ASS. REC. BY: Kenneth

REF: SMOI 2200396O/KV

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of 51 Sendco Rd

Insured: YN 6226G

Policy No. _____

Claims No. CMTD2202131/RUC

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

10am

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

Bal. or Market Value: $55k

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 03 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: PA928D Yr Regn: 02 14

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or (A)

Make: Volvo B11R c.c 10837

Colour Grey / Green A/C: Insured / Std / NI / NA

Sp.Reading 458693 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: YV3T2T126DA180829

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modl: Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: 295/80R22.5

R: _____ (D)

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or _____

Front		Rear	
R/Bal.	9 mm	R/Bal.	99 99 mm
L/Bal.	9 mm	L/Bal.	99 99 mm
D.O.A.	17/6/22	D.O.I.	5/7/2022

Survey held at 10am

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

MS RH, RH W/Screen cracked

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

Date / Time	Action / Instruction
5/7	92 Seats., Parts no discern
29/7/22	Kenneth informed LS $6600 (Red 4869.10, 42%(

Date/Time, File Pass to? 1) _____ ☐ : Preli. Report ☐ : Final Report

Date/Time, File Return to? 2) 29/7/22-typist

Days Of Repair: 3

Resurvey No. of Trip: 1

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

Report Format : TP

Lump Sum ~~I.B.I.~~ ($ 6600)

Survey Fee: _____

Transportation: _____ S + RS, _____ SI

Photos _____

Others _____

TOTAL _____

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

SC AUTO

Co. Reg. No. 199800107D

Ke.

ESTIMATE BILL

M/S SOMPO INSURANCE SINGAPORE PTE LTD

CITYLINE TRAVEL PTE LTD
38 ANG MO KIO INDUSTRIAL PARK 2 #04-09
SINGAPORE 569511

Insured CITYLINE TRAVEL PTE LTD

Policy GA587993

GST Reg. No:

Date: 4/7/2022

Our Case Ref. SC22/07/085/4CT-TP

Accident Date 17/6/2022

Damaged Vehicle No: PA928D

S/no	Description	QTY	Price	Amount	Remark
	Replaced Parts		cm/ priced		
1	FRONT WINDSCREEN	1 PC	$ 4,989.90	$ 4,989.90	✓
2	SEALANT FRAME, WINDSCREEN	1 PC	$ 586.30	$ 586.30	✓
3	SEALANT	8 PC	$ 392.00	$ 392.00	✓
4	IU BRACKET	1 PC	$ 20.00	$ 20.00	✓
5	FRONT ELECTRIC MIRROR LH ASSEMBLY	1 PC	$ 1,980.90	$ 1,980.90	✓
6	RECORDING CAMERA LH	1 PC	TBC	TBC	
5	SUNDRIES	2 PC	$ 200.00	$ 200.00	?
	Labour Charges				
1	LABOUR TO REMOVE,REINSTALL AND CHECK WIRENESS.			$ 650.00	320
2	LABOUR TO REMOVE AND REINSTALL FRONT WINDSCREEN. (Std)			$ 800.00	700
3	LABOUR TO REMOVE,REPAIR AND REINSTALL FRT ELECTRIC MIRROR LH ASSEMBLY.			$ 800.00	640
4	LABOUR TO RESPRAY FRT ELECTRIC MIRROR LH ASSY			$ 800.00	500
5	LABOUR TO CARRY OUT DIAGNOSTIC CHECK			$ 250.00	80
		TOTAL		$11,469.10	

Not Authorised
c/Lmp 8
Resurvey After Paint
Kenneth 3 days
96910663

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:

SS1P226I0001 / SC Auto Industries Pte Ltd
ENTRY DATE & TIME: 20/06/2022 15:40 (SGT)
SUBMITTED BY: Hamimah Bte Jamaludin
VERSION: 1 (20/06/2022 15:40 (SGT))

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 witholding 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	20/06/2022 15:40 (SGT)
Date of Accident	17/06/2022 21:12 (SGT)
Exact Location of Accident	Opp Eastern Lagoon II, Singapore
Additional Location Information	BEDOK SOUTH AVENUE 1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PA928D

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CITYLINE TRAVEL PTE LTD
Company Reg No	2XXXXX027D
Email Address	THONGJESSIE@HOTMAIL.COM
Mobile Phone No	(Phone) +65-96606888
Alternative Phone No	(Office) +65-96606888

VEHICLE PARTICULARS

Manufacturer	Volvo
Model	B11r
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	10837

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	GA587993/1
Cover Note Number	-

DRIVER

Name of Driver	WANG ZHIQIANG
Work Permit No	GXXXX352Q

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 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. 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, handing 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, handing and/or dealing with my claims.

(collectively the "**Purposes**")

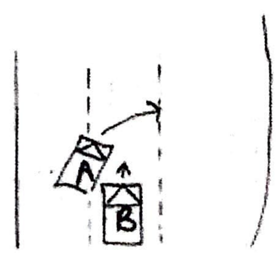
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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.

CITYLINE TRAVEL PTE LTD REG. NO.

Policyholder's Signature / Date & Time 20/6/2022	Driver's Signature (If driver is not the policyholder) / Date & Time 20/6/2022	Witnessed by Reporting Centre Personnel

Sketch Plan



A: YN6226G
B: PA928D