

REC'D BY: Steve CS/CT177011405/E9Y3

ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_  
Estimated Cost: \_\_\_\_\_  
OD / TP / WS / TP RES / OD RES / EVA / INV / MV  
To inspect Vehicle No: \_\_\_\_\_  
at Workshop m/s \_\_\_\_\_  
oi \_\_\_\_\_  
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.

|                |                |
|----------------|----------------|
| <del>NIS</del> | <del>O/S</del> |
| <del>NIS</del> | <del>O/S</del> |

Est. or Market Value: \_\_\_\_\_  
IDAC Accident Report: \_\_\_\_\_ Consistent? : Yes or No  
GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No  
Est. Repairs: 12 days Res.: Yes or No  
Lump Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: PC 216P Yr Regn: 1/4/11  
Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
Truck / Trailer or  
Make: Golden Dragon XMLE957 No 6700  
Colour: Multi-Colour A/C: Insured / Std / Nil / NA  
Sp. Reading: 103817 T/Radio: Insured / Std / Nil / NA  
Eng/No: \_\_\_\_\_  
C/No: LL33L6CDH19A010490  
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 / R/Rim or  
Tyre Size: F: 285/80R77.5  
R: "  
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHT / PIR / SUN /  
TOYO / YOKO or \_\_\_\_\_

Front \_\_\_\_\_ Rear \_\_\_\_\_  
R/Bal. 4 mm R/Bal. 4 mm  
L/Bal. 4 mm L/Bal. 4 mm  
D.O.A. 8/11/12 D.O.I. 15/11/12  
Survey held at AT Auto  
Des. of Damages: Front / Rear / O/S / NIS / U/S / Roof/Top

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

We will be advising our principal for the costs of repairs in \$19,950.00 (L/S, before GST), 12 days. Subject to their approval.

(Red \$17426.60, 47%)

Date/Time, File Pass to?

☐ : Prel. Report  
☐ : Final Report

1) 18/01 Typist

Date/Time, File Return to?

2)

Report Format:

MER-TP

Lump Sum / L/S

19950

Days Of Repair: 12

Resurvey No. of Trip: 2

Add Fee:

☐ : Site Insp (\$ \_\_\_\_\_)  
☐ : Interview (\$ \_\_\_\_\_)  
☐ : Tech. Invs (\$ \_\_\_\_\_)  
☐ : Weekend (\$ \_\_\_\_\_)

Survey Fee:

Transportation:

L.S. + P.S. \$ \_\_\_\_\_

Notes

Notes

TOTAL



# A T AUTO CONSULTANT

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

Steve (LKK)  
15/11/22, 4:30pm

M N

L/S

M A L Y

12 L/S

Date of Estimate: 09.11.2022  
Vehicle No: PC216P  
Owner: CITITRANS BUS TRANSIT PTE LTD  
Date of Accident: 08.11.2022  
Make & Model: GOLDEN DRAGON XML6957J14  
Chassis No : LL3BECDH9AA014494

