

ASS. REC. BY:

REF:

EQ / 22011492/KC

Kenneth

## ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / 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.

Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

03

days

Res.: Yes or No

Lum Sum:

20

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

PC 8883K

Yr Regn:

01, 19

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

Truck / Trailer or

Make:

Scania K184X2

C.C

12742

Colour

White / Pink

A/C:

Insured / Std / NI / NA

Sp. Reading

602848

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

YS2K4X20001906241

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

R:

295 / 80 R22-5 (0)

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
TOYO / YOKO or

Duratum

Front

Rear

R/Bal.

9

mm

R/Bal.

9

9

mm

L/Bal.

9

mm

L/Bal.

9

9

mm

D.O.A.

10/11/22

D.O.I.

21/4/2023

Survey held at

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

at the time of inspection.  
The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

21/4 Wksp will email damaged photos over.

25/5 C/P, @ 2000h email no answer.

18/7 Help me to check Raymond for confirmation

18/7 Raymond confirmed LS \$2000; 3 days with Kenneth. (Red \$1230f, 3&2.)

Date/Time, File Pass to?



: Prell. Report

1)



: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

3

Resurvey No. of Trip:

Survey Fee:

Transportation:

S - RS - SI

Fees

Others

TOTAL

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech Invs (\$



: Weekend (\$

Report Format:

TP

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

2000f

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Company
Owner ID:	958D
<b>Vehicle Details</b>	
Vehicle No.:	PC8883K
Vehicle to be Exported:	No
Intended Deregistration Date:	18 Jul 2023
Vehicle Make:	SCANIA
Vehicle Model:	KIB4X2
Primary Colour:	Multicolor
Manufacturing Year:	2017
Engine No.:	DC13115K017054731
Chassis No.:	YS2K4X20001906241
Maximum Power Output:	-
Open Market Value:	\$192,469.00
Original Registration Date:	09 Jan 2019
First Registration Date:	09 Jan 2019
Transfer Count:	0
Actual ARF Paid:	\$9,624.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	08 Jan 2029
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$29,501.00
COE Rebate Amount:	\$16,146.00
<b>Total Rebate Amount:</b>	<b>\$16,146.00</b>

The information contained herein is correct as at 18 Jul 2023

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	11/11/2022 17:53 (SGT)
Reported by	Driver
Date of Accident	10/11/2022 21:50 (SGT)
Exact Location of Accident	Singapore, Tg Katong Rd12
Additional Location Information	PAYAR LEBAR RD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC8883K
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	RIDEWELL TRAVEL PTE LTD
Company Reg No	1XXXXX958D
Email Address	AHTEE78@GMAIL.COM
Mobile Phone No	(Phone) +65-97483300
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?	No - Claiming third party
Vehicle Category	Bus
Transmission	Auto
CC	12742

### INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SI21V16573/VBS/R01

### DRIVER

Name of Driver	TAN SHY WEE (CHEN SHIWEI)
NRIC No	SXXXX292A
Date Of Birth	02/08/1978
Occupation	Outdoor

Date Of Driving Pass	14/12/2000
Driving experience	21 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93880304
Alt. Phone Number	-
Email Address	AHTEE78@GMAIL.COM
Address	BLK 989D JURONG WEST STREET 93
Address complement	#11-663
Postcode	644989
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	Raining
Road Surface	Wet

#### 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)	4
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	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

I WAS DRIVING ALONG PAYA LEBAR RD. SUDDENLY VEHICLE NO: SKN8581H GONNA CHANGE TO MY LANE FROM MIDDLE LANE THEN SIDE SWIPE MY VEHICLE WHILE I DRIVE ALONG THE 3RD LANE.

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKN8581H
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)	-

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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.

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 insurers(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:

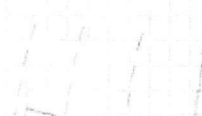
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (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.

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

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



A. PCB-X  
 E. = SCHV35814

**Describe Circumstance of the Accident**

I was driving along Rye Water rd. Suddenly when at GREEN LIGHT green changes to my front and middle lane then STOP sign by vehicle while I drive along the 3rd lane.

