

ASS. REC. BY: T. J. H.REF: 03/CTI 23003813/TUP

ASSIGNMENT

2026 Jan

2011, Feb

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

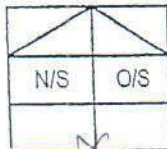
Insured: **GBJ 310D**Policy No. **DMCVSNW00134322204**Claims No. **SNM23D202683/C02/LEEPG**

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: _____ days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: Mustapha Vehicle: IN / OUTVeh No: PC 45874 Yr Regn: 2011, FebType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: 15434 LTB4P c.c. 7290Colour Mult A/C: Insured / Std / NI / NASp. Reading 515574 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: 34LLT134P4.7 C00684

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim orTyre Size: F: 11 R22.5R: 7-7

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

TOYO / YOKO or Giti

Front _____ Rear _____

R/Bal. 8 mm R/Bal. 8/8 C mmL/Bal. 8 mm L/Bal. 8/8 mmD.O.A. 11/4/2023 D.O.I. 13/4/23Survey held at Woodlands TransportDes. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

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

| Date / Time | Action / Instruction |
|-------------|--|
| 8/5/23 | Final fig \$1100 confirmed by email (Red 250, 18%) |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Date/Time, File Pass to?

☐ : Preli. ReportDays Of Repair: 3

1)

☐ : Final ReportResurvey No. of Trip: 1

Date/Time, File Return to?

Survey Fee:

Transportation:

S + RS. \$

Photos

Others

TOTAL

Rep. Format: MerimenLump Sum / B.B. \$ 1100Add Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech. Invs (\$)☐ : Weekend (\$)

WTS Engineering Pte Ltd

8 Gul Circle, Singapore 629564 Tel: 65598984 Fax: 68622163

Company Registration Number: 200505706E

Quotation

DATE: 11/04/23
VEHICLE NO: PC458H
DRIVER: Azman Bin Abdul Rahim
ATTENTION TO:
PREPARED BY: Mustapa Bin Awang

LOCATION: Gul Workshop
Q REF NO: Q23/04/1422
DEPARTMENT: WTS Bus Department
ACCIDENT DATE: 11/04/23
REF No: JW/0423/191

| S/N | Description | Qty | Cost per Unit | Amount S\$ |
|---------------------|--|-----|---------------|---------------------|
| Labour Costs | | | | |
| 1 | TO REPAIR & SMOOTHEN SURFACE REAR HOOD | 1 | 300 | 324.00 |
| 2 | TO REPAIR & SMOOTHEN SURFACE REAR BUMPER | 1 | 300 | 324.00 |
| 3 | TO RE ALIGN REAR HOOD & BUMPER | 1 | 150 | 162.00 |
| Spray Paint | | | | |
| 1 | Spray Painting | 1 | 600 | 648.00 |
| | TO RESPRAY & PUTTY REAR HOOD & BUMPER | | | |
| TOTAL: | | | | 1,458.00 |
| Total Amount | | | | SGD 1,458.00 |

Remarks: LOU 3.5 DAYS

\$1100

03 days

mustapa 11/4/23

Thomas

Taufik 97495749
wr 13/4/23 e Han
* After repair photos
taufik@lkkauto.com

Signature of Workshop Dpt

Signature of Department Head

Signature of Claim Department

- 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:

1 / 1

Surveyor Sign: _____

Surveyor Name: _____

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 | 12/04/2023 10:17 (SGT) |
| Reported by | Actual Driver |
| Date of Accident | 11/04/2023 07:40 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | Traffic Junction of Benoi Rd and Gul Circle |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-------------------------------------|
| Vehicle Registration Number | PC458H |
| INSURED/POLICYHOLDER | |
| Is company? | Yes |
| Name Of Registered Owner | Woodlands Transport Service Pte Ltd |
| Company Reg No | 1XXXXX721M |
| Email Address | xinyi.lim@woodlandstransport.com.sg |
| Mobile Phone No | (Phone) +65-65598954 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Isuzu |
| Model | LT134P |
| 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 | Auto |
| CC | 7790 |

INSURANCE COMPANY

| | |
|-----------------------------------|---------------------------|
| Name of Insurance Company | Liberty Insurance Pte Ltd |
| Policy Number / Cover Note Number | SD22V12853 |

