

(08/11/13) wef

ASS. REC. BY: Ramu

REF:

CSI/CTI 22004033/Rny3

684W

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

XE 3541A

at Workshop m/s

SC AUTO

of

S1, SENEKO RD

Insured:

CTI

Policy No.

Claims No.

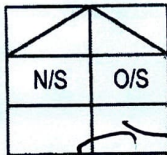
Sum Insured:

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:

85K

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:

XE 3541A

Yr Regn: 2017 / 009

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

Truck / Trailer or

TANKER

Make:

VOLVO FLH 29042R R88

c.c 7146

Colour

RED

A/C: Insured / Std / NI / NA

Sp. Reading

210015

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

4V2TH60A84Z114410

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

295/80R225

R:

D/P

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

TOYO / YOKO or

TRMMHLE

Front

Rear

R/Bal.

8

mm

R/Bal.

8/8

mm

L/Bal.

8

mm

L/Bal.

8/8

mm

D.O.A.

21/03/22

D.O.I.

11/10/22

Survey held at

SC AUTO

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

REAR O/S

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

Date / Time

Action / Instruction

REPAIR LIMIT - 63K

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Insp (\$



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 CHUAN LIM CONSTRUCTION PTE LTD
20 SENOKO DR

SINGAPORE 758207

Insured CHUAN LIM CONSTRUCTION PTE LTD

Policy D-21098228MCVT

ESTIMATE Bill

GST Reg. No: 19-9800107D

Date: 28/4/2022

Our Case Ref. SC22/03/039/4CL-TP

Accident Date 21/3/2022

Damaged Vehicle No: XE3541A

S/no	Description	QTY	Price	Disc	Amount
Replaced Parts					
1	NUMBER PLATE <i>lt ✓</i>	1 PC	\$25.00	-	\$25.00
2	ROUND STICKER <i>rm ✓</i>	1 PC	\$15.00	-	\$15.00
3	REAR RHS TAIL LAMP <i>cm ✓</i>	1 PC	\$300.00	-	\$300.00
4	REAR BUMPER <i>repair</i>	1 PC	\$750.00	-	\$750.00
5	REAR SAFETY GUARD PANEL <i>repair</i>	1 PC	\$950.00	-	\$950.00
6	SAFETY GUARD BRACKET <i>lt ✓</i>	2 PC	\$450.00	-	\$900.00
Labour Charges					
1	LABOUR FOR REAR PORTION <i>@640 x 2.5</i>	1	\$3,200.00	- <i>1600</i>	\$3,200.00
2	LABOUR FOR PAINTING <i>@640</i>	1	\$1,200.00	- <i>640</i>	\$1,200.00
3	LABOUR FOR WIRING	1	\$80.00	- <i>50</i>	\$80.00
Sub Total					\$ 7,420.00

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:

Ram
Hp 90010068

4 days

4/5

11/10/22 @ 1400

Reay 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	22/03/2022 13:50 (SGT)
Date of Accident	21/03/2022 11:25 (SGT)
Exact Location of Accident	Near Kent Ridge Cres, Singapore
Additional Location Information	ALONG KENT RIDGE CRESCENT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XE3541A
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	CHUAN LIM CONSTRUCTION PTE LTD
Company Reg No	1XXXXX684W
Email Address	chongleng.yee@chuanlim.com
Mobile Phone No	(Phone) +65-65710615
Alternative Phone No	(Office) +65-65710615

VEHICLE PARTICULARS

Manufacturer	Volvo
Model	Flh290
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	Goods vehicle
Transmission	Auto
CC	7146

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Type of Coverage	ThirdParty
Fleet Policy	Yes
Policy Number	D-21098228MCVT
Cover Note Number	-

DRIVER

Name of Driver	ZHAO WEITIAN
Passport No/FIN	GXXXX594U

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

23/05/1984
Outdoor
09/10/2015
6 YEARS AND 5 MONTHS
Male
(Phone) +65-97681697
-
chongleng.yee@chuanlim.com
C/O CHUAN LIM CONSTRUCTION PTE LTD
-
-
No
Employee
No
-
-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident
Weather Conditions
Road Surface

Collision - Head to Rear
Clear
Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?
Number of vehicles involved in the accident
Was anybody injured in the Accident?
Was any injured conveyed to hospital by ambulance?
Was any other vehicle or property damaged?
Number of Passengers (Including Driver)
Has the driver been approached by unknown person(s)
soliciting/offering accident claims assistance?

No
2
No
-
Yes
2
No

PASSENGER 1

Name
Gender

UNKNOWN
Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?
Was notice of intended Prosecution given?
If yes, against whom?

No
No
-

CIRCUMSTANCES OF ACCIDENT

REFER SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?
Was there any video captured by Car Camera?
Was there any audio recorded?

Yes
No
No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number
Vehicle Manufacturer
Vehicle Model
Vehicle Variant
Vehicle Colour
Vehicle Category

GBJ1812R
-
-
-
-
Goods vehicle

Name of Driver -
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

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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.
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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.

Policyholder's Signature / Date & Time

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

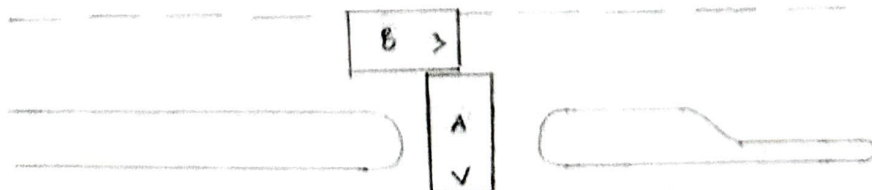
Witnessed by Reporting Centre Personnel

Sketch Plan

Kent Ridge Cres

Veh A: XE3541A

Veh B: GB1812R



Describe Circumstances of the Accident

I was in my vehicle A (XE554IA) travelling along
Kent Ridge Crescent. I wanted to make a u-turn
I was stop stationary waiting for the traffic on my
left to clear when suddenly I felt a strong impact
on the rear
vehicle B (GBJ181ZR) had hit onto my vehicle A.

Declaration

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

Witnessed by Reporting Centre
Personnel

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	684W
Vehicle No.:	XE3541A
Vehicle to be Exported:	No
Intended Deregistration Date:	14 Oct 2022
Vehicle Make:	VOLVO
Vehicle Model:	FLH290 42R R55 CC WB4400
Primary Colour:	Red
Manufacturing Year:	2017
Engine No.:	12048988
Chassis No.:	YV2TH60A8HZ114410
Maximum Power Output:	-
Open Market Value:	\$72,368.00
Original Registration Date:	10 Oct 2017
First Registration Date:	10 Oct 2017
Transfer Count:	0
Actual ARF Paid:	\$3,619.00

PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00

COE Expiry Date:	09 Oct 2027
COE Category:	C- Goods Vehicle & Bus
COE Period (Years):	10
QP Paid:	\$42,801.00
COE Rebate Amount:	\$21,337.00
Total Rebate Amount:	\$21,337.00

The information contained herein is correct as at 14 Oct 2022

OK