

ASS. REC. BY: AMM

REF: CS4/LIP 22009955/Rny3

406R
CoE - 2027/FEB

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
OB / TP / WS / TP RES / OD RES / EVA / INV / MV
To Inspect Vehicle No: PC21J
at Workshop m/s SC AWD
of 51, Senoko RD
Insured: LIP
Policy No. _____
Claims No. BVS22/1170
Sum Insured: _____ Excess: FBA
(Client's Record)
Make of Veh: _____

Veh No: PC 21J Yr Regn: 2012 / FEB
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or _____
Make: SCANIA K1B4X2 c.c. 8867
Colour: MULTI A/C: Insured / Std / NI / NA
Sp. Reading: _____ T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: 4S2K4X2000186Y585
Gen. Cond: Good / Fair / Poor / Burnt
Steering: In order / Jammed / Leaked / Burnt or _____
Brake: In order / Jammed / Leaked / Burnt or _____
Modi: NIP / S/Rim / STD A/Rim or _____
Tyre Size: F: 295/80R22.5
R: _____

(Policy Condition)
Remark: The veh had commenced its
repair at the time of inspection.

N/S	O/S

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. 01/10/22 D.O.I. 10/10/22
Survey held at SC AWD

Bal. or Market Value: 75K
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

Des. of Damages: Frt / Rear O/S / N/S / U/C / Rooftop or _____
The U/C / Chassis frame / Body Structure affected due to collision.

CA / REV / REP. / 24 HRS
Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Date / Time Action / Instruction
REPAIR LIMIT - 56K
TOTAL LOSS

01/12/22 submit extensive total loss mv:75k
due to external factor lta: 18913
nv: 56087

Date/Time, File Pass to? : Prell. Report
1) 01/12/22 : Final Report

Days Of Repair: _____
Resurvey No. of Trip: _____

Date/Time, File Return to? _____
2) _____
Report Format: extensive total loss
Lump Sum / I.B.I. (\$) _____

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

Survey Fee: _____
Transportation: _____
S + RS _____ \$
Photos _____
Others _____
500
TOTAL

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 17:08 (SGT)
Reported by	Driver
Date of Accident	01/10/2022 06:30 (SGT)
Exact Location of Accident	1A Telok Blangah Cres, Singapore 091001
Additional Location Information	AYE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number PC21J

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SIN U LIAN TRAVEL & COACH PTE.LTD.
Company Reg No	2XXXXX406R
Email Address	INFO@SINULIAN.COM.SG
Mobile Phone No	(Phone) +65-86697131
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Scania
Model	KIB4X2
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?	Yes
Vehicle Category	Bus
Transmission	Auto
CC	8867

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SD22V08386/VBS/R03

DRIVER

Name of Driver	SUN YUANYONG
Work Permit No	GXXXX145R
Date Of Birth	22/07/1973
Occupation	Outdoor

Date 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

21/05/2019
3 YEARS AND 5 MONTHS
Male
(Phone) +65-86697131
-
INFO@SINULIAN.COM.SG
61 WOODLANDS INDUSTRIAL PARK E9
#07-06 E9 PREMIUM
757047
No
Employee
No
-
-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident
Weather Conditions
Road Surface

Fire, explosion or lightning
Clear
Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?
Number of vehicles involved in the accident
Was anybody injured in the Accident?
Was any injured conveyed to hospital by ambulance?
Was any other vehicle or property damaged?
Number of Passengers (Including Driver)
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?
Translator's name
Translator's ID
Translator's phone number
Translator's email
Original language used in the statement

No
1
No
-
No
29
No
-
-
-
-

PASSENGER 1

Name
Gender

UNKNOWN
Male

PASSENGER 2

Name
Gender

UNKNOWN
Male

PASSENGER 3

Name
Gender

UNKNOWN
Male

PASSENGER 4

Name
Gender

UNKNOWN
Male

PASSENGER 5

Name
Gender

UNKNOWN
Male

PASSENGER 6

Name
Gender

UNKNOWN
Male

PASSENGER 7

Name
Gender

UNKNOWN
Male

DETAILS OF POLICE ACTION

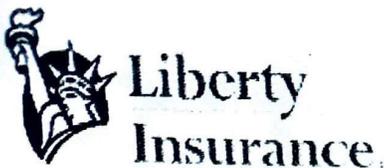
Was the accident reported to the police? No
Was notice of intended Prosecution given? No
If yes, against whom? -

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO STATEMENT.

ATTACHMENT(S)

Are accident photos available for attachment? Yes
Was there any video captured by Car Camera? No



Liberty Insurance Pte Ltd
Registration no. 199002791D
51 Club Street
#03-00 Liberty House
Singapore 069428
Tel: (65) 6221 8611
Website: <http://www.libertyinsurance.com.sg>

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987
ROAD TRANSPORT (AMENDMENT) ACT 2019
THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959

Certificate No	SD22V08386 /VBS /R03
Form	MZ603A
Date Of Issue	27-JUN-2022
1. Index Mark and Registration No. of Vehicle:	PC21J
2. Chassis number of Vehicle:	YS2K4X20001864585
3. Name of Policyholder:	SIN U LIAN TRAVEL & COACH PTE. LTD.
4. Effective date of Commencement of Insurance for the purpose of the Act:	03-JUL-2022 00:00 AM
5. Date of Expiry of Insurance:	02-JUL-2023 23:59 PM
6. Persons or Classes of Persons entitled to drive*:	
Any person provided he is in the Policyholder's employ and is driving on their order or with their permission. Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.	
7. Limitations as to use*:	
A) Use only for the carriage of passengers or goods in connection with the Policyholder's business. B) Use only in the Republic of Singapore.	
8. Policy does not cover:	
A) Use for racing, pace-making, reliability trials or speed-testing. B) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.	
*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 are not to be included under these headings.	
I/We hereby certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987.	
For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers 	
_____ Authorised Signature	
For Information only:	
COVERAGE :	Windscreen Limit (No Reinstatement Allowed), Geographical Area: Singapore only, Comprehensive
SUM INSURED:	MARKET VALUE AT THE TIME OF LOSS
EXCESS:	Refer To Operative Endorsement 'V0065 MEMORANDUM' S\$
FINANCE COMPANY:	SWEE SENG CREDIT P/L
PRODUCER NAME:	TAN INSURANCE BROKERS PTE LTD

PLYWI-/27-JUN-22

S1_CI_T1_T3_OE_Template2-Ver1.

27-JUN-22



SC AUTO

ACCIDENT STATEMENT DETAILS

DATE OF ACCIDENT : 1/10/2022 TIME OF ACCIDENT : 06:30 HRS

LOCATION Aye

VEHICLE A PC215 INSURER Liberty

OWNER Sin U Han Travel & coach A&L POLICY NUMBER SD22108384/YBS/203

OWNER'S CONTACT 86697131 COVERAGE TYPE

EMAIL ADDRESS info@sinulian.com.sg

DRIVER'S NAME Sun Yuanjung

DRIVER'S NRIC 688441452

DRIVER'S CONTACT 86697131

VEH A DAMAGES

VEHICLE MAKE & MODEL (AUTO/MANUAL)

NO. OF PASSENGERS (INCL. DRIVER) 28+1 M F

VEHICLE B

OWNER

OWNER'S CONTACT

INSURER

DRIVER'S NAME

DRIVER'S NRIC

DRIVER'S CONTACT

VEH B DAMAGES

ANY INJURY YES NO

REMARKS

VEH A

VEH B

WEATHER & ROAD CONDITIONS

CLEAR & DRY	<input checked="" type="checkbox"/>	RAINING & WET	<input type="checkbox"/>
AFTER RAIN & WET	<input type="checkbox"/>	OTHERS	<input type="checkbox"/>

WITNESS'S NAME & CONTACT

REPORTED TO POLICE YES NO

NOTICE OF INTENDED PROSECUTION GIVEN TO VEH A VEH B

VEHICLE A - DRIVER'S SIGNATURE :

DATE : 3/10/2022

SC Auto Industries (S) Pte Ltd
 61 Senoko Road, Singapore 758133
 T 65 6758 2222 F 65 6257 6931

scauto.com.sg
 Singapore · Hong Kong · Myanmar
 Co. Reg No: 1998001070

SKETCH PLAN

IMPORTANT NOTICE

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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

