

CS/UOI22005316/Aqy3

Ass. FEO. BY:

REP:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. **M12D18562206**Sum Insured: _____ Excess: **500**

(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: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: **6** days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: **YQ 1816x** Yr Regn: **2019, oct.**Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: **Hino XZU710R** C.C. **4009**Colour: **white** A/C: Insured / Std / NI / NASp. Reading: **95790** T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: **JHHUCV3HXOK032236**Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: **7.00 R16 Westlake.**R: **7.00 R16 B/S.**

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

TOYO / YOKO or

Front

Rear

R/Bal. **06** mm R/Bal. **06** mmL/Bal. **06** mm L/Bal. **06** mmD.O.A. _____ D.O.I. **14/06/22**Survey held at **1 Can Fork Sing.**Des. of Damages: Fr / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time Action / Instruction

07 uo1**15/06/22@2.09pm** revert to Josephine Wong by email.**15/06/22@4.29pm** Josephine Wong informed C/A by email.**mv: 80K.****PV: 18K.****Nett: 62K.****15/06/22@4.43pm** Informed wksp C/A & ex:\$500 by email.**11/04/23@3.54pm** confirmed with Alice final fig \$3663, 6 days. (Red \$1809.40, 33%)

Date/Time, File Pass to?



Preli. Report

1) **11/04** Typist

Final Report

Date/Time, File Return to?

2)

Days Of Repair: **6**Resurvey No. of Trip: **2**

Survey Fee:

Transportation:

S - RS - SI

Photos

Others

Add Fee: ☐ Site Insp (\$☐ Interview (\$☐ Tech. invs (\$Report Format: **OD**

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	31/05/2022 18:42 (SGT)
Date of Accident	31/05/2022 09:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CTE TWDS PIE CHANGI EXIT 8B
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YQ1816X
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ARC URBAN SERVICES PTE. LTD.
Company Reg No	2XXXXX281M
Email Address	suryaancurban@gmail.com
Mobile Phone No	(Phone) +65-67479949
Alternative Phone No	(Office) +65-67479949

VEHICLE PARTICULARS

Manufacturer	Hino
Model	XZU710R 14FT WIDE CAB 5T
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?	Yes
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	4009

INSURANCE COMPANY

Name of Insurance Company	United Overseas Insurance Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DHOM120047631902
Cover Note Number	-

DRIVER

Name of Driver	RATHINAVEL SURESH
Passport No/FIN	GXXXX809U

Date Of Birth	27/01/1982
Occupation	Outdoor
Date Of Driving Pass	10/01/2011
Driving experience	11 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91316059
Alt. Phone Number	-
Email Address	suryaancurban@gmail.com
Address	53 UBI AVE 1
Address complement	#05-43 PAYA UBI INDUSTRIAL PARK
Postcode	408934
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	Collision - Head to Rear
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

I WAS TRAVELLING FROM CTE TWDS PIE CHANGI EXIT 8B ON THE RIGHT LANE OF A2-LANES RD.DUE TO THE HEAVY TRAFFIC EVERY VEH MOVING SLOW.I ACCIDENTALLY HIT ONTO THE REAR PORTION OF VEH B.

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	SHA4164J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	LEONG SIEW MENG
NRIC No	SXXXX600J
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. The 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

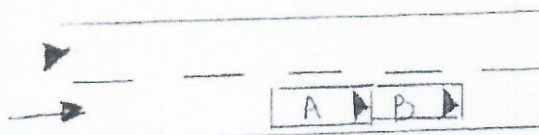
Sketch Plan

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

Witnessed by Reporting Centre Personnel

CTE SWAS ONE CHANGI EXIT 8B

A - YQ1816X
B - SHA4164J



Describe Circumstances of the Accident

On 31/5/2022 at 9.40am, I was travelling CTE towards PIE Changi Exit 8B due to heavy traffic my vehicle moving slow. I accidentally hit onto the taxi SHH HICH I in front of me.

Declaration

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

Witnessed by Reporting Centre Personnel



簡福星摩多工廠

KAN FOOK SING MOTOR WORKSHOP

Headquarter: 61 Defu Lane 12 Singapore 539147
Tel: (65) 6747 9560, 6473 5344 Fax: (65) 6748 1006, 6281 8428
E-mail: ryan@kanfs.net/ patricia@kanfs.net
Branch: 1 Kaki Bukit Avenue 6 #01-108 Singapore 417883
Tel: (65) 6481 5150 Fax: (65) 6481 8683

UNITED OVERSEAS INSURANCE LTD

DATE : 03-06-2022

146 ROBINSON ROAD
#02-01 UOI BUILDING
SINGAPORE 068909

VEHICLE NO. : YQ1816X

ACCIDENT DATE : 31-05-2022 09:40

THIRD PARTY REF. : SHA4164J

ATTN: MOTOR CLAIMS DEPT.