**Declaration**

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

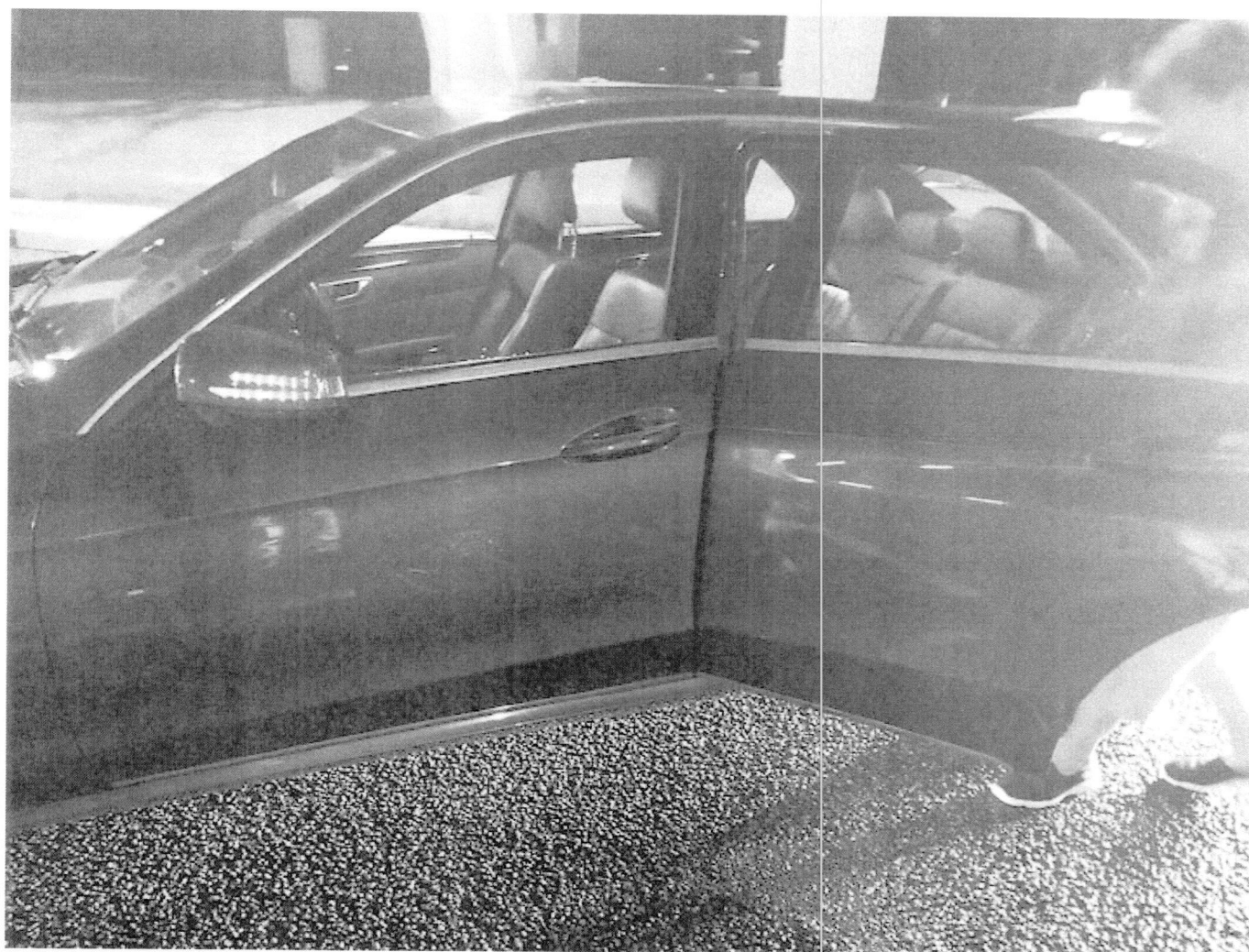


Policyholder's Signature / Date & Time

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

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

IMAGES

















# 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

M/S

RIDEWELL TRAVEL PTE LTD  
26 BOON LAY WAY  
#01-75 TRADEHUB 21  
SINGAPORE 609970

## ESTIMATE BILL

Date : 16/11/2022  
Our Case Ref :  
Accident Date : 10/11/2022

Vehicle No. : PC8883K

S/NO.	DESCRIPTION	Qty	Price	Disc	Amount
<b>Replaced Parts</b>					
1	RHS FRONT PANEL TOP	1 PC	600.00		600.00
2	ALUMINIUM PROFILE	1 PC	150.00		150.00
<b>Labour</b>					
1	LABOUR FOR BODYWORK	1	1,280.00		1280.00
2	SPRAY PAINTING	1	1,200.00		1200.00
<b>Sub Total</b>					<b>\$ 3,230.00</b>

Not Withheld  
Repair After Rain

3 days 61 Lmy @ 2000/h

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

• Supplier(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

Authorised Signature