

(08/11/13) wef
ASS. REC. BY: *[Signature]*

REF: CS/16122009901/RM3

0382

COG-2026/Dec

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: PC 1119E

at Workshop m/s LEXBULD

of 74, Sunheh Road ST 1

Insured: SLA 9298B NOI 2

Policy No.

Claims No. M11D16232210

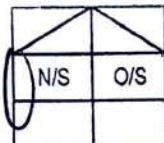
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.



Bal. or Market Value: 42K

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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: PC 1119E Yr Regn: 2011 / DEC

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

Truck / Trailer or

Make: GOLDEN DRAGON XML6103 c.c. 6693

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

Sp. Reading: 325344 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: LL384COH6BA002816

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 11R22-5

R: 11R22-5

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

TOYO / YOKO or

Front

Rear

R/Bal. 8 mm

R/Bal. 8/8 mm

L/Bal. 8 mm

L/Bal. 8/8 mm

D.O.A. 25/09/22

D.O.I. 10/10/22

Survey held at LEXBULD

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 - 25K

17/11/22 Rasul informed final fig \$1652 (red 4658, 73%)

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2) 17/11/22-typist

Days Of Repair: 4

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

Report Format: TP

Lump Sum / I.B.I: (\$ 1652)

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Invs (\$

☐ : Weekend (\$

) S + RS SI

) Photos

) Others



LEXBUILD AUTO & TRADING PTE. LTD.

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

UNITED OVERSEAS INSURANCE LTD
146 Robinson Road
#02-01 UOI Building
Singapore 068909

Date: 03/10/2022

Our Ref: PC1119E/SUN-GEE/2209
Your Ref: SLA9298B

Attn : Claim Dept

Dear Sir, Ma'am

RE: Estimate Repair Cost for Vehicle PC1119E

Traffic Accident on 25.09.2022 Involving PC1119E & SLA9298B At CTE EXIT 7D TOWARDS BALESTIER ROAD.

S/N	Qty	Particular	Unit Price	Amount S\$
1	1	LHS 1st Luggage Compartment Panel repair	1,050.00	1,050.00
2	1	LHS 2nd Luggage Compartment Panel repair	1,050.00	1,050.00
3	1	Rear RHS Tyre Compartment Panel repair	950.00	950.00
4	1	Luggage Compartment Lock sub / (1pc)	280.00	560.00
				<hr/> 3,610.00

Labour Charges :-

- | | | | |
|----|--|-----|----------|
| 1) | To jack/knock/straighten all necessary parts including repairing & changing of all damaged parts and align same. | 600 | 1,200.00 |
| 2) | To putty & spray painting on LHS 1st & 2nd Luggage Compartment Panel, Rear RHS Tyre Compartment Panel and affected accident parts. | 800 | 1,500.00 |

Total S\$: 6,310.00
GST 7% S\$: 441.70
Amount Due S\$: 6,751.70

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 Tey

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:

Resue
Hp 90010068
4 days
P/P
10/10/22 @ 1515
Resy after repair
Resy luggage lock

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	26/09/2022 14:54 (SGT)
Reported by	Driver
Date of Accident	25/09/2022 15:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CTE EXIT 7D TOWARDS BALESTIER ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC1119E
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	SUN-GEE TRAVEL PTE LTD
Company Reg No	1XXXXX038Z
Email Address	ALVINLEXBUILDAUTO@GMAIL.COM
Mobile Phone No	(Phone) +65-68586888
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Golden Dragon
Model	XML6103J98
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	Manual
CC	6693

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5114665481-02-000025

DRIVER

Name of Driver	GURBAJ SINGH
Passport No/FIN	GXXXXX651C
Date Of Birth	19/12/1983
Occupation	Outdoor

Date Of Driving Pass	04/05/2022
Driving experience	4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-85095304
Alt. Phone Number	-
Email Address	ALVINLEXBUILDAUTO@GMAIL.COM
Address	244 LORONG CHUAN ,CHUAN PARK #03-04
Address complement	-
Postcode	556745
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	Side Swipe
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 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	SLA9298B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-91993532

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

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 law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

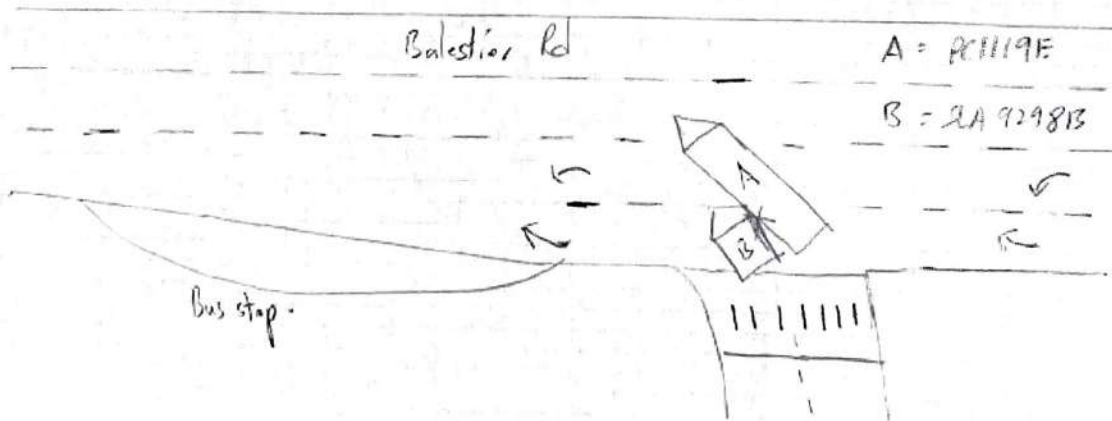


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

On 25/4/22 3.30 p.m. I driving my bus PC1119E from CTE.
Turn into Buxton Rd. Suddenly a vehicle SA9298B collided my bus
Left Hand side Compartment Door.

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

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	038Z
Vehicle No.:	PC1119E
Vehicle to be Exported:	No
Intended Deregistration Date:	11 Oct 2022
Vehicle Make:	GOLDEN DRAGON
Vehicle Model:	XML6103J98
Primary Colour:	Multicolor
Manufacturing Year:	2011
Engine No.:	ISBE430021980357
Chassis No.:	LL3BGCDH6BA002816
Maximum Power Output:	-
Open Market Value:	\$103,671.00
Original Registration Date:	13 Dec 2011
First Registration Date:	13 Dec 2011
Transfer Count:	2
Actual ARF Paid:	\$5,184.00
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
COE Expiry Date:	12 Dec 2026
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	5
PQP Paid:	\$20,325.00
COE Rebate Amount:	\$16,948.00
Total Rebate Amount:	\$16,948.00
Message	

Please note that all future COE renewals for this vehicle can only be for a 5-year period, subject to the statutory lifespan (if applicable) of the vehicle.

The information contained herein is correct as at 11 Oct 2022

OK