

(6/1/12) We: John
ASS. REC. BY:

REF: CS/FCI 2201105P/Rng 3

721W

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
To Inspect Vehicle No: XE 5471E
at Workshop m/s SC AUTO
of 51, SENEKO RD
Insured: FCI 2
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: 98k
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

Veh No: XE 5471E Yr Regn: 2019 / D62
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or
Make: VOLVO FMX38064R8SS DC c.c. 10837
Colour: RED A/C: Insured / Std / NI / NA
Sp. Reading: 221871 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: 4V2X9 R0DXLA854798
Gen. Cond: Good / Fair / Poor / Burnt
Steering: Order / Jammed / Leaked / Burnt or
Brake: Order / Jammed / Leaked / Burnt or
Modi: MP / S/Rim / STD A/Rim or
Tyre Size: F: 255/80R22.5
R: 12 0/0
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or TRIANGLE
Front _____ Rear _____
R/Bal. 8 mm R/Bal. 8/8 mm
L/Bal. 8 mm L/Bal. 8/8 mm
D.O.A. 01/11/22 D.O.I. 08/11/22
Survey held at SC AUTO
Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
N/S FR
The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction
REPAIR UNIT - 79K

Date/Time, File Pass to? ☐ : Prel. Report
1) ☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Report Format : _____

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

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

) S + RS SI
) Photos
) Others



SC AUTO INDUSTRIES (S) PTE LTD

51 Senoko Road, Singapore 758133

T 65 6758 2222 F 65 6257 6931

E sales@scauto.com.sg

scauto.com.sg

Co. Reg. No.

199800107D

M/S MS FIRST CAPITAL INSURANCE LIMITED

6 REFFLES QUAY #21-00

SINGAPORE 048580

Insured CHUAN LIM CONSTRUCTION PTE LTD

Policy 5125510264-000041

Damaged Vehicle No: XE5471E

ESTIMATE BILL

GST Reg. No: 199800107D

Date: 7/11/2022

Our Case Ref.

Accident Date 1/11/2022

S/no	Description	QTY	Price	Amount	Remark
Replaced Parts					
1	FRONT SIDE MIRROR ASSY LH <i>cm</i>	1 PC	\$3,680.10	\$ 3,680.10	
2	SUNDRIES <i>X</i>		\$ 200.00	\$ 200.00	
Labour Charges					
1	LABOUR TO REMOVE, REINSTALL SIDE MIRROR ASSY LH. CHECK ACCORDING TO DAMAGE.		\$ 960.00	\$ 960.00 320	
TOTAL				\$ 4,840.10	

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
Ap 20010068
1 day
45
08/11/22 e o/su
Reg after report



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	01/11/2022 16:44 (SGT)
Reported by	Driver
Date of Accident	01/11/2022 12:37 (SGT)
Exact Location of Accident	Mountbatten Rd, Singapore
Additional Location Information	MOUNTBATTEN ROAD TURNING TOWARDS OLD AIRPORT ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XE5471E
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	CLC MACHINERY PTE LTD
Company Reg No	2XXXXXX721W
Email Address	CHONGLENG.YEE@CHUANLIM.COM
Mobile Phone No	(Phone) +65-65710615
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Volvo
Model	FMX380
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	Goods vehicle
Transmission	Auto
CC	10837

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5125510264-000041

DRIVER

Name of Driver	GOH ZEE KEAN
Passport No/FIN	GXXXX081M
Date Of Birth	05/03/1983



Occupation	Outdoor
Date Of Driving Pass	08/09/2008
Driving experience	14 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93666220
Alt. Phone Number	-
Email Address	KAIENN.TIU@CHUANLIM.COM
Address	20 SENOKO DRIVE
Address complement	-
Postcode	758207
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	Collided into Parked Vehicle
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 STATEMENT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YP6176G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Goods vehicle
Name of Driver	FENG LIDA

Report No/FIN	GXXXX152L
Contact Number	(Phone) +65-98674573
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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 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 lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



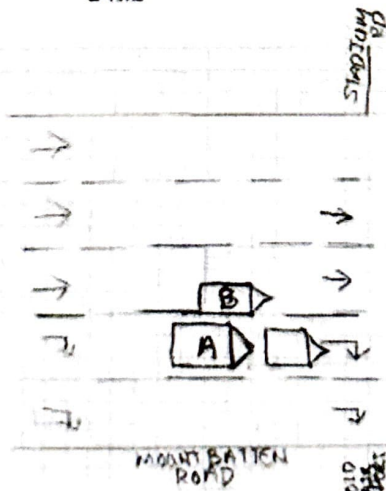
Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel

Sketch Plan



A: XE547IE
B: YP6176G

Describe Circumstances of the Accident

On 01 Nov 2022 about 12:37hrs, I was driving XE5471E (Vehicle A) at a fifth lane road on mountbatten road turning towards old airport road and i was waiting for traffic light to turn green . on my left lane vehicle B (YP6176G) collided and damage my left hand upper and lower mirror

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

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	721W
Vehicle Details	
Vehicle No.:	XE5471E
Vehicle to be Exported:	No
Intended Deregistration Date:	08 Nov 2022
Vehicle Make:	VOLVO
Vehicle Model:	FMX380 64R RSS DC E6D
Primary Colour:	Red
Manufacturing Year:	2019
Engine No.:	D11484536
Chassis No.:	YV2X9R0DXLA854798
Maximum Power Output:	-
Open Market Value:	\$101,440.00
Original Registration Date:	27 Dec 2019
First Registration Date:	27 Dec 2019
Transfer Count:	0
Actual ARF Paid:	\$5,072.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	26 Dec 2029
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$25,392.00
COE Rebate Amount:	\$18,108.00
Total Rebate Amount:	\$18,108.00

The information contained herein is correct as at 08 Nov 2022