

ASS. REC. BY: AME

REF:

CS/FC122007370/Ruy<sup>3</sup>

721w

### ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No: XE 4281T

at Workshop m/s SC AMU

of 51, SENOKO RD

Insured:

FC12

Policy No.

Claim 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:

120K

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

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

XE 4281T

Yr Regn: 2018 / SEP

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

☒ Truck / Trailer or

Make:

VOLVO FMX370642

c.c 10837

Colour:

Red

A/C: Insured / Std / NI / NA

Sp. Reading

362859

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

4V2X922D5JA928207

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:

235/80R22-5

R:

S/D

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

TOYO / YOKO or

TRIANGLE

Front

Rear

R/Bal.

8

mm

R/Bal.

8/8

mm

L/Bal.

8

mm

L/Bal.

8/8

mm

D.O.A.

30/07/22

D.O.I.

03/08/22

Survey held at

SC AMU

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

N/S Fnt

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

Date/Time

Action / Instruction

REPAIR LIMIT - 100K

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. (\$

**SC AUTO****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 CLC MACHINERY PTE LTD  
20 SENOKO DR  
SINGAPORE 758207

Insured CLC MACHINERY PTE LTD  
Policy CV1/GA496811/1

Damaged Vehicle No: XE4281T

**ESTIMATE Bill**

GST Reg. No: 19-9800107D  
Date: 2/8/2022  
Our Case Ref. SC22/08/100/4CM-TP  
Accident Date 30/7/2022

S/no	Description	QTY	Price	Disc	Amount
<b>Replaced Parts</b>					
1	SIDE MIRROR ASSEMBLY LH <i>cm</i>	1 PC	\$3,562.00	-	\$3,562.00
2	RECORDING CAMERA ?	1 PC	\$0.00	-	\$0.00
3	ROOF UPPER MIRROR LH <i>cm</i>	1 PC	\$680.00	-	\$680.00
4	FRONT WINDSCREEN ?	1 PC	\$3,350.00	-	\$3,350.00
5	WINDSCREEN RUBBER ?	1 PC	\$395.60	-	\$395.60
6	IU BRACKET ?	1 PC	\$40.00	-	\$40.00
7	BODY STICKER X	1 PC	\$150.00	-	\$150.00
8	WINDSCREEN SEALANT ?	6 PC	\$45.00	-	\$270.00
<b>Labour Charges</b>					
1	LABOUR TO REMOVE AND CHECK WIRE HARNESS,	1	\$800.00	- <i>300</i>	<del>\$800.00</del>
2	LABOUR TO REMOVE, REPAIR AND REINSTALL FRT DOOR LH, SIDE MIRROR ASSEMBLY LH, ROOF TOP MIRROR LH.	1	\$2,000.00	- <i>500</i>	<del>\$2,000.00</del>
3	LABOUR TO REMOVE AND REINSTALL FRT WINDSCREEN.	1	\$800.00	- <i>700?</i>	<del>\$800.00</del>
4	LABOUR TO RESPRAY FRT DOOR LH, AND ROOF TOP.	1	\$1,500.00	- <i>X</i>	\$1,500.00
5	LABOUR TO CARRY OUT DIAGNOSTIC CHECK	1	\$350.00	- <i>100</i>	<del>\$350.00</del>

**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:

Authorised Signature

*Resurvey after repair*

**Sub Total****\$ 13,897.60**

*Resurvey*  
*Hp 90010068*  
*1 day*  
*03/08/22 @ 1100*  
*4/3*



# 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 Actual 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	01/08/2022 16:18 (SGT)
Reported by	Driver
Date of Accident	30/07/2022 10:30 (SGT)
Exact Location of Accident	2 Tampines PI, Tampines Dormitory, Singapore 528821
Additional Location Information	TAMPINES AVENUE 10
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	XE4281T
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	CLC MACHINERY PTE.LTD.
Company Reg No	2XXXXX721W
Email Address	kaienn.tiu@chuanlim.com
Mobile Phone No	(Phone) +65-65714413
Alternative Phone No	-

## VEHICLE PARTICULARS

Manufacturer	Volvo
Model	Fmx370
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	Commercial vehicle
Transmission	Auto
CC	10837

## INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNW00102542101

## DRIVER

Name of Driver	ENG GHIM LEAN
Work Permit No	GXXXX480K
Date Of Birth	04/11/1980
Occupation	Outdoor

Date Of Driving Pass ..... 06/02/2012  
 Driving experience ..... 10 YEARS AND 5 MONTHS  
 Gender ..... Male  
 Mobile Number ..... (Phone) +65-94660404  
 Alt. Phone Number ..... -  
 Email Address ..... kaienn.tiu@chuanlim.com  
 Address ..... 20 Senoko Dr  
 Address complement ..... -  
 Postcode ..... 758207  
 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 ..... Side Swipe  
 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 DRIVING ALONG TAMPINES AVENUE 10. I DRIVING ALONG MIDDLE LANE AS THERE WAS A ROAD BLOCK AT MY RIGHT HAND SIDE LANE. AS I DRIVING ALONG THE MIDDLE LANE, SUDDENLY VEHICLE SBS6394D HIT INTO MY LORRY AFTER VEHICLE SBS6384D GONNA TURN LEFT HAND SIDE.

#### 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 ..... SBS6384D  
 Vehicle Manufacturer ..... -  
 Vehicle Model ..... -  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 Vehicle Category ..... Bus

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 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated; or
  - (ii) for complying with requirements under any regulations, laws or court orders.



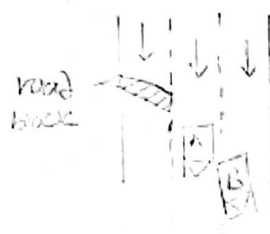
Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 11/8/2014

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



# SKETCH PLAN



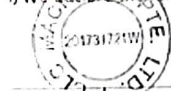
A= XE4031T  
B= SSS6384D

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I driving along Tampines Avenue 10 I driving along middle road and there were a road block at my right hand side road. As I driving along the middle road, suddenly vehicle SSS6384D hit into my left rear wheel SSS6384D going from left hand side.

### 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: 11/8/2012

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



> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	721W
Vehicle No.:	XE4281T
Vehicle to be Exported:	No
Intended Deregistration Date:	04 Aug 2022
Vehicle Make:	VOLVO
Vehicle Model:	FMX370 64R RSS DC FA9T E6
Primary Colour:	Red
Manufacturing Year:	2018
Engine No.:	D11442936
Chassis No.:	YV2X922D5JAB28207
Maximum Power Output:	-
Open Market Value:	\$103,643.00
Original Registration Date:	10 Sep 2018
First Registration Date:	10 Sep 2018
Transfer Count:	0
Actual ARF Paid:	\$5,183.00
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
COE Expiry Date:	09 Sep 2028
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$32,001.00
COE Rebate Amount:	\$19,511.00
Total Rebate Amount:	\$19,511.00

The information contained herein is correct as at 04 Aug 2022

OK