

ASS. REC-BY: Taufik

REF: CS/LIP220.0578/T9C

ASSIGNMENT

2026 April

From: _____ Date: _____

Estimated Cost: _____

OD / TP / VS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

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: \$28K.

IDAC Accident Report Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 3 days Res.: Yes or No

Lump Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

WY

Date: _____ Person Contacted: Hilmi Vehicle: IN / OUT

Veh No: PC6555X Yr Regn: 2011 April

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

Truck / Trailer or

Make: King long XMQ6 c.c. 8849

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

Sp. Reading: 568590 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: LA 6R1HS G1AB103209

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: n 4 (D)

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

TOYO / YOKO or Fivemax

Front

R/Bal. 8 mm R/Bal. 8/8 mm

L/Bal. 8 mm L/Bal. 8/8 mm

D.O.A. _____ D.O.L. 26/02/22

Survey held at The One Holdings

Des. of Damages: Frt / Rear / O/S (N/S) / U/C / Roof/tp or

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

Date / Time	Action / Instruction
	Taufikh finalised final fig \$2420, 3 days. (Red \$250, 9%)
	(No Lump Sum)

Date/Time, File Pass to?

1) 17/01 Typist

Date/Time, File Return to?

2) _____

Report Format: TP

Lump Sum / L.B.K. / 2420

Days Of Repair: 3

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Invs (\$

☐ : Weekend (\$

Survey Fee:

Transportation:

S + RS \$

Photos

Others



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/theholdings

QUOTATION

To: Liberty Insurance Pte Ltd
51, Club Street
#03-00 Liberty House
Singapore 069428

Our Ref :Q221029
Date :19/10/2022
Term :COD
In Charge :Hilmi

Dear Sir / Madam,

RE: Quotation for PC6555X

Remarks :Loss of Use \$200 X 3days + \$600

No.	Description	Qty	UOM	U/P (S\$)	Amt (S\$)
	Ad hoc				
1	To supply labour to facilitate the following repairs, 1) To un install 2pcs LHS compartment door for repairs, 2) Make new aluminium compartment door 1pc <i>bt</i> 3) Repair back compartment door 1pc <i>RY</i> 4) Spray back original colours Item 1 to 4 \$1650 <i>1500</i> 5) Black lock with key \$120 <i>120</i> 6) Labour \$900 <i>800</i>	1.00	UT	2,670.00	2,670.00

Note: Any additional jobs subjected to final checking & charges according.

Taufik 97495749 / 62563561
26/10/22 C/An
** p/p Resurvey before paint*
Taufik C/An
3 days

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:

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: 2,670.00
GST 7.0% : 186.90
Total Amount: 2,856.90

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	19/10/2022 11:04 (SGT)
Reported by	Driver
Date of Accident	19/10/2022 06:52 (SGT)
Exact Location of Accident	500 Old Choa Chu Kang Rd, Singapore 698924
Additional Location Information	Inside the compound before exit barrier
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC6555X
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	Sam Bus Pte Ltd
Company Reg No	2XXXXX304H
Email Address	sambbus@aol.com
Mobile Phone No	(Phone) +65-93299902
Alternative Phone No	(Office) +65-91712557

VEHICLE PARTICULARS

Manufacturer	King Long
Model	XMQ6118KMMC
Variant	Blue
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	8849

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D21MCV0005669

DRIVER

Name of Driver	Mohamed Sikandar Shah s/o Ismathinoon
NRIC No	SXXXX712A
Date Of Birth	15/08/1988
Occupation	Outdoor

Date Of Driving Pass	05/01/2010
Driving experience	12 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-85711442
Alt. Phone Number	(Office) +65-93299902
Email Address	sambbus@aol.com
Address	Blk 645 Yishun Street 61
Address complement	#05-320
Postcode	760645
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)	16
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	-