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

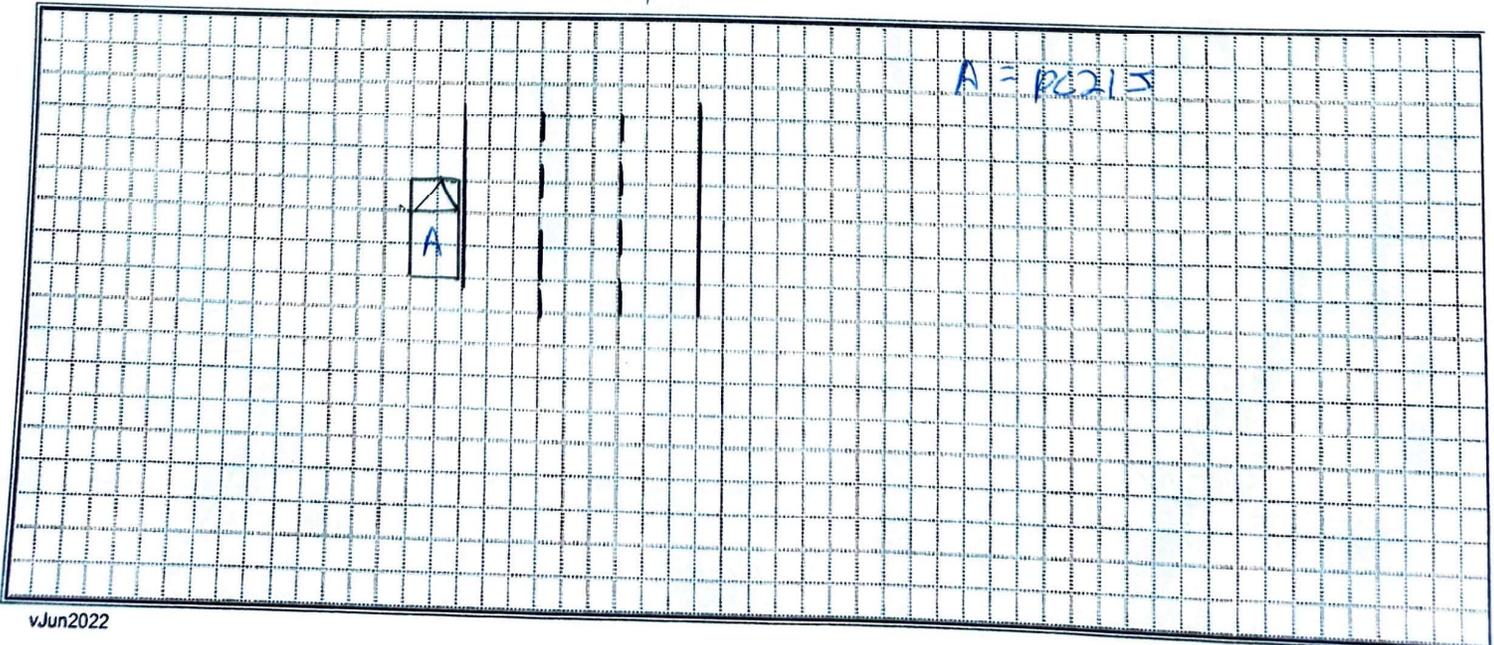
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

[Handwritten signature]

3/10/2022

[Handwritten signature]

Sketch Plan



Describe Circumstance of the Accident

I, Sun YuanYong of FN no. G3844145R on dated 1st Dec 2022 at about 06:30 hrs I was driving my company bus no PC21J and sending workers to Central Blvd from AYB (city). When reaching AYB near Alexandra Road, I saw from my bus mirror, my rear right wheel got stuck. I immediately stop my bus and evacuated the workers from my bus. After all workers have been evacuated, I immediately called the police for assistance.

Declaration

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Handwritten signature]

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

3/10/2022

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

[Handwritten signature]

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	406R
Vehicle No.:	PC21J
Vehicle to be Exported:	No
Intended Deregistration Date:	11 Oct 2022
Vehicle Make:	SCANIA
Vehicle Model:	KIB4X2
Primary Colour:	Multicolor
Manufacturing Year:	2009
Engine No.:	6419650
Chassis No.:	YS2K4X20001864585
Maximum Power Output:	-
Open Market Value:	\$123,094.00
Original Registration Date:	17 Feb 2012
First Registration Date:	17 Feb 2012
Transfer Count:	2
Actual ARF Paid:	\$6,155.00
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
COE Expiry Date:	16 Feb 2027
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	5
PQP Paid:	\$21,642.00
COE Rebate Amount:	\$18,913.00
Total Rebate Amount:	\$18,913.00

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