

(08/11/13) wef

ASS. REC. BY: Rmau

REF:

CC4/LPC22008708/Rpa3

C  
2730ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To Inspect Vehicle No: PC 6447A

at Workshop m/s LEXHULL AUTO

of 74, SUNHILL KADUT ST

Insured: LPC

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: 62k

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 6447A Yr Regn: 2017 / NOV

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

Truck / Trailer or

Make: ISUZU LT434P78SMT c.c. 7790

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

Sp. Reading: 234086 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: JALLT434PH7000086

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: 11R 22-5

R: 22 D/D

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

TOYO / YOKO or

Front		Rear
R/Bal. <u>8</u> mm		R/Bal. <u>8/8</u> mm
L/Bal. <u>8</u> mm		L/Bal. <u>8/8</u> mm
D.O.A. <u>27/08/22</u>		D.O.I. <u>06/09/22</u>

Survey held at LEXHULL

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 - 34k

Date/Time, File Pass to?

☐

: Preli. 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: (\$ \_\_\_\_\_)





# LEXBUILD AUTO & TRADING PTE. LTD.

74 Sungei Kadut St 1, S 729374 Tel: 63623393 Fax: 63632262 Reg No: 200616456D Email : lexbuildauto@gmail.com

## LONPAC INSURANCE BHD

300 Beach Road  
#17-04/06 The Concourse  
Singapore 199555

Date: 05/09/2022

Our Ref: PC6447A/TIGER/2208

Your Ref: XD6994L

Attn : Claim Dept

Dear Sir, Ma'am

### RE: Estimate Repair Cost for Vehicle PC6447A

Traffic Accident on 27.08.2022 Involving PC6447A & XD6994L At Marsiling Heavy Vehicle Car Park.

S/N	Qty	Particular	Unit Price	Amount S\$
1	1	LHS BODY PANEL <i>torn</i>	5,800.00	5,800.00
2	1	LHS BODY PANEL STRUCTURAL <i>repair</i>	4,200.00	4,200.00
3	1	LHS 1st LUGGAGE COMPARTMENT <i>repair</i>	1,250.00	1,250.00
4	1	LHS AUTO LUGGAGE COMPARTMENT <i>torn</i>	2,800.00	2,800.00
5	1	REAR LHS TYRE COMPARTMENT <i>repair</i>	1,650.00	1,650.00
6	1	REAR LHS PASSENGER DOOR <i>repair</i>	2,250.00	2,250.00
7	1	REAR LHS PASSENGER DOOR RUBBER <i>cut</i>	280.00	280.00
8	1	AUTO LUGGAGE COMPARTMENT DOOR HANDLE <i>scr</i>	120.00	120.00
9	1	AUTO LUGGAGE COMPARTMENT DAMPER <i>X</i>	150.00	150.00
				18,500.00

### Labour Charges :-

- To jack/knock/straighten all necessary parts including repairing and changing of all damaged parts and align same.
- To putty and spray painting on LHS body panel, LHS first luggage compartment, LHS auto luggage compartment, rear LHS tyre compartment, rear LHS passenger door and all affected accident parts.

*1200*  
*1800.00*  
*1500*  
*3000.00*

Total S\$: 23,300.00  
GST 7% S\$: 1,631.00  
Amount Due S\$: 24,931.00

Note : This estimate is based on visible damage only. Should any hidden parts and/or labour charges required during works in progress.

Yours Sincerely



Alvin Fey  
Lexbuild Auto & Trading Pte Ltd

**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:

*Ram*  
*Hp 90010068*  
*7 days*  
*4/5*  
*06/09/22 @ 1200*  
*Repair after repair*  
*To check parts prices*





# 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	29/08/2022 14:42 (SGT)
Reported by	Driver
Date of Accident	27/08/2022 08:35 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	MARSILING HEAVY VEHICLE CAR PARK
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number PC6447A

### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	TIGER TRAVEL PTE LTD
Company Reg No	2XXXXX273C
Email Address	ALVIN.LEXBUILDAUTO@GMAIL.COM
Mobile Phone No	(Phone) +65-82420552
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	LT434P
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	7790

### INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Policy Number / Cover Note Number	5124550344-000003

### DRIVER

Name of Driver	WANG YONG
Passport No/FIN	GXXXX918X
Date Of Birth	30/04/1976
Occupation	Outdoor

State 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

06/05/2013  
9 YEARS AND 3 MONTHS  
Male  
(Phone) +65-87182656  
-  
ALVIN.LEXBUILDAUTO@GMAIL.COM  
74 SUNGEI KADUT ST 1  
-  
729374  
No  
Employee  
No  
-  
-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident  
Weather Conditions  
Road Surface

Side Swipe  
Clear  
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

REFER TO SKETCH PLAN 2.