## ESTIMATE FOR ACCIDENT VEHICLE Nos PC216P

### PARTS

|                      |   |  |      |   |            |                   |
|----------------------|---|--|------|---|------------|-------------------|
| 1                    | 1 | Front bumper / OR                      |      |   | \$2,850.00 | 2500 ✓            |
| 2                    | 1 | Front bumper bracket 1 ✓ BT            |      |   | \$1,250.00 | 400 ✓             |
| 3                    | 1 | Front panel / OR                       |      |   | \$3,650.00 | 3200 ✓            |
| 4                    | 1 | Front inner support panel(repair) VR   |      |   | \$0.00     | X                 |
| 5                    | 2 | Head lamp RH/LH ✓ / OR                 | 1530 | @ | \$1,689.00 | \$3,378.00 3060 ✓ |
| 6                    | 1 | Rear engine hood / OR                  |      |   | \$2,800.00 | ✓                 |
| 7                    | 1 | Rear engine hood lock ? ✓ BT           |      |   | \$485.00   | 200 ✓             |
| 8                    | 1 | Rear bumper / OR                       |      |   | \$2,356.00 | 2100 ✓            |
| 9                    | 1 | Rear bumper bracket - BT               |      |   | \$480.00   | 400 ✓             |
| 10                   | 2 | Rear bumper reflector RH/LH X- OR - RH | 110  | @ | \$180.00   | \$360.00 110 ✓    |
| 11                   | 2 | Rear tail lamp corner panel RH/LH - OR | 2200 | @ | \$3,650.00 | \$7,300.00 2200 ✓ |
| 12                   | 1 | Rear reverse lamp RH X NN              |      |   | \$135.00   | X                 |
| 13                   | 1 | Rear inner support frame ? X Repair    |      |   | \$2,400.00 | X                 |
| 14                   | 1 | Exhaust tail pipe / BT                 |      |   | \$1,280.00 | ✓                 |
| 15                   | 1 | Hydraulic pressure pump ? X NN         |      |   | \$650.00   | X                 |
| 16                   | 1 | Coolant fan pulley / BT                |      |   | \$780.00   | ✓                 |
| 17                   | 3 | Coolant fan pulley belts / CUT         | 240  | @ | \$280.00   | \$840.00 240 ✓    |
| 18                   | 1 | Rear compartment panel RH(repair) X R  |      |   | \$0.00     | X                 |
| SUB TOTAL            |   |  |      |   | 19,270.00  |                   |
| LESS 10 %            |   |  |      |   | -10%       |                   |
| DISCOUNTED SUB TOTAL |   |  |      |   | 17,343.00  |                   |
|                      |   |  |      |   |            | \$30,994.00       |
|                      |   |  |      |   |            | \$3,099.40        |
|                      |   |  |      |   |            | \$27,894.60       |

### S. NETT ITEM

|                      |   |                           |      |   |         |            |       |
|----------------------|---|---------------------------|------|---|---------|------------|-------|
| 1                    | 6 | Windscreen sealant        | / Mc | @ | \$30.00 | \$180.00   | ✓     |
| 2                    | 1 | Front & rear number plate | / JR |   |         | \$100.00   | ✓     |
| 3                    | 1 | Front company logo        | / Mc |   |         | \$280.00   | 200 ✓ |
| 4                    | 1 | Rear company logo         | / Mc |   |         | \$560.00   | 500 ✓ |
| SUB TOTAL            |   |                           |      |   |         | \$1,120.00 |       |
| LESS 0 %             |   |                           |      |   |         | \$0.00     |       |
| DISCOUNTED SUB TOTAL |   |                           |      |   |         | 980        |       |
|                      |   |                           |      |   |         | \$1,120.00 |       |

### LABOUR

|                    |   |      |            |
|--------------------|---|------|------------|
| 1                  | Panel beating for replace and repair affected parts | 3000 | \$3,600.00 |
| 2                  | Spray painting on affected area for 3 colours       | 2500 | \$3,200.00 |
| 3                  | Remove & Reinstall front windscreen                 |      | \$800.00 ✓ |
| 4                  | Wiring charges & testing commissioning              | 100  | \$200.00   |
| 5                  | Apply putty and anti-corrosion to affected parts    | 50   | \$400.00   |
| SUB TOTAL (LABOUR) |   | 6450 | \$8,200.00 |

24,773.00 + 162 (supp)  
= 24,935.00

L/S - 19,948.00  
= 19,950.00



> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

| Vehicle Owner Particulars  |                         |
|--|-------------------------|
| Owner ID Type:   | Company                 |
| Owner ID:  | 000G                    |
| Vehicle Details  |                         |
| Vehicle No.:   | PC216P                  |
| Vehicle to be Exported:  | Yes                     |
| Intended Deregistration Date:  | 13 Nov 2022             |
| Vehicle Make:  | GOLDEN DRAGON           |
| Vehicle Model:   | XML6957J14              |
| Primary Colour:  | Multicolor              |
| Manufacturing Year:  | 2010                    |
| Engine No.:  | ISBE422521972391        |
| Chassis No.:   | LL3BECDH9AA014494       |
| Maximum Power Output:  | -                       |
| Open Market Value:   | \$87,489.00             |
| Original Registration Date:  | 01 Apr 2011             |
| First Registration Date:   | 01 Apr 2011             |
| Transfer Count:  | 1                       |
| Actual ARF Paid:   | \$4,375.00              |
| Intended PARF Rebate Details   |                         |
| PARF Eligibility:  | No                      |
| PARF Eligibility Expiry Date:  | -                       |
| PARF Rebate Amount:  | \$0.00                  |
| Intended COE Rebate Details  |                         |
| COE Expiry Date:   | 31 Jan 2026             |
| COE Category:  | C - Goods Vehicle & Bus |
| COE Period(Years):   | 5                       |
| PQP Paid:  | \$16,400.00             |
| COE Rebate Amount:   | \$10,545.00             |
| Total Rebate Amount:   | \$10,545.00             |
| 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 13 Nov 2022

