

**THINK ONE AUTOCARE PTE LTD**

RCB 201322501G GST 201322501G  
 60 JALAN LAM HUAT #02-32 CARROS CENTRE SINGAPORE 737869  
 Tel: (65) 6844 3300 / (65) 6545 3300 Fax: (65) 6842 4988 / (65) 6256 1284  
 Email: enquiry\_autocare@thinkone.com.sg

**ESTIMATED**Vehicle Plate No: **PC5707G**Date: **02/06/2025**Make & Model: **Yutong ZK6122HIE9 AUTO**Chassis No: **LZYTATE62G1029419**

NO	PARTICULAR	QTY	UNIT/PRICE	AMOUNT S\$
1	REAR CORNER LOWER PANEL RH / <i>DD (-20% price)</i>	1	6,560	8,200.00
2	REAR CONNER INNER BRACKET RH <i>X nn</i>	1		580.00
3	RIGHT REAR TAIL LAMP <i>RR</i>	1		950.00 /
4	RIGHT REAR FOG LAMP(with reflector) <i>X nn</i>	1		780.00
5	RIGHT END COMPARTMENT DOOR RH <i>X R</i>	1		2,985.00
6	RIGHT END COMPARTMENT DOOR LOCK RH <i>X nn</i>	2	185	370.00
7	RIGHT END COMPARTMENT DOOR HINGE RH <i>X nn</i>	2	105	210.00
8	AIR BRACING <i>X nn</i>	2	205	410.00
9	LATCH <i>X nn</i>	2	95	190.00
10	SIDE MARKER LAMP <i>X nn</i>	1		60.00
			7,510	
			-10%	
			6,759	
				<b>\$ 14,735.00</b>

*Reflector R, L \$30*

NO	PARTICULAR	SPECAIL NETT	QTY	UNIT/PRICE	AMOUNT S\$
1	REVERSE SENSOR (4PCS/SET) <i>X nn</i>		1		400.00
2	SIDE PANEL SEAL GLASS SEALANT <i>X nn</i>		2	140	280.00
3	SIDE PANEL INNER SEALANT <i>X nn</i>		1		150.00
					<b>\$ 830.00</b>

**No LABOUR & MISCELLANEOUS:**

1	To remove damaged body parts with all necessary components/attachments apply hot-works where necessary repair, reshape body dented panels in accordance with factory specifications replace new parts refit and align into position refit all necessary components/attachments <i>330 X 45</i>	3,800.00	<i>1400</i>	1,750
2	To spray paint replaced/repaired body parts inclusive of preparatory works and painting materials <i>330 X 4-2.5</i>	2,500.00	<i>722</i>	875
3	To remove, refix rear right side panel glass and water test <i>X</i>	500.00		
			2,625	
				<b>\$ 6,800.00</b>

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

*Store (LKK)*  
*3/6/25, 10-30am*

*L/S*

*y H y, 5 days*

**TOTAL \$ 22,365.00**

9,384

L/S - 7,507.20  
 = 7500

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 First Submission	06/09/2024 13:05 (SGT)
Reported by	Actual Driver
Date of Accident	05/09/2024 07:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIONEER ROAD NORTH
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number PC5707G

#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	BRICKSTON COACH PTE LTD
Company Reg No	2XXXXX911E
Email Address	OSWAGAN@BRICKSTON.COM.SG
Mobile Phone No	(Phone) +65-86884949
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Yutong
Model	Zk6122he9
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	Manual
CC	8880
Vehicle Fuel	Diesel
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

#### INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2030123656

#### DRIVER

Name of Driver	CHUA TIN NGUANG
NRIC No	SXXXX320A
Date Of Birth	14/07/1960
Occupation	Outdoor
Driving Pass Date	14/09/1998
Driving License Pass Class	4
Driving License Validity	Valid
Driving experience	26 YEARS
Gender	Male
Mobile Number	(Phone) +65-97306649
Alt. Phone Number	-
Email Address	OSWAGAN@BRICKSTON.COM.SG
Address	BLK 534 JELAPANG ROAD
Address complement	#01-04
Postcode	670534
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)	25
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	BUS PASSENGER
Gender	Male

#### PASSENGER 2

Name	BUS PASSENGER
Gender	Male

#### PASSENGER 3

Name	BUS PASSENGER
Gender	Male

#### PASSENGER 4

Name	BUS PASSENGER
Gender	Male

#### PASSENGER 5

Name	BUS PASSENGER
Gender	Female

#### PASSENGER 6



Name BUS PASSENGER  
Gender Female

PASSENGER 7

Name BUS PASSENGER AND MORE  
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

REFER TO SKETCH PLAN.

ATTACHMENT(S)

Are accident photos available for attachment? Yes  
Was there any video captured by Car Camera? Yes  
Reasons for not uploading a video of the accident VIDEO IS WITH THE WORKSHOP.

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number YP3459K  
Vehicle Manufacturer -  
Vehicle Model -  
Vehicle Variant -  
Vehicle Colour -  
Vehicle Category Bus  
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) -

**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 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 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:

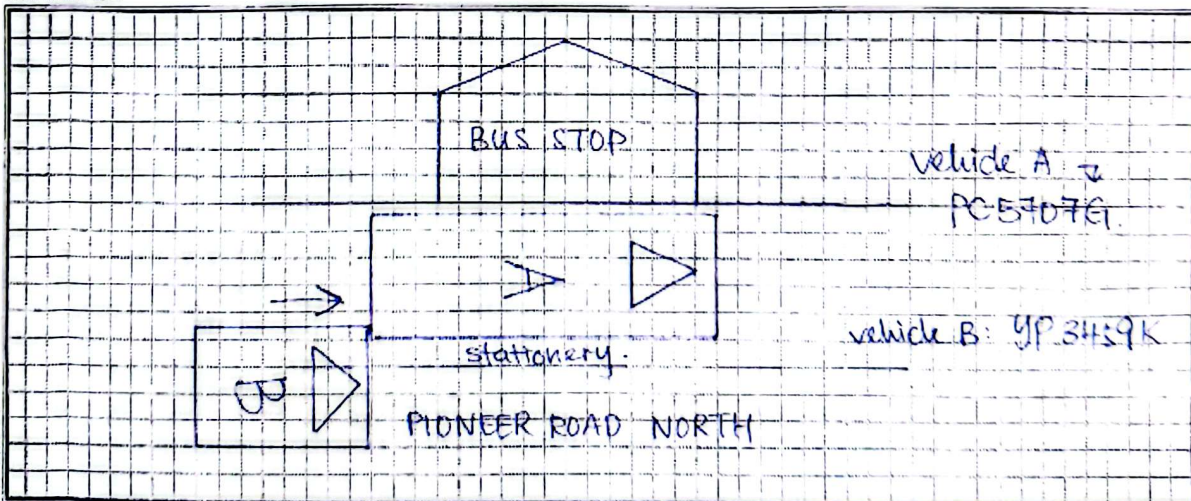
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the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

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

**Sketch Plan**

vJun2022

1

Describe Circumstance of the Accident

On 5th Sept 2024 @ 0710hrs my bus was stationary in the bus stop picking up passenger along Pioneer Road North in front of Block 706 when my bus hit by a lorry at the rear.

Declaration

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

*[Signature]*



Policyholder's Signature / Date & Time

*[Signature]*

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

*[Signature]*



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