DRIVER

| | |
|----------------|-----------------------|
| Name of Driver | Azman Bin Abdul Rahim |
| NRIC No | SXXXX267E |
| Date Of Birth | 23/05/1973 |
| Occupation | Outdoor |

| | |
|--|-------------------------------------|
| Date Of Driving Pass | 08/01/2007 |
| Driving experience | 16 YEARS AND 3 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-82227759 |
| Alt. Phone Number | - |
| Email Address | xinyi.lim@woodlandstransport.com.sg |
| Address | Blk 111 Ho Ching Rd |
| Address complement | #04-24 |
| Postcode | Singapore 610111 |
| 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 | Collision - Head to Rear |
| Weather Conditions | Clear |
| Road Surface | Dry |

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) | 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

On 11/04/2023, at about 07:40 hrs, I was ferrying workers from Yishun MRT to Tractors Singapore Limited with 30 passengers on board. The traffic was heavy and the weather was clear with dry road surface at that point of time. I was waiting for the traffic light to turn green at the traffic junction of Benoi Road and Gul Circle. My vehicle (PC458H) was stationary in the left most lane of Benoi Road when suddenly, a vehicle B (GBJ310D) collided into the rear of my bus. I immediately checked with my passengers on board to ensure that they were alright. I then got off my bus to check on the situation. The driver of vehicle B informed me that he was very sleepy, which resulted in him failing to maintain a safe distance from my bus. Upon checking, my vehicle sustained damage to rear portion while the front portion of vehicle B was damaged. No one was injured in the accident.

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 | GBJ310D |
| Vehicle Manufacturer | - |
| Vehicle Model | - |

| | |
|---|-----------------------------|
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Commercial vehicle |
| Name of Driver | Mohammad Faizal Bin Mohamed |
| Contact Number | (Phone) +65-89393213 |
| 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 wilful misrepresentation or withholding of material facts may allow insurance companies to reputate 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:

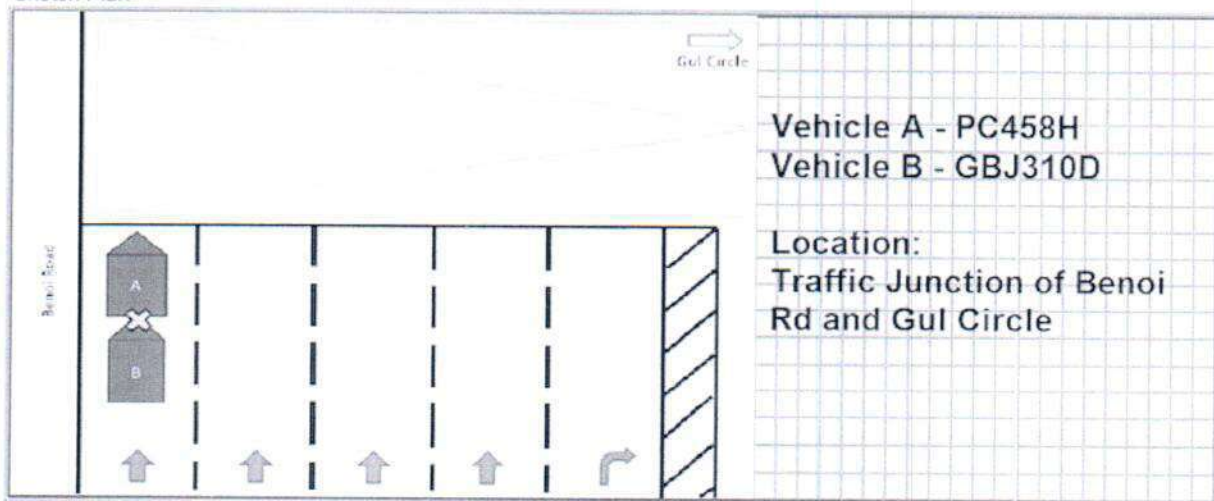
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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/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

Lim Xin Yi

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

Sketch Plan





M PTE. LTD.
AS CRESCENT
ROXIMA@GAMBAS
22
NY NO : 200312176H
DRIVER 2 OTHERS



