

ASS. REC. BY:

REF:

CTZ/ 23002406/KP

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.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent?: Yes or No

GIA / PR Seen: _____ Consistent?: Yes or No

Est. Repairs: 07 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Date / Time Action / Instruction

Veh No: PC 9255J Yr Regn: 12, 11

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

Truck / Trailer or _____

Make: Mercedes C.C. 10MColour: Multi Colour A/C: Insured / Std / NI / NASp. Reading: 749364 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WMAA22879B7001186Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: Nil / S/Rlm / STD A/Rlm orTyre Size: F: DurationR: GTI 275/70R22.5(D)

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

TOYO / YOKO or _____

Front: _____ Rear: _____

R/Bal. 9 mm R/Bal. 8 8 mmL/Bal. 9 mm L/Bal. P P mmD.O.A. 2/3/23 D.O.I. 8/3/2023

Survey held at _____

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

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

Date/Time, File Pass to?

☐ : Prell. Report

Days Of Repair: _____

Date/Time, File Return to?

☐ : Final Report

Resurvey No. of Trip: _____

Survey Fee: _____

Date/Time, File Return to?

Add Fee: ☐ : Site Insp (\$)

Transportation

☐ : Interview (\$)

Fees

☐ : Tech Invs (\$)

Others

☐ : Weekend (\$)

Report Format :

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

TOTAL

SERVE YOU MOTOR PTE LTD

BLOCK 5033 ANG MO KIO INDUSTRIAL PARK 2
 #01-265, SINGAPORE 569536
 TEL. NO: 64810555 / FAX NO. 64831654
 E-MAIL: elainesyms@gmail.com

Not Authorised
11 May 23
Penny Aft Point

Ins: China Taiping Insurance Singapore Pte Ltd

Owner: A & S Transit

Registration no. : PC 9255 S / Man NL320F (A22)

Accident Date: 02/03/2023

Date : 6-Mar-23

Quotation No. : 92550302

7 day

S/N	Qty	Item	Amount
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LIST ITEMS

- | | | |
|---|-------|--|
| 1 | 1 | Front RH Arch panel |
| 2 | 1 | RH A body panel 2 |
| 3 | 1 | RH indicator Lamp |
| 4 | 1 | RH body central panel |
| 5 | 1 | Rear RH compartment |
| 6 | 2 | Rear RH compartment support bar |
| 6 | 1 | Rear RH Arch panel |
| 7 | 1 | Rear RH section door with griller assy |
| 8 | 1 set | RH compartment door lock |

@200

Less 5%

<i>R</i>	1850.00	<i>X</i>
<i>R</i>	2450.00	<i>X</i>
<i>R</i>	188.00	<i>X</i>
<i>R</i>	1680.00	<i>X</i>
<i>Warp / R</i>	2200.00	<i>✓</i>
<i>R</i>	400.00	<i>X</i>
<i>R</i>	1680.00	<i>✓</i>
<i>Warp / cm</i>	3500.00	<i>✓</i>
<i>R</i>	238.00	<i>X</i>
<hr/>		
		14186.00
		709.30
		<hr/>
		13476.70

SPECIAL NETT ITEMS

- | | | |
|---|---|---------------------------------------|
| 1 | 1 | Body RH company artwork |
| 2 | 1 | Battery Box and Excursion Bus artwork |
| 3 | 2 | Windscreen Seal |

<i>R</i>	<i>3200.00</i>	
	4500.00	
<i>R</i>	80.00	
<i>R</i>	280.00	<i>X</i>
<hr/>		
		4860.00

LABOUR & MISC CHARGES

- | | |
|---|---|
| 1 | To dismantle / renew the accident damaged portion. To panel beating, reshape, straighten, orientate and align repair / replacement parts. |
| 2 | Supply spray paint material and necessary items to respray on accident portion |

2400
3800.00

1800
2200.00

TOTAL

6000.00

Total Parts and Labour Cost of Repair

24336.70

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	03/03/2023 18:54 (SGT)
Reported by	Driver
Date of Accident	02/03/2023 20:05 (SGT)
Exact Location of Accident	Yuan Ching Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number PC9255S

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	A&S TRANSIT PTE. LTD
Company Reg No	2XXXXX917G
Email Address	ZEPHANG@ANSTRANSPORTATION.COM
Mobile Phone No	(Phone) +65-91139246
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Man
Model	NL320F (A22)
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	10518

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5112503504-03

DRIVER

Name of Driver	QUEK WEI XIANG, RYAN
NRIC No	TXXXX333B
Date Of Birth	02/10/2000
Occupation	Outdoor

Accident Date: 02/03/2023

Accident Time: 2005 Hr

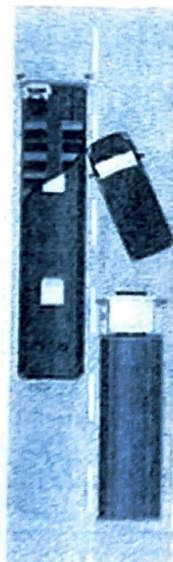
Location: Yuan Ching Road

Vehicle A) PC 9255 S

B) GBL 5439 Z

On 02/03/2023, 08.05pm I was driving my vehicle PC 9255 S on Yuan Ching Road. I was moving straight on second lane and suddenly a vehicle GBL 5439 Z on my right changed lane and collided my vehicle right side portion. I stopped and exchanged particular then left the accident scene. Nobody was injured.

A) PC 9255 S



B) GBL 5439 Z

Unknown Vehicle


Quek Wei Xiang

TRANSIT PTE LTD TEL: 632
UEN
201210317G
* 1111839