

ASS. REC. BY:

REF:

AS/23003033/K

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 Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

2 1/2 days

Res.: Yes or No

Lum Sum:

1.B.1 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

PC 8130A

Yr Regn:

09, 19

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

Truck / Trailer or

Make:

Golden Dragon

C.C.

6690

Colour:

Multi Colour

A/C:

Insured / Std / NI / NA

Sp. Reading

158173

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

LL3A GCDH7KA 031429

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

Mic

11R 22.5X(D)

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

TOYO / YOKO or

Front

R/Bal.

7

mm

L/Bal.

7

mm

D.O.A.

15/3/23

Rear

R/Bal.

2

mm

L/Bal.

2

mm

D.O.I.

28/3/2023

Survey held at

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

O/S Rear

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Prell. Report

☐

: Final Report

Date/Time, File Return to?

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S - RS. SI

Parking

Others

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: 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

Ins: Allianz Insurance

Company: Soon Kiong Bus Transport Service

Registration no. : PC 8130 A / GOLDEN DRAGON / XML6112J18 AUTO

Accident Date: 15/3/2023

Date : 27-Mar-23

Quotation No. : 81300315

S/N	Qty	Item	Amount
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Labour Charge

- | | | | |
|---|--|---|-------------------------|
| 1 | | To dismantle / renew accident damaged portion. To panel beating, reshape, straighten, orientate and align repair. | \$ 600.00 <i>300</i> |
| 2 | | Supply and provide necessary multi-purpose material / items to respray on accident damaged portion spray paint multi-purpose. | \$ 1,500.00 <i>1000</i> |

\$ 2,400.00

Total Parts and Labour Cost of Repair

\$ 2,400.00

*Not Authorised
Survey After Rain
2 1/2 days*

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	16/03/2023 16:06 (SGT)
Reported by	Driver
Date of Accident	15/03/2023 17:50 (SGT)
Exact Location of Accident	Toh Guan Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number PC8130A

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SOON KIONG BUS TRANSPORT SERVICE
Company Reg No	5XXXX883J
Email Address	henry73300@yahoo.com.sg
Mobile Phone No	(Phone) +65-90309689
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Golden Dragon
Model	XML6112J18
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	6690

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D22MCV0007836

DRIVER

Name of Driver	WONG TEE KIANG
Passport No/FIN	SXXXX199G
Date Of Birth	28/02/1973
Occupation	Outdoor

Accident Date: 15/03/2023

Accident Time: 17:50 Hr

Location: Toh Guan Road

Vehicle No. A) PC 8130 A

 B) XE 1318 S


On 15/03/2023, at around 5.50pm, I was driving my company vehicle PC 8130 A at Toh Guan Road. When I was driving on my centre lane moving straight and pass by a truck B) XE 1318 S on my right lane, I saw from my side mirror and noticed vehicle B) XE 1318 S left hand side mirror scratch my vehicle end of right-hand side body and his side mirror cover drop on the road side. We both slowed down the vehicle and I tried to liaise with him about the impact. The truck driver B) XE 1318 S mentioned I was the one that cut into his lane. I mentioned I have CCTV as prove and he just drive away. I only have his vehicle number.

A) PC 8130 A



B) XE 1318 S


Wong Tee Kiang


16/03/2023