

ASS. REC. BY:

REF: INC1Kenneth

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: 848k

IDAC Accident Rpt: _____

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 JYr Regn: 08.17Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: IsuzuLT434P

C.C.

7790Colour: Multi Color

A/C: Insured / Std / NI / NA

Sp. Reading: 177592

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JA LT434PIT 7000041Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orMod: Nil / S/Rlm / STD A/Rlm or

Tyre Size: F: _____

R: 295/80R22.5R: Rovelo

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

TOYO / YOKO or _____

Front

Rear

R/Bal. 9 mmR/Bal. 9 mmL/Bal. 9 mmL/Bal. 9 mmD.O.A. 8/11/24D.O.A. 15/11/2024

Survey held at _____

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

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

Date / Time

Action / Instruction

28/11 11 Pm @ 3300k. Cahn

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation

S + RS. SI

Fees

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Report Format :

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

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
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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 Registration 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;



Policyholder's Signature / Date & Time

9/11/2024
0900hr

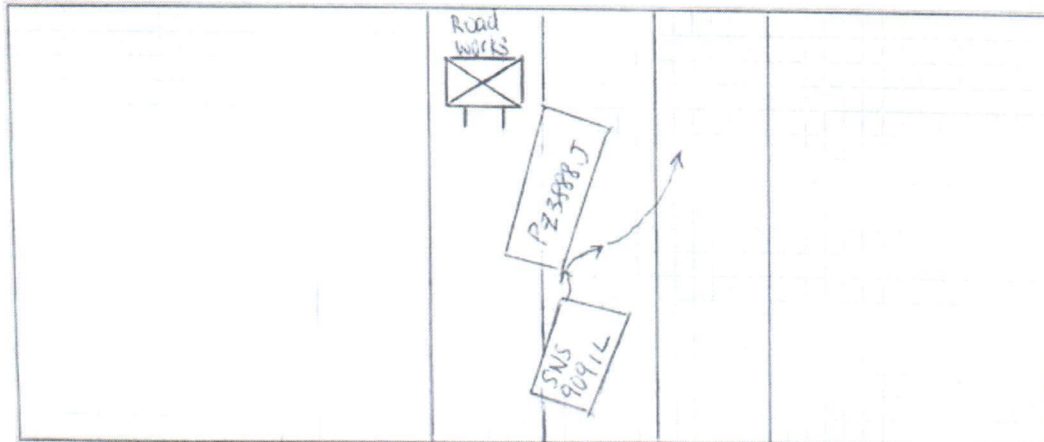
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

N/A



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

Sketch Plan



vJun2022

Describe Circumstance of the Accident

On 8/11/2024, at 1452hr, I was driving my company bus P23388J 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.

 Policyholder's Signature / Date & Time 8/11/2024 0900hr	 Actual Driver's Signature (if driver is not the policyholder) / Date & Time	 Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)
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v2.0-2022

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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
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LIST ITEMS

1	1	Rear corner panel	<i>n</i> \$987.00 <i>x</i>
2	1	Rear RH side Compartment door with Grille cover	<i>ways</i> \$1,388.00 <i>✓</i>
3	1	Rear (RH) Tail Lamp Assy	<i>Bro</i> \$1,663.80 <i>✓</i>
			\$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.	<i>6001</i> \$1,800.00
2	To remove and replace rear tail lamp and check for the wiring	<i>201</i> \$120.00
3	Supply spray paint material (multi-color) and necessary items to respray on the accident damage area and other affected area / panel.	<i>8001</i> \$2,300.00
TOTAL		\$4,220.00
Total Parts and Labour Cost of Repair		\$7,854.92

Not Withheld
L1 Rep \$3300h
Penalty After Paying
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: