

08/11/11 Wef
ASS. REC. BY: JAW

REF:

CC4/AIS 2200 7594/R p3

C
0270

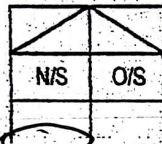
ASSIGNMENT

COEXPIRY: 2014/MAY

From: _____ Date: _____
Estimate Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
To Inspect Vehicle No: PC 2707B
at Workshop m/s SC AUTO
of SI SIKOR RD
Insured AIS
Policy No. _____
Claims to: _____
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: 36K
IDAC Accident Rpt: _____ Consistent? : Yes or No
GIA / PR Seen: _____ Consistent? : Yes or No
Est. Repairs: _____ days Res.: Yes or No
Lam Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Date / Time Action / Instruction

REPAIR LIMIT - 33K

Veh No: PC 2707B Yr. Regn: 2014 / MAY
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or
Make: TOYOTA HILUX HIGH ROOF COM CC 2982
Colour: WHITE A/C: Insured / Std / NI / NA
Sp. Reading: 502181 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: JTFST22P300019767
Gen. Cond: Good / Fair / Poor / Burnt
Steering: Wonder / Jammed / Leaked / Burnt or
Brake: Wonder / Jammed / Leaked / Burnt or
Modi: NI / S/Rim / STD A/Rim or
Tyre Size: F: 195R15C
R: 7"

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

Front Rear
R/Bal. 7 mm R/Bal. 7 mm
L/Bal. 7 mm L/Bal. 7 mm
D.O.A. 06/08/22 D.O.I. 12/08/22
Survey held at SC AUTO

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

REAR N/S

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

Date/Time, File Pass to?

☐ : Prel. Report
☐ : Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee: ☐ Site Insp (\$ _____)

☐ Interview (\$ _____)

☐ Tech. Invs (\$ _____)

☐ Weekend (\$ _____)

) S+RS, SI

) Photos

) Others

Report Format :

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

TOTAL

**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 ALLIANZ INSURANCE SINGAPORE PTE LTD

79 ROBINSON RD, #09-01

SINGAPORE 068897

Insured CITYLINE TRAVEL PTE LTD

Policy 512489179

ESTIMATE BILL

GST Reg. No: 199800107D

Date: 12/8/2022

Our Case Ref.

Accident Date 3/8/2022

Damaged Vehicle No: PC2707B

S/no	Description	QTY	Price	Amount	Remark
Replaced Parts					
1	REAR WINDSCREEN	1 PC	\$1,350.00	\$ 1,350.00	
2	SEALANT	4pc 8 PC	\$ 50.00	\$ 400.00	
3	TAILAMP LH	1 PC	\$ 360.00	\$ 360.00	
4	REAR PANEL LH	1 PC	\$3,980.00	\$ 3,980.00	
5	REAR PANEL INNER	1 PC	\$1,550.00	\$ 1,550.00	
6	REAR LOGO	1 PC	\$ 115.60	\$ 115.60	
7	REAR EMBLEM	1 PC	\$ 125.60	\$ 125.60	
8	REAR REVERSE SENSOR	2 PC	\$ 385.50	\$ 771.00	
9	TAILGATE	1 PC	\$3,200.00	\$ 3,200.00	
10	TAILGATE LOCK	1 PC	\$ 589.50	\$ 589.50	
11	REAR BUMPER	1 PC	\$ 985.60	\$ 985.60	
12	REAR BUMPER SIDE BRACKET LH	1 PC	\$ 135.50	\$ 135.50	
13	INFORMATION STICKER	1 PC	\$ 65.00	\$ 65.00 30	
13	SUNDRIES		\$ 200.00	\$ 200.00 80	
Labour Charges					
1	LABOUR TO REMOVE, REINSTALL AND CHECK REAR BUMPER WIRENESS			\$ 650.00 100	
2	LABOUR TO REINSTALL REAR WINDSCREEN AND SIDE GLASS LH			\$ 1,200.00 300	
3	LABOUR TO REMOVE, REPAIR AND REINSTALL REAR BUMPER, REAR PANEL LH, TAILGATE, FLOOR BOOT AND REAR PANE INNER	@600		\$ 6,400.00 4200	
4	LABOUR TO RESPRAY REAR PANEL, TAILGATE, FLOOR BOOT, REAR PANE	@600		\$ 3,200.00 2400	
5	LABOUR TO REMOVE AND REINSTALL SEAT, UPHOLSTREY	Panel		\$ 1,000.00 8600	
6	LABOUR TO CARRY OUT DIAGNOSTIC CHECK	Hp 20010068		\$ 350.00 80	
<div style="border: 1px solid black; padding: 5px;"> <p>LKK Auto Consultants hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> • 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 <p>Acknowledged by Repairer</p> <p>Signature: _____</p> <p>Date: _____</p> </div>					
TOTAL				\$ 26,627.80	

10 days
L/S
12/08/22 @ 1125
Res after repair

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	06/08/2022 12:23 (SGT)
Reported by	Both
Date of Accident	06/08/2022 07:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	AIRPORT BOULEVARD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC2707B
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) +65-81560003
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Bus
Transmission	Auto
CC	2982

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Policy Number / Cover Note Number	5124895179

DRIVER

Name of Driver	AMIR RUDDIN BIN MOHAMED YUSOF
NRIC No	SXXXX372H
Date Of Birth	22/01/1979
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

20/08/2015
7 YEARS
Male
(Phone) +65-96273519
-
ab2.gettransfer@gmail.com
BLK 426A YISHUN AVE 11 #04-88
-
761426
No
Hirer
No
-
-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident
Weather Conditions
Road Surface

Collision - Head to Rear
Clear
Dry

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

REFER TO SKETCH PLAN.

