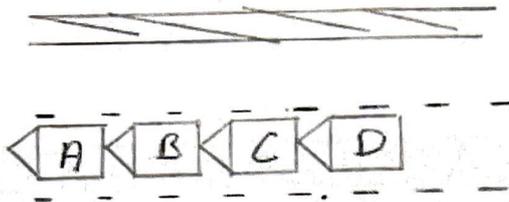
Manufacturer ..... Toyota  
Model ..... Hiace  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Employment  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Bus  
Transmission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

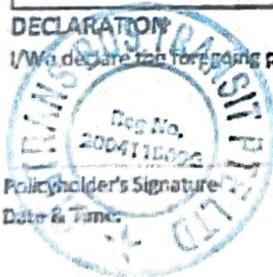
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On mentioned date and time, I was driving along  
PIE towards Chugyi 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:

*[Handwritten Signature]*

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

*[Handwritten Signature]*