

(08/11/13)

wef

REF:

CS/ASM 22009710/Rwy3

108h

ASS. REC. BY:

John

## ASSIGNMENT

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

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

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

To Inspect Vehicle No: PC 48336at Workshop m/s THE ONE HOLDINGS P/Lof 8, Newlands Ind Pk 83Insured: ASM

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: \_\_\_\_\_

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

Date / Time Action / Instruction

Veh No: PC 48336 Yr Regn: 2016 / JunType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: ISUZU LT43P 7.8 SMT c.c. 7790Colour: MULTI A/C: Insured / Std / NI / NASp. Reading: 338319 T/Radio: Insured / Std / NI / NA

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

C/No: JALLT434PF 7000181Gen. Cond: Good / Fair / Poor / BurntSteering: Order / Jammed / Leaked / Burnt orBrake: Order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 295/80R 22-5R: 210

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

TOYO / YOKO or

Front \_\_\_\_\_ Rear \_\_\_\_\_

R/Bal. 8 mm R/Bal. 8/8 mmL/Bal. 8 mm L/Bal. 8/8 mmD.O.A. 30/09/22 D.O.I. 13/10/22Survey held at THE ONE HOLDINGS

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

6/1 FR

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

Date/Time, File Pass to?

☐

Preli. Report

1)

Date/Time, File Return to?

☐

Final Report

2)

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

) S + RS SI

) Photos

) Others

TOTAL

Report Format: \_\_\_\_\_

Lump Sum / I.B.I: (\$ \_\_\_\_\_)

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



**THE ONE HOLDINGS**  
PRIVATE LIMITED

(Specialize in commercial vehicle repair works)  
Business and GST Reg No. : 2017040522

**The One Holdings Pte Ltd**

No 8 Woodlands Industrial Park E3 Singapore 757786

Telephone: +65 6755 8810 Facsimile: +65 6755 8809

Email: enquiry@theoneholdings.com.sg

Website: www.facebook.com/the1holdings

## QUOTATION

**To: AXA Insurance Pte. Ltd**  
8 Shenton Way  
#24-01  
AXA Tower  
Singapore 068811

**Our Ref :Q221008**  
**Date :11/10/2022**  
**Term :COD**  
**In Charge :Hilmi**

Dear Sir / Madam,

**RE: Quotation for PC4833G**

**Remarks :BPT Loss of Use 1 day X \$200**

| No. | Description  | Qty  | UOM | U/P (S\$) | Amt (S\$)                |
|-----|--|------|-----|-----------|--------------------------|
|     | <b>Ad hoc</b>  |      |     |           |                          |
| 1   | To supply labour to facilitate the following repairs,<br>1) Front RHS body repair works,putty,sand and spray<br>back original colours. | 1.00 | UT  | 700.00    | <del>700.00</del><br>650 |

**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:

*Rasul*  
*Hp 90010068*

*1 day*

*13/10/22 @ 1000*

*Reg after repair*

*rasul@lkkauto.com*

Prices are subject to change without prior notice, additional parts need to be replaced, subject to final checking and bill separately.

**Accepted and Confirmed by :**

**Subtotal:** 700.00  
**GST 7.0% :** 49.00  
**Total Amount:** 749.00



# 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              | 03/10/2022 10:27 (SGT) |
| Reported by                     | Driver                 |
| Date of Accident                | 30/09/2022 08:03 (SGT) |
| Exact Location of Accident      | Xilin Ave, Singapore   |
| Additional Location Information | Towards Tanah Merah    |
| Country/State of Loss           | Singapore              |

## DETAILS OF OWN VEHICLE

Vehicle Registration Number PC4833G

### INSURED/POLICYHOLDER

|                          |                            |
|--------------------------|----------------------------|
| Is company?              | Yes                        |
| Name Of Registered Owner | At                         |
| Company Reg No           | 1XXXXX108G                 |
| Email Address            | atlantictravel14@gmail.com |
| Mobile Phone No          | (Phone) +65-93381882       |
| Alternative Phone No     | (Office) +65-90929568      |

### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer   | Isuzu                     |
| Model  | LT434P                    |
| Variant  | Black                     |
| 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         | India International Insurance Pte Ltd |
| Policy Number / Cover Note Number | D19MFL0006758_02                      |

