

08/11/2023 wef
ASS. IEC. BY: Rahul

REF:

CS/AG/22007112/Rgy3

025N

ASSIGNMENT

COT XPIRY: 2026/Dec

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: PC 33370

at Workshop m/s SC AUTO

of SI, Sanku Rd

Insured: AGI

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.

N/S	O/S

Bal. or Market Value: 42K

IDAC Accident Rpt: 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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Date / Time Action / Instruction

REPAIR LIMIT - 24K

Veh No: PC 33370 Yr Regn: 2011 / Dec

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

Truck / Trailer or

Make: ISUZU LT134P c.c. 7790

Colour: WHITE A/C: Insured / Std / NI / NA

Sp. Reading: 730082 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JALLT134PB7000015

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: 295/80R22-5

R: _____

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

TOYO / YOKO or

ROVELLO

Front

Rear

R/Bal. 8 mm

R/Bal. 8/8 mm

L/Bal. 8 mm

L/Bal. 8/8 mm

D.O.A. 22/07/22

D.O.I. 28/07/22

Survey held at

SC AUTO

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

FRT O/S

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

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee:

☐

: Site Insp (\$

) : S + RS, SI

☐

: Interview (\$

) : Photos

☐

: Tech. Invs (\$

) : Others

☐

: Weekend (\$

)

Report Format : _____

Lump Sum / I.B.I. (\$ _____)

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

Co. Reg. No. 199800107D

Passer
4p 900/1068
9 days
4s
28/07/22
@ 1020
Reg after repair

M/S AUTO & GENERAL INSURANCE
(SINGAPORE) PTE LTD

Insured RAFFLES BUS SERVICES PTE LTD
Policy GA569254

ESTIMATE BILL

GST Reg. No: 199800107D

Date: 26/7/2022
Our Case Ref. SC22/07/098/4RB-TP
Accident Date 22/7/2022

Damaged Vehicle No: PC3337D

S/no	Description	QTY	Price	Amount	Remark
Replaced Parts					
1	FRONT WINDSCREEN <i>X</i>	1 PC	\$4,839.02	\$ 4,839.02	
2	FRONT WINDSCREEN RUBBER <i>? photo</i>	1 PC	\$ 363.30	\$ 363.30	
3	FRONT SEALANT <i>Re /</i>	12 PC	\$ 588.00	\$ 588.00	
4	FRONT FIBER CAP ASSEMBLY <i>ca /</i>	1 PC	\$4,480.00	\$ 4,480.00	<i>2240</i>
5	FRONT FIBER BUMPER <i>ca /</i>	1 PC	\$1,980.00	\$ 1,980.00	
6	FRONT BUMPER STRUCTURE <i>bt /</i>	1 PC	\$1,480.50	\$ 1,480.50	
7	FRONT RH SIDE PANEL FIBER <i>ca /</i>	1 PC	\$2,450.00	\$ 2,450.00	
8	ARTWORK <i>m /</i>		\$ 600.00	\$ 600.00	<i>200</i>
9	SUNDRIES <i>m /</i>		\$ 350.00	\$ 350.00	<i>100</i>
Labour Charges					
1	LABOUR TO REMOVE, REINSTALL AND CHECK FRONT WIRENESS.		\$ 900.00	\$ 900.00	<i>150</i>
2	LABOUR TO REMOVE AND REINSTALL FRT WINDSCREEN AND FRT SIDE GLASS RH		\$1,600.00	\$ 1,600.00	<i>500</i>
3	LABOUR TO REMOVE, REPAIR AND REINSTALL FRT BUMPER, FRT PANEL, FRT FIBER CAP ASSEMBLY, FRT RH SIDE PANEL FIBER <i>@ 640 X 6</i>		\$5,300.00	\$ 5,300.00	<i>3840</i>
4	LABOUR TO RESPRAY FRT BUMPER, FRT FIBER CAP ASSEMBLY, FRT RH SIDE PANEL FIBER <i>@ 640 X 3</i>		\$3,000.00	\$ 3,000.00	<i>1920</i>
5	LABOUR TO CARRY OUT DIAGNOSTIC CHECK		\$ 350.00	\$ 350.00	<i>100</i>
TOTAL				\$ 28,280.82	

LKK Auto Consultant's 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

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	23/07/2022 11:51 (SGT)
Reported by	Driver
Date of Accident	22/07/2022 23:32 (SGT)
Exact Location of Accident	Opp Blk 3014, Singapore
Additional Location Information	UPPER CHANGI RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC3337D
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	RAFFLES BUS SERVICES PTE LTD
Company Reg No	1XXXXX025N
Email Address	ckongrafflesbus@gmail.com
Mobile Phone No	(Phone) +65-98730770
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	LT134P
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	Manual
CC	7790

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Policy Number / Cover Note Number	GA569254/1

DRIVER

Name of Driver	LI QIZHONG
Work Permit No	GXXXX275W
Date Of Birth	17/04/1978
Occupation	Outdoor

Date Of Driving Pass	28/08/2020
Driving experience	1 YEAR AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81544578
Alt. Phone Number	-
Email Address	ckongrafflesbus@gmail.com
Address	24 CACTUS DR
Address complement	-
Postcode	809694
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 - Major/Minor Rd
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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 DRIVING ALONG UPPER CHANGI RD. WHEN ARRIVE CROSS JUNCTION ROAD, SUDDENLY VEHICLE SKS1238U DRIVING OPPOSITE OF THE LANE TURNING RIGHT HAND SIDE. AS I DRIVING STRAIGHT OF THE ROAD, I UNABLE TO EVADE THEN VEHICLE SKS123U HIT INTO MY BUS. AT THAT TIME THE TRAFFIC LIGHT IS GREEN.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKS1238U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

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

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 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' 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.

NAFFLES BUS SERVICES PTE LTD

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Vehicle
Light

200

A A A

A = R 3337D
B = S 51236U

Describe Circumstances of the Accident

I was driving along upper changi rd when arrive cross junction road,
Suddenly vehicle. SS51238U driving opposite of the lane turning to right hand side.
As I driving straight of the road, I unable to evade then the SS5123U hit
into my bus. At that time the traffic light is green.

Declaration

We declare the foregoing particulars are true in every respect.

NAFFLES BUS SERVICES PTE LTD

Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Company

Owner ID: 025N

Vehicle Details

Vehicle No.: PC3337D

Vehicle to be Exported: No

Intended Deregistration Date: 31 Jul 2022

Vehicle Make: ISUZU

Vehicle Model: LT134P

Primary Colour: Multicolor

Manufacturing Year: 2010

Engine No.: 6HK1602146

Chassis No.: JALLT134PB7000015

Maximum Power Output: -

Open Market Value: \$104,597.00

Original Registration Date: 27 Dec 2011

First Registration Date: 27 Dec 2011

Transfer Count: 0

Actual ARF Paid: \$5,230.00

Intended PARF Rebate Details

PARF Eligibility: No

PARF Eligibility Expiry Date: -

PARF Rebate Amount: \$0.00

Intended COE Rebate Details

COE Expiry Date: 26 Dec 2026

COE Category: C - Goods Vehicle & Bus

COE Period(Years): 5

PQP Paid: \$20,325.00

COE Rebate Amount: \$17,899.00

Total Rebate Amount: \$17,899.00

Message

Please note that all future COE renewals for this vehicle can only be for a 5-year period, subject to the statutory lifespan (if applicable) of the vehicle.

The information contained herein is correct as at 31 Jul 2022