NOTE: VEHICLE REPAIR AT OWNER W/SHOP

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

SMS3513M
-
-
-
-
Private car

Name of Driver

NG CHIN KWANG
SXXXX904E

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

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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.

Policyholder's Signature / Date & Time



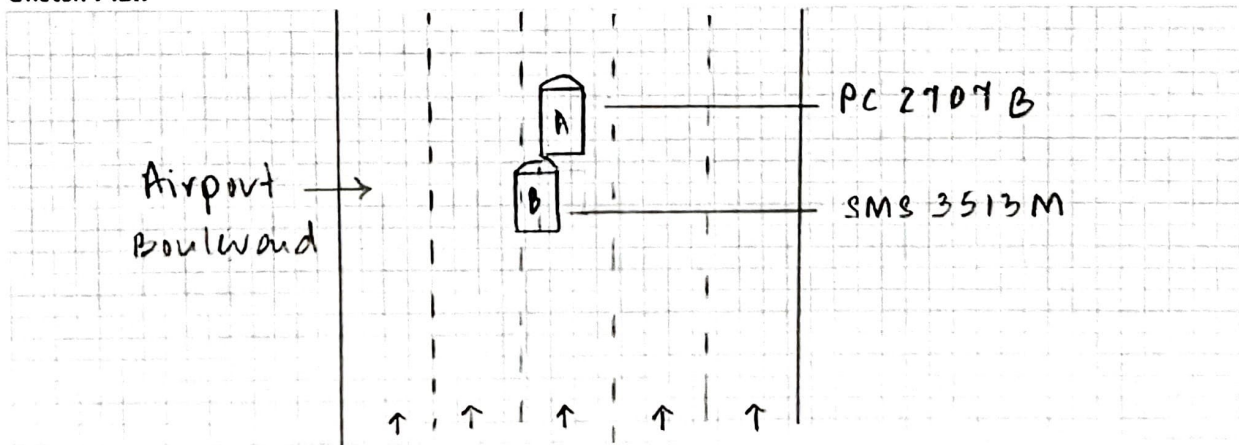
Driver's Signature (If driver is not the policyholder) / Date & Time



Florence Loh

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Accident happened on 06/08/2022 @ 07:40 along Airport Boulevard

I was driving along Airport Boulevard towards Changi Airport Terminal 3 to pickup my passenger.

While moving, all of a sudden I felt an impact from my vch rear and realised vch B (SMS 3512M) hit into my vch rear.

I stop and came out to check and both of us exchange our details.

1pa - a

Declaration

We declare the foregoing particulars are true in every respect.

1. 



Policyholder's Signature / Date & Time

 1030h

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



Florence
Woh

Witnessed by Reporting Centre Personnel

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	027D
Vehicle No.:	PC2707B
Vehicle to be Exported:	No
Intended Deregistration Date:	15 Aug 2022
Vehicle Make:	TOYOTA
Vehicle Model:	HIACE HIGH ROOF COMMUTER TURBO AUTO
Primary Colour:	White
Manufacturing Year:	2014
Engine No.:	1KD2396308
Chassis No.:	JTFST22P300Q19767
Maximum Power Output:	-
Open Market Value:	\$38,054.00
Original Registration Date:	05 May 2014
First Registration Date:	05 May 2014
Transfer Count: -	3
Actual ARF Paid:	\$1,903.00
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
COE Expiry Date:	04 May 2024
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$9,691.00
COE Rebate Amount:	\$2,263.00
Total Rebate Amount:	\$2,263.00

The information contained herein is correct as at 15 Aug 2022

OK

Toyota Hiace Commuter 3.0A High Roof

[Overview](#)[Financial](#)[Accessories](#)[Similar](#)[Research](#)[Photos](#)[Map](#)

Price	\$32,800	Lifespan	11-Mar-2034
Depreciation	\$20,860 /yr View models with similar depre.	Reg Date	12-Mar-2014 (1yr 6mths 25days COE left)
Mileage	N.A.	Manufactured	2014
Road Tax	N.A.	Transmission	Auto
Dereg Value	N.A.	Fuel Type	Diesel
COE	\$29,941	OMV	\$38,054
Engine Cap	2,982 cc	ARF	\$1,903
Curb Weight	2,200 kg	No. of Owners	5