### DRIVER

|                |               |
|----------------|---------------|
| Name of Driver | Kwek Yong Lee |
| NRIC No        | SXXXX302B     |
| Date Of Birth  | 18/05/1961    |
| Occupation     | Outdoor       |

07/07/2005  
17 YEARS AND 2 MONTHS  
Male  
(Phone) +65-90929568  
(Office) +65-93381882  
atlanticttravel14@gmail.com  
Blk 174C  
Hougang Avenue 1 #08-1559  
533174  
No  
Employee  
No

NA  
Female

**DETAILS OF POLICE ACTION**

Was the accident reported to the police? .....  
Police Station Name .....  
Police Station Phone No .....  
Alt. Police Station Phone No .....  
Police Station Address .....  
Was notice of intended Prosecution given? .....  
If yes, against whom? .....

Yes  
Telok Blangah Neighbourhood Police Post  
(Phone) +65-18002729999  
(Fax) +65-63776526  
Blk 51 Telok Blangah Drive #01-116/ 118 Singapore 100051  
No  
-

**CIRCUMSTANCES OF ACCIDENT**

Refer to police report T/20220930/2037

**ATTACHMENT(S)**

Are accident photos available for attachment? .....  
Was there any video captured by Car Camera? .....  
Reasons for not uploading a video of the accident .....

Yes  
Yes  
Too big, send to Ill thru email.

**DETAILS OF OTHER VEHICLE PROPERTY 1**

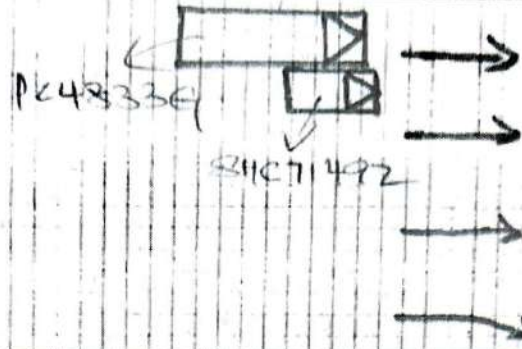
Vehicle Registration Number .....  
Vehicle Manufacturer .....  
Vehicle Model .....  
Vehicle Variant .....  
Vehicle Colour .....  
Vehicle Category .....  
Name of Driver .....  
Contact Number .....  
Address .....  
Address complement .....  
Postcode .....  
Insurance Company Name .....  
Nature Of Damage .....  
Details of property damaged in accident .....  
No. Of Passenger (Including Driver) .....

SHC7149Z  
Hyundai  
I40  
-  
Yellow  
Taxi  
NA  
-  
-  
-  
-  
AXA Insurance Pte Ltd  
NA  
NA  
-



SKETCH PLAN

XILIN AVE TOWARDS TANAH MEDAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police report: 7/20220930/2037

DECLARATION

I/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:

Reporting Centre Personnel's Signature  
Name: ATILMI  
NRIC/FIN No: S10294162



**SINGAPORE  
POLICE FORCE**



1/20220930/2037

Police Station Of Origin  
Telok Blangah NPP  
51 Telok Blangah Drive #01-416  
SINGAPORE 100055  
Tel No: 1800-2729999

Report No. 1/20220930/2037

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 30/09/2022 14:23      Vide Report No.      Station Diary No. 10

**Informant's Particulars**

|   |                  |  |                                    |
|---|------------------|--|------------------------------------|
| <b>Name of Informant</b><br>KWEK YONG LEE ADDISON |                  | <b>Address</b><br>APT BLK 174C HOUGANG AVENUE 1 #08-1559 SINGAPORE 533174  |                                    |
| <b>ID Type / ID No.</b><br>NRIC NO / S15113028    |                  | <b>Contact No.</b><br>Home/Office:      Mobile: 90929558                   |                                    |
| <b>Nationality</b><br>SINGAPORE CITIZEN           |                  | <b>Email</b>   |                                    |
| <b>Sex</b><br>Male                                | <b>Age</b><br>61 | <b>Date of Birth</b><br>18/05/1961   | <b>Type of Informant</b><br>Driver |
| <b>Race</b><br>Chinese                            |                  | <b>Language</b><br>English   | <b>Institution / School Name</b>   |
| <b>Occupation</b><br>Bus driver                   |                  | <b>Driving Licence Information</b><br>Class: 2B,3,4,5      Date of Expiry: |                                    |

**General Information of the Accident**

|  |  |  |   |
|--|--|--|---|
| <b>Type of Accident</b><br>Non-Injury                              | <b>Drink Drive</b><br>No                 | <b>Date/Time of Accident</b><br>30/09/2022 08:00 | <b>Type of Location</b><br>Straight Road  |
| <b>Location</b><br>XILIN AVENUE                                    |  |  |   |
| <b>Weather</b><br>Clear  | <b>Road Surface</b><br>Dry               | <b>Road Speed Limit</b><br>50 Km/h               |   |
| <b>Traffic Flow</b><br>Two Way                                     | <b>Traffic Control</b><br>Not Controlled | <b>Traffic Volume</b><br>Light                   |   |
| <b>Type of Collision</b><br>Between Moving Vehicles - Head To Rear |  |  | <b>Anyone conveyed by ambulance</b><br>No |

**Details of Vehicle Involved**

| Vehicle No. | Type      | Make  | Model | Color         | Condition        | No. of Passengers |
|-------------|-----------|-------|-------|---------------|------------------|-------------------|
| PC4833G     | Bus/Coach | ISUZU |       | Multi-Colored | Slightly Damaged | 30                |
| 2KCT195Z    | Car       |       |       |               |                  | 0                 |

**Details of Person Involved**

|                                      |   |
|--------------------------------------|---|
| <b>Any Pedestrian Involved</b><br>No | <b>Use of Pedestrian Crossing</b><br>NA |
|--------------------------------------|---|





**SINGAPORE  
POLICE FORCE**



T/20220930/2037

2 of 3

Report No. T/20220930/2037

Police Station Of Origin:  
Telok Blangah NPP  
51 Telok Blangah Drive #01-116  
SINGAPORE 100055  
Tel No: 1800-2729999

**CONTINUATION OF REPORT**

|                                   |                             |  |  |
|-----------------------------------|-----------------------------|--|--|
| <b>Driver</b>                     |                             |  |  |
| Name                              | KWEK YONG LEE ADDISON       | ID No.                                 | S1511302B                              |
| Related Vehicle                   | PC4833G (Bus/Coach/Minibus) | Contact No.                            | 90929568                               |
| Hospital/Clinic                   | NIL                         | Class of Driving Licence & Expiry Date | Class: 2B,3,4,5<br>Date of Expiry: NIL |
| Date Treatment                    | NIL                         | Date Discharge                         | NIL                                    |
| No. of Days granted Medical Leave | NIL                         | Degree of Injury                       | NIL                                    |

**Brief Details.**

On 30/09/2022 at about 0800hrs, I was driving my company bus along Xilin Ave towards Tanah Merah. During that point of time, I was driving along the left most lane with about 30 to 40 passengers on board. I spotted a taxi to the right of me and suddenly, the taxi moved into my lane and I saw him colliding to the front right of my bus. The taxi did not stop and even wave at me and drove off. The taxi was seen exiting to the left towards Changi after Xilin Ave. I then immediately came out of my bus to make a check and discovered scratches to the front left side of my bus and I informed my company about the matter. I had a camera installed in my bus in which the accident could be seen. My passengers nor myself were not injured and I was advised by my company to lodge a police report.





**IMPORTANT NOTE:** Please submit the completed Addendum form to the SAME Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: STOX 22A30001 Vehicle Registration No: PC48339  
 Name (as shown in NRIC): KWEK YONG LEE NRIC/FIN/Passport No: 81511302B  
 (\*Vehicle Driver/Policyholder) (\*) Please delete as appropriate  
 Address: BLK 174C Hougang Ave 1 #08-1559 Singapore (533114)  
 Contact (Tel): 9092 9568 Mobile No.: \_\_\_\_\_  
 Email Address: Atlantixtravel@gmail.com  
 Date of Accident: 30.9.2022 Time of Accident: 08.03am  
 Place of Accident: Xin Avenue  
 Insurance Company: India International Insurance

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

I would like to change the timing,  
to 08:03 am as it was an error

Policyholder / Actual Driver's Signature  
Date:

Reporting Centre Personnel's Signature  
 Name (as in NRIC/ID card): Muhammad Hilmi Bin Deves  
 Date: 11/10/22

