

PSS. REC. BY:

Psm

REF:

CS/6A122009255/Ruy3

0270

ASSIGNMENT

COR XRAY:

From: _____ Date: _____

Estimated Cost: _____

OD TP/WS/TP RES/OD RES/EVA/INV/MVTo Inspect Vehicle No: CB8040Kat Workshop m/s SC AUTOof SONOKO RDInsured: PC 5683R 6A1

Policy No. _____

Claims No. CLMOMVC000004231

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: 30K

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: CB8040K Yr Regn: 2008 / FEBType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: TOYOTA HILUX 3.0 DXM C.C. 2982Colour WHITE A/C: Insured / Std / NI / NASp. Reading 433124 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KDH 20100 2287Gen. Cond: Good / Fair / Poor / BurntSteering: Order / Jammed / Leaked / Burnt orBrake: Order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195R15CR: "BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or _____

Front _____ Rear _____

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. 15/09/22 D.O.I. 20/09/22Survey held at SC AUTO

Des. of Damages: Frt / 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	Action / Instruction
	<u>REPAIR LIMIT - 30K</u>
6/2/23	Submit preli report-revised fig \$13,107.50 check items \$855
	The vehicle has not send in for repair

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2) 6/2/23-typist

Report Format: _____

Lump Sum / L.B. / _____

Days Of Repair: 6

Resurvey No. of Trip: _____

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

Survey Fee:

Transportation:

S + RS \$ _____

Photos

Others

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

M/S	GREAT AMERICAN INSURANCE COMPANY 3 TEMASEK AVENUE #16-01 CENTENNIAL TOWER SINGAPORE 039190
Insured	CITYLINE TRAVEL PTE LTD
Policy	5126020438

ESTIMATE BILL

GST Reg. No: 199800107D

Date: 20/9/2022

Our Case Ref.

Accident Date 15/9/2022

Damaged Vehicle No: CB8040K

S/no	Description	QTY	Price	Amount	Remark
Replaced Parts					
1	TAILGATE <i>bt</i>	1PC	\$2,150.00	\$ 2,150.00	
2	REAR WINDSCREEN <i>crn</i>	1PC	\$ 680.00	\$ 680.00	
3	REAR FENDER LH <i>bui</i>	6PC	\$3,940.00	\$ 3,940.00	
3	REAR FENDER GLASS LH <i>?</i>	1PC	\$ 950.00	\$ 950.00	
4	REAR BUMPER <i>de</i>	1PC	\$1,355.00	\$ 1,355.00	
5	REAR TAILAMP LOWER BRACKET LH <i>scu</i>	1PC	\$ 355.00	\$ 355.00	
6	REAR TAILAMP LH <i>bu</i>	1PC	\$ 415.00	\$ 415.00	
7	BODY STICKER <i>an</i>	1PC	\$ 80.00	\$ 80.00	
8	SUNDRIES <i>an</i>	1PC	\$ 200.00	\$ 200.00	<i>50</i>
LABOUR CHARGES					
1	LABOUR TO REMOVE AND CHECK REAR BUMPER AND TAILGATE WIRE HARNESS.		\$ 500.00	\$ 500.00	<i>100</i>
2	LABOUR TO REMOVE, AND REINSTALL REAR WINDSCREEN AND REAR FENDER GLASS LH <i>?</i>		\$ 800.00	\$ 650.00	<i>300</i>
2	LABOUR TO REMOVE, AND REINSTALL ELECTRICAL, AUDIO EQUIPMENT AND SEAT PASSENGER. CHECK ACCORDING TO DAMAGE.		\$ 650.00	\$ 650.00	<i>250</i>
3	LABOUR TO REMOVE, REPAIR AND REINSTALL REAR BUMPER, REAR FENDER LH AND <i>Tailgate @4.5 x 500</i>		\$ 5,200.00	\$ 5,200.00	<i>2250</i>
4	LABOUR TO RESPRAY REAR BUMPER, REAR FENDER LH, REAR BUMPER AND REAR TAILAMP LOWER BRACKET LH <i>4.0 x 500</i>		\$ 3,200.00	\$ 3,200.00	<i>2000</i>
5	LABOUR TO CARRY OUT DIAGNOSTIC CHECK		\$ 250.00	\$ 250.00	<i>80</i>

TOTAL *Rasul* \$ 37,700.00

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:

4p 900 10068
6 days
4/8
20/09/22 @ 1520
Resurvey 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	15/09/2022 16:13 (SGT)
Reported by	Driver
Date of Accident	15/09/2022 09:16 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JALAN BAHAR HEAVY VEHICLE OPEN CAR PARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	CB8040K
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) +65-96606888
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	HIACE 3.0DX M
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	Manual
CC	2982

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5126020438

DRIVER

Name of Driver	MURALITHARAN S/O SAMBANTHMURTHI
NRIC No	SXXXX695D
Date Of Birth	26/04/1969
Occupation	Outdoor

Date Of Driving Pass	20/02/1987
Driving experience	35 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86509550
Alt. Phone Number	-
Email Address	thongjessie@hotmail.com
Address	49 CHOA CHU KANG LOOP #01-20
Address complement	-
Postcode	689681
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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 - Head to Rear
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

REFER TO SKETCH PLAN.

NOTE: VEHICLE REPAIR AT OWNER W/SHP.

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	PC5683R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus

Name of Driver	TAN BENG KWEE
Contact Number	SXXXX701C
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 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to the GIA Reports 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

[Signature]

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

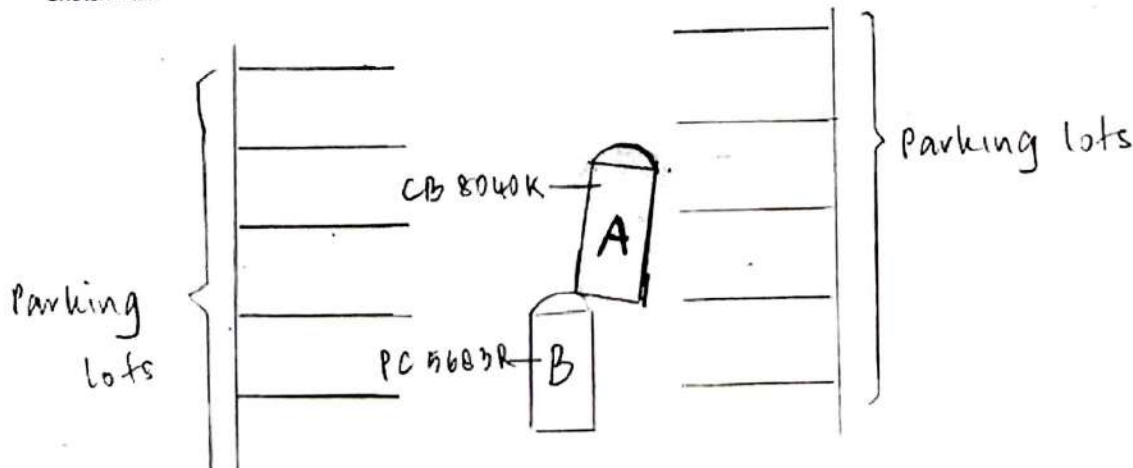
[Signature]



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

[Signature]

Sketch Plan



Describe Circumstance of the Accident:

Accident happened on 15/09/2022 @ 0916am along

JLn Bahar ~~the~~ heavy veh car park.

My vehicle was already out from the parking lot and I was about to engage the gear when all of a sudden veh B came and hit into my veh rear. The impact was great that my veh rear was badly damage.

Note: car park is a heavy vehicle car park, and the area is very wide. My veh have front camera but I'm not move if its recorded, veh B also have camera.

manual.

1 pax. on each veh.

Declaration

I hereby declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

Driver's Signature (if different from the policyholder) / Date

Witnessed by Reporting Centre Personnel
Attestation by Station Officer



Flavell Lsh

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	027D
Vehicle No.:	CB8040K
Vehicle to be Exported:	No
Intended Deregistration Date:	21 Sep 2022
Vehicle Make:	TOYOTA
Vehicle Model:	HIACE 3.0DX M
Primary Colour:	White
Manufacturing Year:	2008
Engine No.:	1KD1748233
Chassis No.:	KDH2010012287
Maximum Power Output:	-
Open Market Value:	\$29,420.00
Original Registration Date:	16 Feb 2008
First Registration Date:	16 Feb 2008
Transfer Count:	3
Actual ARF Paid:	\$1,471.00
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
COE Rebate Amount:	\$0.00
Total Rebate Amount:	\$0.00

The information contained herein is correct as at 21 Sep 2022

OK