

08/11/13 wef

ASS. REC. BY:

REF:

CS/CTI 22007543/RVC

872N

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: PC 76694

at Workshop m/s SC AUTO

of SI, SGNOW RD

Insured: SMQ 4996G CTI

Policy No. DMPCSNW000242912100

Claims No. SNM22D205462/C02

Sum Insured: _____ Excess: _____

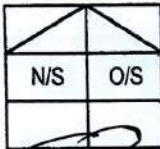
(Client's Record)

Make of Veh: _____

(Policy Condition)

1-2

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



Bal. or Market Value: 150K

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

Veh No: PC 76694 Yr Regn: 2018 / 861

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

Truck / Trailer or

Make: Yutongh 2K6119H A C.C. 6690

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

Sp. Reading: 219919 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: LZ4TBTE6131020635

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 295/80R22-5

R: 21 D/P

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

TOYO / YOKO or

CONTINENTAL

Front

Rear

R/Bal. 8 mm

R/Bal. 8/8 mm

L/Bal. 8 mm

L/Bal. 8/8 mm

D.O.A. 03/08/22

D.O.I. 11/10/22

Survey held at

SC AUTO

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

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

Date / Time Action / Instruction

REPAIR LIMIT - 131K

20/12/22 Rasul informed LS \$4600 (red 9099.10, 66%)

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2) 20/12/22-typist

Days Of Repair: 4

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp (\$☐ : Interview (\$☐ : Tech. Invs (\$☐ : Weekend (\$

) S + RS SI

) Photos

) Others

Report Format : Merimen

Lump Sum / B.I. (\$ 4600



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

ESTIMATE BILL

M/S CHINA TAIPING INSURANCE
(SINGAPORE) PTE LTD
3 ANSON ROAD #16-00
SPRINGLEAF TOWER
SINGAPORE 079909

GST Reg. No: 199800107D
Date: 6/8/2022
Our Case Ref. SC22/08/103/43T-TP
Accident Date 3/8/2022

Insured 3S TRANSPORT PTE LTD
Policy VFX/P2260261/0042

Damaged Vehicle No: PC7669U

S/no	Description	QTY	Price	Amount	Remark
Replaced Parts					
1	REAR BUMPER <i>4/</i>	1 PC	\$ 1,850.00	\$ 1,850.00	
2	REAR REVERSE SENSOR <i>nw /</i>	2 pc <i>4/</i>	\$ 268.50	\$ 268.50	
3	REAR NUMBER PLATE WITH HOLDER <i>cm / 1</i>	1 PC	\$ 80.00	\$ 80.00	<i>40</i>
4	REAR PANEL INNER <i>repair</i>	1 PC	\$ 1,980.00	\$ 1,980.00	
5	INFORMATION STICKER <i>nw /</i>	1 PC	\$ 80.00	\$ 80.00	<i>15</i>
6	REAR NUMBER PLATE LIGHT <i>cm /</i>	1 PC	\$ 385.60	\$ 385.60	
7	REAR EMBLEM <i>nw /</i>	1 PC	\$ 186.50	\$ 186.50	
8	ARTWORK <i>X</i>	1 PC	\$ 450.00	\$ 450.00	
9	SUNDRIES <i>/</i>		\$ 200.00	\$ 200.00	<i>50</i>
Labour Charges					
1	LABOUR TO REMOVE, REINSTALL AND CHECK <i>(nw)</i>			\$ 800.00	<i>100</i>
2	LABOUR TO REMOVE, REPAIR AND REINSTALL REAR BUMPER, REAR PANEL, TAILGATE <i>@ 640 x 2.5</i>			\$ 4,000.00	<i>1600</i>
3	LABOUR TO RESPRAY REAR BUMPER, REAR PANEL, TAILGATE. <i>@ 640 x 2</i>			\$ 2,800.00	<i>1280</i>
5	LABOUR TO CARRY OUT DIAGNOSTIC CHECK			\$ 350.00	<i>80</i>
TOTAL				\$13,430.60	

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

Page
Hp 90010068
4 days
4/8 @ 1350

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	04/08/2022 16:45 (SGT)
Reported by	Driver
Date of Accident	03/08/2022 15:32 (SGT)
Exact Location of Accident	151 Sembawang Rd, Singapore
Additional Location Information	SEMBAWANG RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC7669U
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	3S TRANSPORT PTE LTD
Company Reg No	2XXXXX872N
Email Address	neo.gimchuan@3s-transport.com
Mobile Phone No	(Phone) +65-91193131
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Yutong
Model	Zk6119h
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	6690

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Policy Number / Cover Note Number	VFX/P2260261/0042

DRIVER

Name of Driver	XU ZHENJIANG
Work Permit No	GXXXX731T
Date Of Birth	13/12/1976
Occupation	Outdoor

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

26/10/2015
6 YEARS AND 10 MONTHS
Male
(Phone) +65-89027386
-
neo.gimchuan@3s-transport.com
557 Yishun Industrial Park A
-
768742
No
Employee
No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident
Weather Conditions
Road Surface

Collision - Head to Rear
Raining
Wet

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?
Translator's name
Translator's ID
Translator's phone number
Translator's email
Original language used in the statement

No
2
No
-
Yes
1
No
-
-
-
-
-

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

I WAS DRIVING ALONG SEMBAWANG RD AND STOP MY BUS AFTER TRAFFIC LIGHT TURN RED. SUDDENLY, VEHICLE NO SMQ4996G HIT BEHIND MY BUS.

ATTACHMENT(S)

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

Yes
No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number
Vehicle Manufacturer
Vehicle Model
Vehicle Variant
Vehicle Colour
Vehicle Category
Name of Driver

SMQ4996G
-
-
-
-
Private car
-

Contact Number
Address
Address complement
Postcode
Insurance Company Name
Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

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SKETCH PLAN

IMPORTANT NOTICE

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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.

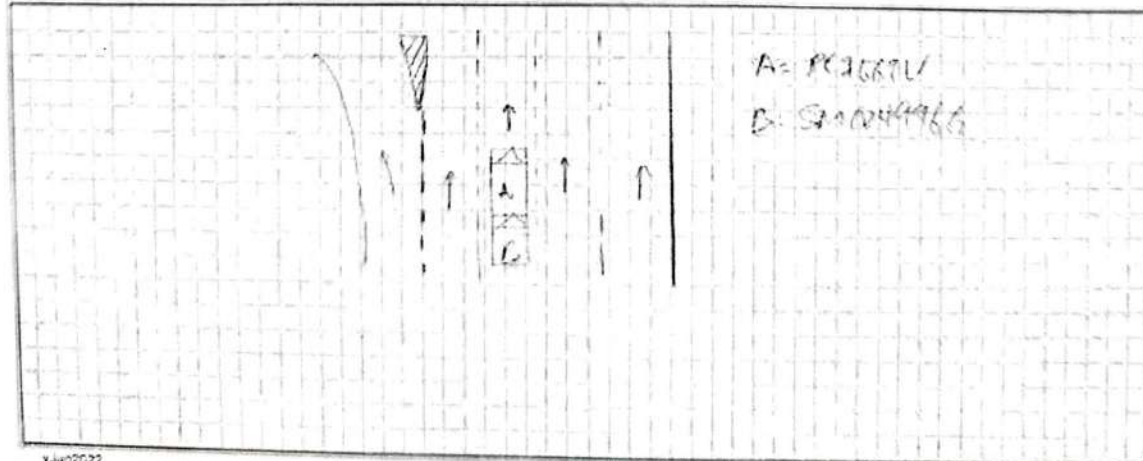


Policyholder's Signature Date & Time

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan



Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	872N
Vehicle Details	
Vehicle No.:	PC7669U
Vehicle to be Exported:	No
Intended Deregistration Date:	16 Oct 2022
Vehicle Make:	YUTONG
Vehicle Model:	ZK6119H AUTO
Primary Colour:	Multicolor
Manufacturing Year:	2018
Engine No.:	ISB67E6C29022315090
Chassis No.:	LZYTBT61J1020635
Maximum Power Output:	.
Open Market Value:	\$144,538.00
Original Registration Date:	20 Sep 2018
First Registration Date:	20 Sep 2018
Transfer Count:	0
Actual ARF Paid:	\$7,227.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	.
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	19 Sep 2028
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$30,889.00
COE Rebate Amount:	\$18,301.00
Total Rebate Amount:	\$18,301.00

The information contained herein is correct as at 16 Oct 2022

OK

Describe Circumstance of the Accident

I was driving my car and stop my car after the traffic light turn red. Suddenly the car in front of me hit behind car.

Declaration

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

4-2022

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