OK



## 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 ..... 09/11/2022 10:21 (SGT)  
Reported by ..... Both  
Date of Accident ..... 08/11/2022 07:20 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... PIE TOWARDS TUAS AFTER TENGAH FLYOVER  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... PC216P

#### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... CITITRANS BUS TRANSIT PTE LTD  
Company Reg No ..... 2XXXXX000G  
Email Address ..... ivy@cititrans.com.sg  
Mobile Phone No ..... (Phone) +65-98286771  
Alternative Phone No ..... -

#### VEHICLE PARTICULARS

Manufacturer ..... Golden Dragon  
Model ..... XML6957J14  
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 ..... 6700

#### INSURANCE COMPANY

Name of Insurance Company ..... Allianz Insurance Singapore Pte. Ltd.  
Policy Number / Cover Note Number ..... SP2002812768

#### DRIVER

Name of Driver ..... TEY SING CHAI  
Passport No/FIN ..... GXXXX285X  
Date Of Birth ..... 24/07/1991  
Occupation ..... Outdoor



|  |  |
|--|--|
| Date Of Driving Pass   | 17/06/2016                                 |
| Driving experience   | 6 YEARS AND 5 MONTHS                       |
| Gender   | Male                                       |
| Mobile Number  | (Phone) +65-98975046                       |
| Alt. Phone Number  | -  |
| Email Address  | ivy@cititrans.com.sg                       |
| Address  | NOS 7 MANDAI LINK #04-12 MANDAI CONNECTION |
| Address complement   | -  |
| Postcode   | 728653                                     |
| 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   | Chain Collision |
| Weather Conditions | Clear           |
| Road Surface       | Dry             |

#### OTHER INFORMATION

|   |     |
|---|-----|
| Was any foreign vehicle involved in the accident?   | No  |
| Number of vehicles involved in the accident   | 3   |
| 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)   | 25  |
| 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   | UNKNOWN |
| Gender | Male    |

#### PASSENGER 2

|        |         |
|--------|---------|
| Name   | UNKNOWN |
| Gender | Male    |

#### PASSENGER 3

|        |         |
|--------|---------|
| Name   | UNKNOWN |
| Gender | Male    |

#### PASSENGER 4

|        |         |
|--------|---------|
| Name   | UNKNOWN |
| Gender | Female  |

#### PASSENGER 5

|        |         |
|--------|---------|
| Name   | UNKNOWN |
| Gender | Female  |

#### PASSENGER 6

|        |         |
|--------|---------|
| Name   | UNKNOWN |
| Gender | Female  |

#### PASSENGER 7

|        |         |
|--------|---------|
| Name   | UNKNOWN |
| Gender | Female  |



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

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 YQ2937Z  
Vehicle Manufacturer -  
Vehicle Model -  
Vehicle Variant -  
Vehicle Colour -  
Vehicle Category Commercial vehicle  
Name of Driver -  
Contact Number -  
Address -  
Address complement -  
Postcode -  
Insurance Company Name -  
Nature Of Damage -  
Details of property damaged in accident -  
No. Of Passenger (Including Driver) -

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SCX4065A  
Vehicle Manufacturer -  
Vehicle Model -  
Vehicle Variant -  
Vehicle Colour -  
Vehicle Category Private car  
Name of Driver -  
Contact Number -  
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 Actual Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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.

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/email 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)

Sketch Plan

|                      |                 |
|----------------------|-----------------|
| → B A C              | A-PC216P        |
| →                    | B-YQ2937Z       |
| → PIE Towards Ties   | C-SCX4065A      |
| After Tengah Flyover | Date 08/11/2022 |
|                      | Time 0720 hrs   |






Describe Circumstance of the Accident



On mentioned date and time, I was driving along RT3, toward two after Tengah Flyover on most left lane.

As I drove, the front vehicle C brake so I follow. Suddenly I felt a huge impact from the rear, my vehicle was pushed and collided onto vehicle C. I checked after stopping, it was vehicle B that collided onto my rear.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature (Date & Time)    Actual Driver's Signature (if driver is not the policyholder) (Date & Time)    Witnessed by Reporting Officer Personnel (Name as in NRIC/ID card)

vJun2022

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