# SINGAPORE ACCIDENT STATEMENT

|  |  |                    |
|--|--|--------------------|
| Accident Date & Time: 30/9/2022 @ 8:00am   |  |                    |
| Accident Location: Xilin Avenue  |  |                    |
| Vehicle Number: PC4833G  | Make/Model: Isuzu/LT434P 7.8 SMT             |                    |
| Policy Holder Name: Comet Travel Pte Ltd   |  |                    |
| NRIC/ROC: 199409108A   | Mobile: 93381882                             |                    |
| Email: atlantictravel14@gmail.com  |  |                    |
| Insurance Company: India International Insurance Pte Ltd                               |  |                    |
| Policy Number: DI9MFL0006758-02  | Policy Period: 01 Nov 2021 - 31 Oct 2022     |                    |
| Policy Coverage: Comprehensive (✓)   | Third Party ( ) Third Party Fire & Theft ( ) |                    |
| State Action Taken: Claim Own Policy ( ) Claim Third Party (✓)                         |  | Reporting Only ( ) |
| Driver Name: Kwek Yong Lee Addison   |  |                    |
| NRIC: S151302B   | Mobile: 9092 9568                            |                    |
| Date Of Birth: 18/05/1961  | Driving Pass Date: 07/07/2005                |                    |
| Gender: Male (✓) Female ( )  | Occupation: Indoor ( ) Outdoor (✓)           |                    |
| Address: APT BIK PTC Honggang Avenue 1 #08-1559, S533174.                              |  |                    |
| Is driver an employee of the insured's company: Yes (✓) No ( )                         |  |                    |
| If No, Relationship of the driver with the insured:                                    |  |                    |
| Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling ( ) Hirer ( )        |  |                    |
| Weather Conditions: Clear (✓) Raining ( ) Others ( )                                   |  |                    |
| Road Surface: Dry (✓) Wet ( ) Others ( )   |  |                    |
| Was any foreign vehicle involved in this accident? Yes ( ) No (✓)                      |  |                    |
| Was anybody injured in the Accident? Yes ( ) No (✓)                                    |  |                    |
| Was there any video captured by Car Camera? Yes (✓) No ( )                             |  |                    |
| Number of Passenger (Including Driver): 35   |  |                    |
| 1)   | 2)   | 3) 4)              |
| Was the accident reported to the police? Yes (✓) No ( ) *attach Police Report, if any* |  |                    |
| 3rd Party Name:  |  |                    |
| Vehicle Number: SHC7149Z   | Make & Model:                                |                    |
| NRIC:  | Mobile No:                                   |                    |
| Witness Details (if any):  |  |                    |
| NAME:  | NRIC:  | Mobile No:         |
| Other remark: if any   |  |                    |



SKETCH PLANIMPORTANT 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature  
Date & Time:



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

Reporting Centre Personnel's Signature  
Name: THILINA  
NRIC/ID No: 570 293162



> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

|                               |                   |
|-------------------------------|-------------------|
| Owner ID Type:                | Company           |
| Owner ID:                     | 108G              |
| Vehicle No:                   | PC4833G           |
| Vehicle to be Exported:       | No                |
| Intended Deregistration Date: | 14 Oct 2022       |
| Vehicle Make:                 | ISUZU             |
| Vehicle Model:                | LT434P 7.8 SMT    |
| Primary Colour:               | Multicolor        |
| Manufacturing Year:           | 2015              |
| Engine No:                    | 6HK1678724        |
| Chassis No:                   | JALLT434PF7000181 |
| Maximum Power Output:         | -                 |
| Open Market Value:            | \$96,175.00       |
| Original Registration Date:   | 18 Jun 2016       |
| First Registration Date:      | 18 Jun 2016       |
| Transfer Count:               | 1                 |
| Actual ARF Paid:              | \$4,809.00        |

|                               |        |
|-------------------------------|--------|
| PARF Eligibility:             | No     |
| PARF Eligibility Expiry Date: | -      |
| PARF Rebate Amount:           | \$0.00 |

|                      |                         |
|----------------------|-------------------------|
| COE Expiry Date:     | 17 Jun 2026             |
| COE Category:        | C - Goods Vehicle & Bus |
| COE Period (Years):  | 10                      |
| QP Paid:             | \$46,434.00             |
| COE Rebate Amount:   | \$17,064.00             |
| Total Rebate Amount: | \$17,064.00             |

The information contained herein is correct as at 14 Oct 2022

OK