

ASS. REC. BY:

REF:

Smo/ 22011056/Kg

Kenneth

## ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

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.

Bal. or Market Value:

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

days

Res.: Yes or No

Lum Sum:

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

Veh No:

PH 5115M

Yr Regn:

08.16

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

Truck / Trailer or

Make:

F-TBCI

c.c

4461

Colour:

Multi Colour

A/C:

Insured / Std / Nil / NA

Sp. Reading

50818

T/Radio:

Insured / Std / Nil / NA

Eng/No:

C/No:

LA 9L1DAB 64TFBC026

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

9 R22.5

R:

(0)

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

TOYO / YOKO or

Front

Rear

R/Bal.

S

mm

R/Bal.

S

mm

L/Bal.

P

mm

L/Bal.

P

mm

D.O.A.

2/11/22

D.O.I.

8/11/2022

Survey held at

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

d/s rear

The UIC / Chassis frame / Body Structure affected due to collision.

Date/Time, File Pass to?

☐

Prell. Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

\$ - RS. \$

Fees

Others

TOTAL

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

1)

Date/Time, File Return to?

2)

Report Format :

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

# A T AUTO CONSULTANT

Blk 113 Teck Whye Lane #05-650 Singapore 680113  
HP: 8386 8989 EMAIL:atautoconsultant@gmail.com  
Co. Reg. No. : 53368526E

Not Notified  
11/11/22  
Merry After Pains  
3 days

Date of Estimate: 06.11.2022  
Vehicle No: PH5115M  
Owner: FEIDA BUS CONSORTIUM PTE LTD  
Date of Accident: 02.11.2022  
Make & Model: FTBCI/LEXBUILD-HOLA WALLABY 88 AUTO  
Chassis No : LA9L1DAB6GFFBC026

## ESTIMATE FOR ACCIDENT VEHICLE NOS PH5115M

### PARTS

- |   |   |                                    |
|---|---|------------------------------------|
| 1 | 1 | Tail lamp RH                       |
| 2 | 1 | Tail lamp panel (repair)           |
| 3 | 1 | Tail lamp panel reflector          |
| 4 | 1 | Rear bumper (repair)               |
| 5 | 1 | Rear bumper corner panel           |
| 6 | 1 | Rear bumper corner panel reflector |

SUB TOTAL  
LESS 5% 10%  
DISCOUNTED SUB TOTAL

CM	\$560.00	—
	\$0.00	
mir	\$102.00	—
	\$0.00	
n	\$1,200.00	X
m	\$82.00	X
	<u>\$1,944.00</u>	
	\$97.20	
	<u>\$1,846.80</u>	

### S. NETT ITEM

SUB TOTAL  
LESS 0 %  
DISCOUNTED SUB TOTAL

	\$0.00
	\$0.00
	<u>\$0.00</u>

### LABOUR

- |   |   |
|---|---|
| 1 | Panel beating for replace and repair affected parts |
| 2 | Spray painting on affected area x 3 colours         |
| 3 | Wiring charges & testing commissioning              |
| 4 | Apply putty and anti-corrosion to affected parts    |

SUB TOTAL (LABOUR)

	\$800.00	400
	\$900.00	600
	\$100.00	200
na	\$200.00	X
	<u>\$2,000.00</u>	

S.NET ITEM

\$0.00

SUB TOTAL (PARTS)

\$1,846.80

SUB TOTAL (LABOUR)

\$2,000.00

ESTIMATED GRAND TOTAL

\$3,846.80

PLEASE NOTE THAT THE ABOVE IS ONLY AN ESTIMATE. THEREFORE, SHOULD THERE OF REPAIRS, WE WOULD INFORM YOU ACCORDINGLY FOR NECESSARY ACTION.  
PRICES OF PARTS QUOTED ARE SUBJECT TO CHANGE WITHOUT NOTICE.

APPROVING OFFICER SIGNATURE & COMPANY'S CHOP

- 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:



## 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	03/11/2022 18:04 (SGT)
Reported by	Driver
Date of Accident	02/11/2022 09:10 (SGT)
Exact Location of Accident	SLE, Singapore
Additional Location Information	SLE TOWARDS BKE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	PH5115M
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	FEIDA BUS CONSORTIUM PTE LTD
Company Reg No	2XXXXX228M
Email Address	YOHEY@GOHTPT.COM.SG
Mobile Phone No	(Phone) +65-98536808
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	FTBCI
Model	LEXBUILD
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Bus
Transmission	Manual
CC	0

### INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SD22V12546/VBS/R01

### DRIVER

Name of Driver	ONG THIAM GUAN
NRIC No	SXXXX598C
Date Of Birth	03/08/1957
Occupation	Outdoor

### SKETCH PLAN

#### IMPORTANT NOTICE

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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 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.

#### 5. 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

CHAI KAR YEE

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

#### Sketch Plan

