

ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To inspect Vehicle No: XE 4928L

at Workshop n/s SNG AH TEG

of PIONEER RD NORTH

Insured: AW

Policy No. \_\_\_\_\_

Claims No. \_\_\_\_\_

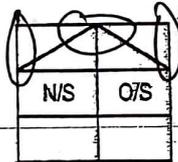
Sum Insured: \_\_\_\_\_ Excess: 1500

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value: 180K

IDAC Accident Report: \_\_\_\_\_ 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 4928L Yr Regn: 2019 / Jw

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

Truck / Trailer or

Make: SCANIA P370A4X2W2 cc 12742

Colour: W416 A/C:  Insured /  Std /  Nil /  NA

Sp. Reading: 244562 T/Radio:  Insured /  Std /  Nil /  NA

Eng No: \_\_\_\_\_

C/No: 4S2P4X200005540287

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: 245/80R22.5

R: 21 0/0

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

TOYO /  YOKO or CONTINENTAL

Front \_\_\_\_\_ Rear \_\_\_\_\_

R/Bal: 8 mm R/Bal: 8/8 mm

L/Bal: 8 mm L/Bal: 8/8 mm

D.O.A. 16/11/22 D.O.I. 25/11/22

Survey held at SNG AH TEG

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

N/S FR, FR, O/S FR

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

Date / Time Action / Instruction

REPAIR LIMIT - 162K

Date/Time, File Pass to?

: Prel. Report

1) Date/Time, File Return to?

: Final Report

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

S + RS, SI

Photos

Others

Add Fee:  : Site Insp (\$)

: Interview (\$)

: Tech. Invs (\$)

: Weekend (\$)

Report Format : \_\_\_\_\_

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

TOTAL

# 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 11:43 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 10/11/2022 00:45 (SGT)  
Exact Location of Accident ..... 71 Tuas S Blvd, Singapore 636743  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... XE4928L

INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... ATS LOGITICS PTE LTD  
Company Reg No ..... 1XXXXX656C  
Email Address ..... OPERATION@ATSLOG.COM.SG  
Mobile Phone No ..... (Phone) +65-62660608  
Alternative Phone No ..... -

## VEHICLE PARTICULARS

Manufacturer ..... Scania  
Model ..... P370A4X2NZ  
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? ..... Yes  
Vehicle Category ..... Commercial vehicle  
Transmission ..... Auto  
CC ..... 12742

## INSURANCE COMPANY

Name of Insurance Company ..... Allianz Insurance Singapore Pte. Ltd.  
Policy Number / Cover Note Number ..... SPCM1000000915

## DRIVER

Name of Driver ..... ZHANG MENG  
Passport No/FIN ..... GXXXX667P  
Date Of Birth ..... 20/12/1989  
Occupation ..... Outdoor

Date Of Driving Pass	01/11/2017
Driving experience	5 YEARS
Gender	Male
Mobile Number	(Phone) +65-91329423
Alt. Phone Number	-
Email Address	OPERATION@ATSLOG.COM.SG
Address	63 TEBAN GARDENS ROAD
Address complement	-
Postcode	-
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 Property
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
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 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	-
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	-
Name of Driver	NA / Unknown
Contact Number	-

Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	BLACK/YELLOW CONCRETE
No. Of Passenger (Including Driver)	-

### INJURED PERSONS DETAILS

INJURED 1

Name of injured person	ZHANG MENG
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	XE4928L
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

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 wilful misrepresentation or withholding of material facts may allow insurance companies to repeal the 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/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/are 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

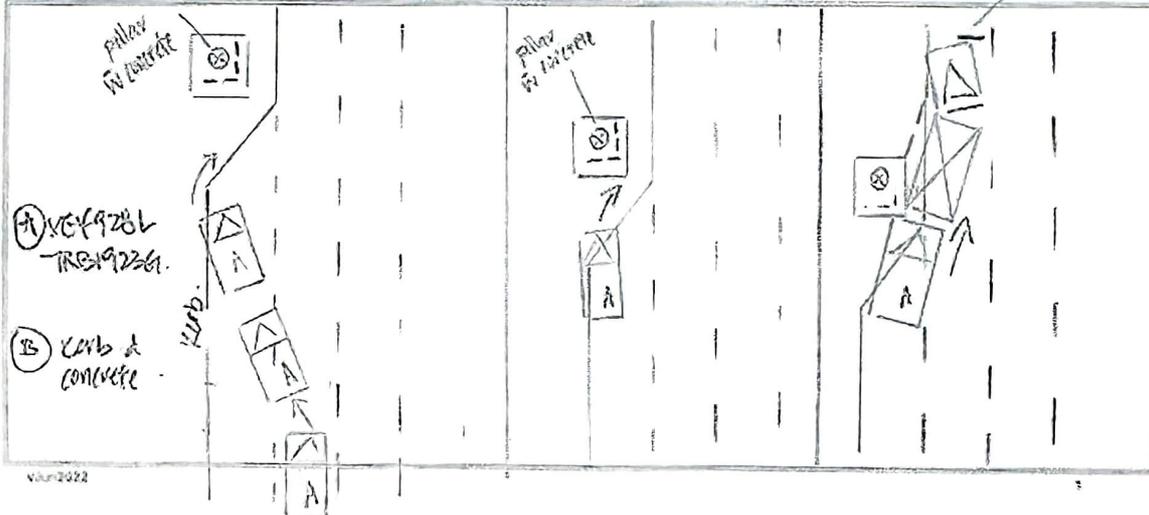
*Zhang Jinqiang*

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

*[Signature]*

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

Sketch Plan



DESCRIBE Circumstance of the Accident

On 10/11/2022 @ around 00:15 hrs, I went to 71 rue South Boulevard (PSA TRMS Terminal Parkway). While driving out to the exit suddenly I felt sleepy & did not notice that I had ~~fall~~ asleep off. After that I had huge impact & shock up & realize that my vehicle went up the kerb & swung back to right to avoid any contact but I still hit onto the concrete & caused my vehicle serious damage.

Claim own policy  
 Claim third party  
 Claim OD / TP at other workshop  
 For related purpose

Policy No. \_\_\_\_\_  
 Insurer PSA TRMS - Veh. No. \_\_\_\_\_

I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT MY OWN DAMAGE CLAIM UNDER MY POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

Declaration

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



Policyholder's Signature / Date & Time

Zhang Meng

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

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

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

### Vehicle Owner Particulars

Owner ID Type:

Company

Owner ID:

656C

### Vehicle Details

Vehicle No.:

XE4928L

Vehicle to be Exported:

No

Intended Deregistration Date:

14 Nov 2022

Vehicle Make:

SCANIA

Vehicle Model:

P370A4X2NZ

Primary Colour:

Multicolor

Manufacturing Year:

2019

Engine No.:

DC13149L017148573

Chassis No.:

YS2P4X20005540287

Maximum Power Output:

-

Open Market Value:

\$97,935.00

Original Registration Date:

04 Jun 2019

First Registration Date:

04 Jun 2019

Transfer Count:

0

Actual ARF Paid:

\$4,897.00

### Intended PARF Rebate Details

PARF Eligibility:

No

PARF Eligibility Expiry Date:

-

PARF Rebate Amount:

\$0.00

### Intended COE Rebate Details

COE Expiry Date:

03 Jun 2029

COE Category:

C - Goods Vehicle & Bus

COE Period(Years):

10

QP Paid:

\$27,021.00

COE Rebate Amount:

\$17,709.00

**Total Rebate Amount:**

**\$17,709.00**

The information contained herein is correct as at 14 Nov 2022

OK