ESTIMATE COST OF REPAIR TO VEHICLE YQ1816X HINO XZU710R 14FT WIDE CAB 5T

#	QTY	PARTS DESCRIPTION	AMOUNT (SG\$)
1	1	FRONT BODY PANEL <i>Dented</i>	650.00 ✓
2	1	FRONT BODY PANEL STICKER (HINO) <i>John</i>	52.00 ✓
3	1	FRONT BODY PANEL STICKER (300)	52.00 ✓
4	1	FRONT GRILLE <i>scratched</i>	300.00 ✓
5	1	HEAD-LAMP (RH) ?	320.00 ?
6	1	FRONT BUMPER <i>Bent</i>	620.00 ✓
7	1	FRONT BUMPER REINFORCEMENT <i>Bent</i>	350.00 ✓
8	1	FRONT BUMPER SIDE BRACKET (RH)	155.00 ?
9	1	STEP GARNISH (RH) <i>Lt.</i>	85.00 ✓
10	1	FRONT WINDSCREEN MOULDING <i>slu</i>	350.00 ✓
			<hr/> 2,934.00
ADD 10 %			<hr/> 293.40
TOTAL (A)			<hr/> 3,227.40

SPECIAL NETT ITEMS

1	1	ERP STICKER <i>slu</i>	10.00 ✓
TOTAL (C)			<hr/> 10.00

LABOUR CHARGES

1	1	REMOVE & REFIX FRONT WINDSCREEN	120.00 ✓
2	1	REMOVE & REFIX DASHBOARD ASSY	300.00 ?



簡福星摩多工廠

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E-mail: ryan@kanfs.net/ patricia@kanfs.net

Branch: 1 Kaki Bukit Avenue 6 #01-108 Singapore 417883

Tel: (65) 6481 5150 Fax: (65) 6481 8683

VEHICLE NO. : YQ1816X
ACCIDENT DATE : 31-05-2022 09:40
THIRD PARTY REF. : SHA4164J

#	QTY	PARTS DESCRIPTION	AMOUNT (SG\$)
3	1	REMOVE & REFILL AIR CON GAS	120.00 ~
4	1	REMOVE ALL NECESSARY AFFECTED PARTS FO REPAIRS, WELD/CUT, PANEL BEA- TING & RENEW PARTS	600.00 550
5	1	SPRAY PAINTING	600.00 550
TOTAL (D)			1,740.00
ESTIMATE TOTAL			4,977.40

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:

Adrian Ling.
P/P 14/06/22.

26 Days

Not Authorized.

Excen: \$500.

[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle****Vehicle Owner Particulars**

Owner ID Type: Company

Owner ID: 281M

Vehicle Details

Vehicle No.: YQ1816X

Vehicle to be Exported: No

Intended Deregistration Date: 14 Jun 2022

Vehicle Make: HINO

Vehicle Model: XZU710R 14FT WIDE CAB 5T

Primary Colour: White

Manufacturing Year: 2019

Engine No.: N04CVV10885

Chassis No.: JHHUCV3HX0K032236

Maximum Power Output: -

Open Market Value: \$33,669.00

Original Registration Date: 09 Oct 2019

First Registration Date: 09 Oct 2019

Transfer Count: 0

Actual ARF Paid: \$1,684.00

Intended PARF Rebate Details

PARF Eligibility: No

PARF Eligibility Expiry Date: -

PARF Rebate Amount: \$0.00

Intended COE Rebate Details

COE Expiry Date: 08 Oct 2029

COE Category: C - Goods Vehicle & Bus

COE Period(Years): 10

QP Paid: \$24,599.00

COE Rebate Amount: \$17,996.00

Total Rebate Amount: \$17,996.00

The information contained herein is correct as at 14 Jun 2022

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Hino XZU710R

Any Category

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Search

	Make	Model	Price	Depreciation	Reg Date	Eng Cap	Mileage	Veh Type	Status
Search Selection	Hino XZU710R		Any	Any	2019	Any	Any	Any	Available
	Hino XZU710R		\$77,800	\$11,490 /yr	21-Mar-2019	4,009 cc	42,000 km	Truck	Available
	Fuel Type: Diesel								
	Very solid 15 feet wooden deck reinforced with mild steel plate. Low mileage clocked. Fully serviced by Borneo Motors. 1 owner only. Class 3, no need VPC. Powerful 4009cc engine suitable for heavy loads. No repairs needed. Call us for viewing.								
	Posted: 18-May-2022								
	Hino XZU710R		\$78,800	\$11,120 /yr	15-Jul-2019	4,009 cc	-	Truck	Available
	Fuel Type: Diesel								
	Unbelievable LOW Mileage. 1 Owner Only. Borneo Warranty Till Jul. Fully Serviced By Borneo, Left 2yrs Free Servicing At Borneo. Hino 14Ft Lorry, Class 3 Driving License, Full Canopy And Removable Side Wooden Railing Easier For Unload Goods. Come With Very Huat Ve...								
	Posted: 27-May-2022								
	Hino XZU710R		\$84,800	\$11,640 /yr	24-Sep-2019	4,009 cc	12,700 km	Truck	Available
	Fuel Type: Diesel								
	Extremely low mileage clocked. Under utilized by previous owner as they use as spare vehicle only. 1 owner. Full serviced by Borneo motors workshop. Class 3 no need vpc. Solid 15ft metal deck made by Hoe Heng. Clean and original interior. As good as brand new but...								
	Posted: 23-May-2022								
	Hino XZU710R		\$97,800	\$13,310 /yr	17-Oct-2019	4,009 cc	-	Truck	Available
	Fuel Type: Diesel								
	Best Selling Hino Freezer Truck. As Good As New. In A Good Working Condition. Immediate Delivery. Definitely Good Buy. Contact Us Salesman For Test Drive Today! 100% Loan Welcomed. High Trade In For Your Trade In Vehicle.								
	Think One Automobile & Tracing								
	Posted: 09-Jun-2022								

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