PASSENGER 1

Name	NA
Gender	Male

PASSENGER 2

Name	NA
Gender	Male

PASSENGER 3

Name	NA
Gender	Male

PASSENGER 4

Name	NA
Gender	Male

PASSENGER 5

Name	NA
Gender	Male

PASSENGER 6

Name	NA
Gender	Male

PASSENGER 7

Name	NA
Gender	Male

PASSENGER 8

Name	NA
Gender	Male

PASSENGER 9

Name	NA
Gender	Male

PASSENGER 10

Name	NA
Gender	Male

PASSENGER 11

Name	NA
Gender	Male

PASSENGER 12

Name	NA
Gender	Male

PASSENGER 13

Name	NA
Gender	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

On 19th Oct 2022 at around 06:52am, I was exiting out towards the centre barrier when suddenly I saw a lorry from my left side also wanted to exit, I slowed down to let him move first, while he move forward, it grazed onto my left hand side body and cause dented. We stopped and exchanged particulars. That is all I have to say.

ATTACHMENT(S)

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

Vehicle Registration Number	YP5105T
Vehicle Manufacturer	Mitsubishi
Vehicle Model	FUSO
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Goods vehicle
Name of Driver	Kabir Humayun
Work Permit No	GXXXX559R
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	Liberty Insurance Pte Ltd
Nature Of Damage	Dented
Details of property damaged in accident	NA
No. Of Passenger (Including Driver)	6

PASSENGER 1

Name	NA
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Gender **Male**

PASSENGER 2

Name **NA**

Gender **Male**

PASSENGER 3

Name **NA**

Gender **Male**

PASSENGER 4

Name **NA**

Gender **Male**

PASSENGER 5

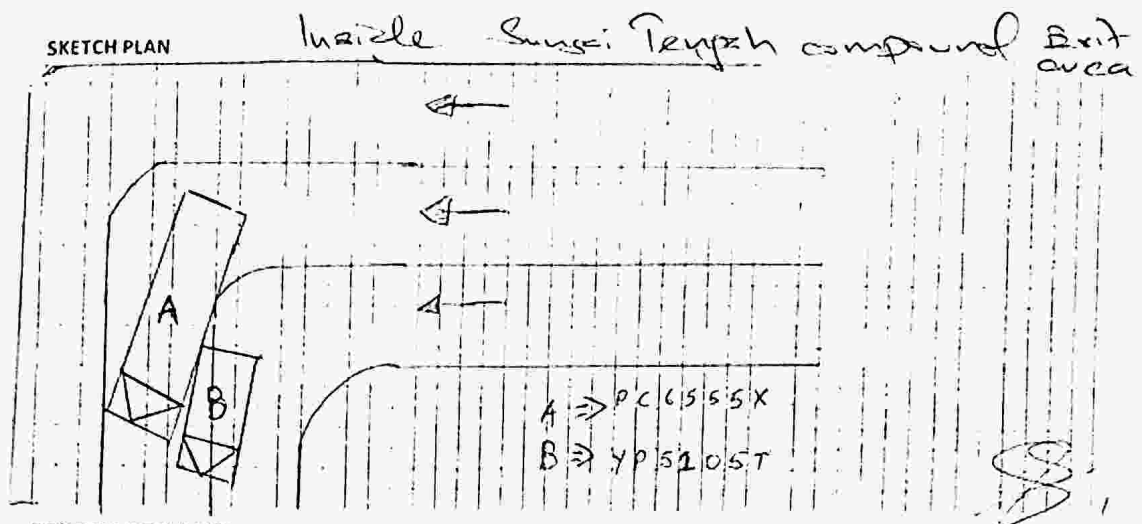
Name **NA**

Gender **Male**

PASSENGER 6

Name **NA**

Gender **Male**



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AT
On 19th Oct 2022 at around 6.50am,
I was exiting towards the centre barrier.
A lorry came from my left side. I
slowed down to let him move first, but
when he moved, the lorry grazed onto
my left hand side body. We stopped
and exchange particulars. That's all
I have to say.

DECLARATION

I/We declare that 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: HILMI DZAF S
NRIC/ID No: 27 072162