ASS. REC. BY: Kenneth

REF: INC/ CS/INC24110295/Kvh3

C

# ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Serve You

of OOOM

Insured: SNS 9091L

Policy No. _____

Claims No. MT/1303378-002

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: $ 48K

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 04 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: PZ 3888 J Yr Regn: 08/17

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or A1

Make: Isuzu CT434P c.c 7790

Colour Multi Colour A/C: Insured / Std / NI / NA

Sp.Reading 177597 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JALCT434P1+ 7000041

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 or _____

Tyre Size: F: 295/80R22.5

R: Rovelo (D)

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Runever

| Front | | Rear | |
|---|---|---|---|
| R/Bal. | 9 mm | R/Bal. | 9 9 mm |
| L/Bal. | 9 mm | L/Bal. | 9 9 mm |
| D.O.A. | 8/11/24 | D.O.I. | 15/11/2024 |

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 |
|---|---|
| 26/11 | L/Rmp @ 330d. Calls (red 4554.92, 57%) |

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: 4

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Survey Fee: _____

Transportation: _____ S + RS ___ SI

Photos _____

Others _____

TOTAL _____

Report Format :

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

SU0224BB0001 / UCB Engineering Pte Ltd
ENTRY DATE & TIME: 11/11/2024 14:32 (SGT)
SUBMITTED BY: Tan Siam Hiong
VERSION: 1 (11/11/2024 14:32 (SGT))

# 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 | 11/11/2024 14:32 (SGT) |
| Reported by | Both Policyholder and Actual Driver |
| Date of Accident | 08/11/2024 14:52 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | ALONG T2 BOULEVARD |
| Country/State of Loss | Singapore |

## DETAILS OF OWN VEHICLE

| | |
|---|---|
| Vehicle Registration Number | PZ3888J |

### INSURED/POLICYHOLDER

| | |
|---|---|
| Is company? | Yes |
| Name Of Registered Owner | GOLDEN TOP TRAVEL |
| Company Reg No | 5XXXX000M |
| Email Address | goldentoptravel@live.com |
| Mobile Phone No | (Phone) +65-91822476 |
| Alternative Phone No | - |

### VEHICLE PARTICULARS

| | |
|---|---|
| Manufacturer | Isuzu |
| Model | LT434P |
| 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 |
| Vehicle Fuel | - |
| First Regisration Date | - |
| Chassis no | - |
| Effective Date/Time of Ownership | - |

### INSURANCE COMPANY

| | |
|---|---|
| Name of Insurance Company | China Taiping Insurance (Singapore) Pte. Ltd. |
| Policy Number / Cover Note Number | - |

### DRIVER

| | |
|---|---|
| Name of Driver | KRISHNAMOORTHY RAMKUMAR |
| NRIC No | GXXXX986Q |
| Date Of Birth | 14/07/1983 |
| Occupation | Outdoor |
| Driving Pass Date | 07/05/2013 |
| Driving License Pass Class | 3 |
| Driving License Validity | Valid |
| Driving experience | 11 YEARS AND 6 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-98900572 |
| Alt. Phone Number | - |
| Email Address | goldentoptravel@live.com |
| Address | 65A Jalan Tenteram |
| Address complement | - |
| Postcode | 328958 |
| 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 - Change/cross lane |
| 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

REFER TO SKETCH PLAN

ATTACHMENT(S)

| | |
|---|---|
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera? | Yes |

## DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|---|---|
| Vehicle Registration Number | SNS9091L |
| Vehicle Manufacturer | - |

| | |
|---|---|
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| 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.

GOLDEN TOP TRAVEL

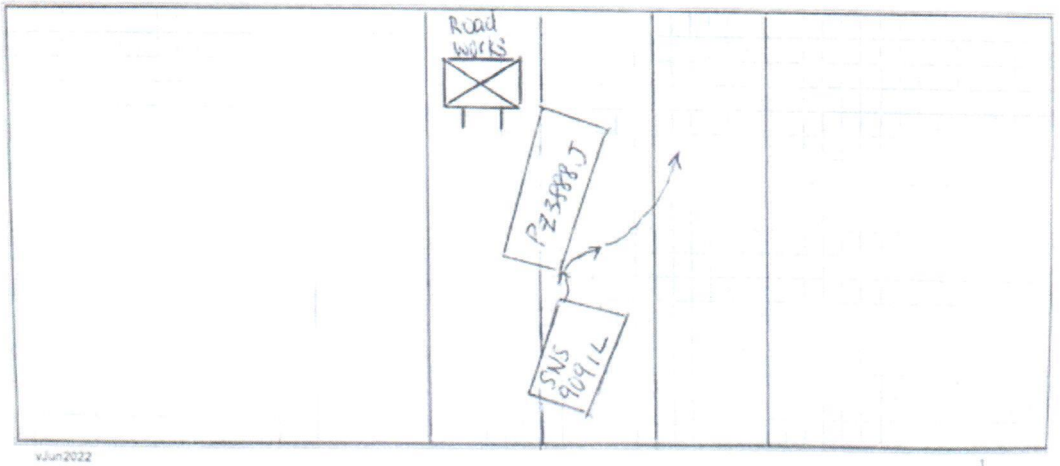
Policyholder's Signature / Date & Time
9/11/2024
0900hr

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

UCS ENGINEERING PTE LTD

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

Sketch Plan




v.Jun2022

SKETCH PLAN #2

**Describe Circumstance of the Accident**

On 5/11/2024, at 1452hr, I was driving my company bus PZ3558J on the extreme left lane of a 3 lanes road along T2 boulevard. At the midway of the road, I noticed that there was road works ahead on the extreme left lane. I checked my right side mirror and confirmed the right side traffic was cleared and proceed to move to the 2nd lane on my right. Suddenly, I felt an impact on the right side of my bus.

From my right rear video, it can be seen clearly that the car SNS 9091L was travelling along the same lane as me and tried to overtake me at high speed. Instead of slowing down to avoid collision with my vehicle, SNS 9091L hit the right rear side of my vehicle and swerved to the other lane.

I would also like to declare that workshop is half day, therefore I could only arrange on Monday for accident reporting.

**Declaration**

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

GOLDEN TOP TRAVEL

Policyholder's Signature / Date & Time
9/11/2024
09:40hr

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

UCA ENGINEERING PTE LTD

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

v.Jun2022

2

# 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: Income Insurance Limited
Owner: Golden Top Travel
Registration no. : PZ 3888 J / ISUZU LT434P
Accident Date: **8/11/2024**
Date : 14-Nov-24 Quotation no: 38881106

| S/N | Qty | Item | Amount |
|---|---|---|---|
| | | LIST ITEMS | |
| 1 | 1 | Rear corner panel | $987.00 |
| 2 | 1 | Rear RH side Compartment door with Grille cover | $1,388.00 |
| 3 | 1 | Rear (RH) Tail Lamp Assy | $1,663.80 |
| | | | $4,038.80 |
| | | Less 10 % | $403.88 |
| | | | **$3,634.92** |
| | | LABOUR & MISC CHARGES | |
| 1 | | To knock out the accident damaged portion. To panel beating, reshape, straighten, orientate and align repair / replacement parts. | $1,800.00 |
| 2 | | To remove and replace rear tail lamp and check for the wiring | $120.00 |
| 3 | | Supply spray paint material (multi-color) and necessary items to respray on the accident damage area and other affected area / panel. | $2,300.00 |
| | | **TOTAL** | $4,220.00 |
| | | **Total Parts and Labour Cost of Repair** | **$7,854.92** |

Not Authorised
L/Sup $3300/-
Resurvey After Paint
4 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: