



SC AUTO INDUSTRIES (S) PTE LTD

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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>sea</i>	1PC	\$ 355.00	\$ 355.00	
6	REAR TAILAMP LH <i>bui</i>	1PC	\$ 415.00	\$ 415.00	
7	BODY STICKER <i>an</i>	1PC	\$ 80.00	\$ 80.00	
8	SUNDRIES <i>na</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 Tailgate <i>@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 *RASU* \$ 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/SHOP.

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

TAN BENG KWEE
SXXXX701C

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-
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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 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 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

[Signature]

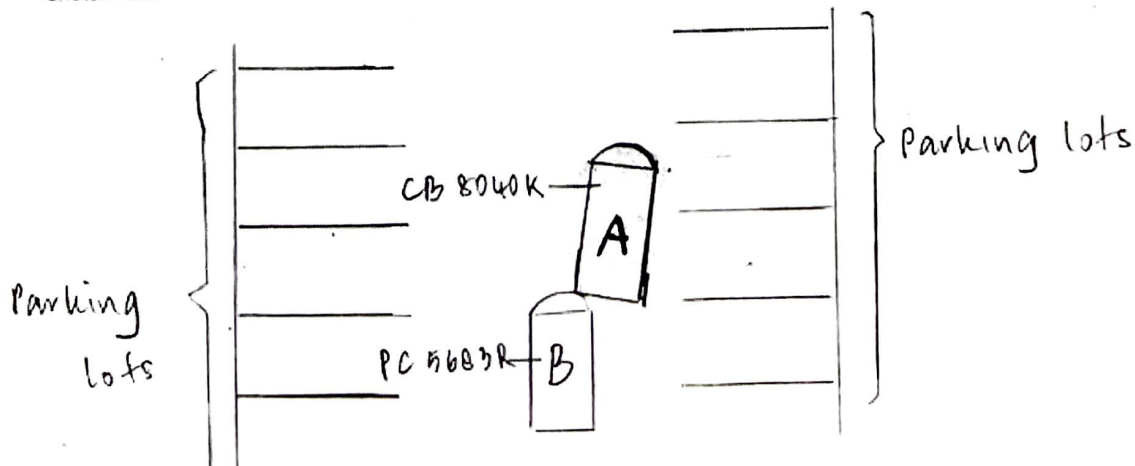
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

[Signature]



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

Flora MING

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 driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel
At the time of the accident



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