#### 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 XD6994L  
Vehicle Manufacturer -  
Vehicle Model -  
Vehicle Variant -  
Vehicle Colour -  
Vehicle Category -  
Name of Driver Commercial vehicle  
NRIC No ANG GIM SING  
SXXXX002J



ct Number ..... (Phone) +65-96625092  
ess .....  
dress complement .....  
ostcode .....  
nsurance 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 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.



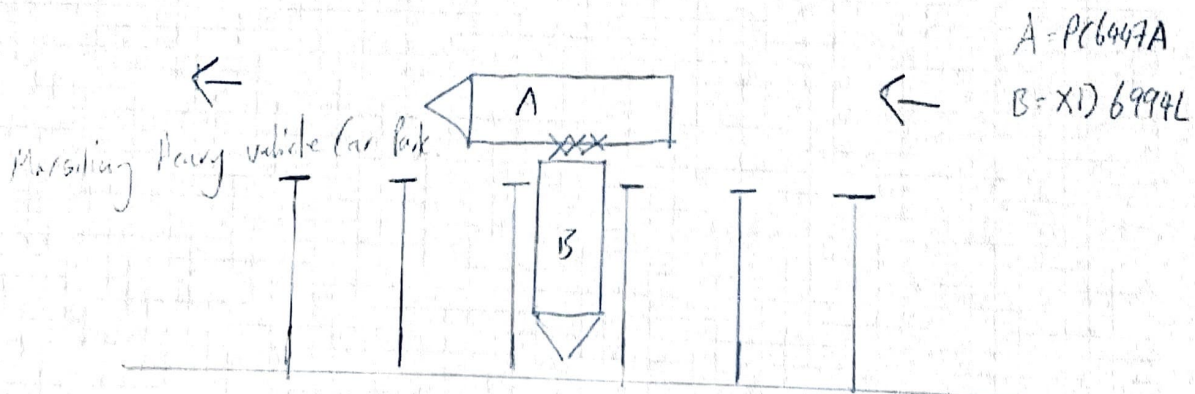
Policyholder's Signature / Date & Time



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

Witnessed by Reporting Centre Personnel

### Sketch Plan



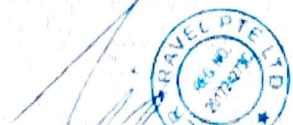



### Describe Circumstances of the Accident


On 27/8/2022 8:35 am. I was driving my company bus PC6447A at Mossling Heavy Vehicle Car park. I was going straight on the road. Suddenly a Lorry XD 6794L reverse and hit my bus left hand side.

### Declaration

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

  
Witnessed by Reporting Centre Personnel



**Enquire PARF/COE Rebate for Registered Vehicle**

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Company
Owner ID:	273C
<b>Vehicle Details</b>	
Vehicle No.:	PC6447A
Vehicle to be Exported:	No
Intended Deregistration Date:	06 Sep 2022
Vehicle Make:	ISUZU
Vehicle Model:	LT434P 7.8 SMT
Primary Colour:	Multicolor
Manufacturing Year:	2017
Engine No.:	6HK1201007
Chassis No.:	JALLT434PH7000086
Maximum Power Output:	-
Open Market Value:	\$99,350.00
Original Registration Date:	28 Nov 2017
First Registration Date:	28 Nov 2017
Transfer Count:	0
Actual ARF Paid:	\$4,968.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	27 Nov 2027
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$51,890.00
COE Rebate Amount:	\$27,112.00
Total Rebate Amount:	\$27,112.00

The information contained herein is correct as at 06 Sep 2022

OK