

CS/SMR 2410397/Tvp3

COE : 2029/09

Veh No: PC2758D Yr Regn: 2014, 09

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

.Truck / Trailer or

Make: Scania K134X2 c.c. 12342

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

Sp. Reading 751525 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: 532K4X2000-1888323

Gen. Cond: Good / Fair / Poor / Burnt

Sleering: In order / Jammed / Leaked / Burnt or

Brake: ~~In order~~ / Jammed / Leaked / Burnt or

Modl: ~~NN~~ / S/Rlm / STD A/Rlm or

Tyre Size: F: 295 80R22.5

R: $\sim \mid \wedge (\vee)$

N/S	O/S

\$48K

GIA / PR Seen: Consistent? : Yes or No

Lum Sum:	%	3 Val.: Yes or No
1000000	100	Yes
2000000	200	Yes
3000000	300	Yes
4000000	400	Yes
5000000	500	Yes
6000000	600	Yes
7000000	700	Yes
8000000	800	Yes
9000000	900	Yes
10000000	1000	Yes
11000000	1100	Yes
12000000	1200	Yes
13000000	1300	Yes
14000000	1400	Yes
15000000	1500	Yes
16000000	1600	Yes
17000000	1700	Yes
18000000	1800	Yes
19000000	1900	Yes
20000000	2000	Yes
21000000	2100	Yes
22000000	2200	Yes
23000000	2300	Yes
24000000	2400	Yes
25000000	2500	Yes
26000000	2600	Yes
27000000	2700	Yes
28000000	2800	Yes
29000000	2900	Yes
30000000	3000	Yes
31000000	3100	Yes
32000000	3200	Yes
33000000	3300	Yes
34000000	3400	Yes
35000000	3500	Yes
36000000	3600	Yes
37000000	3700	Yes
38000000	3800	Yes
39000000	3900	Yes
40000000	4000	Yes
41000000	4100	Yes
42000000	4200	Yes
43000000	4300	Yes
44000000	4400	Yes
45000000	4500	Yes
46000000	4600	Yes
47000000	4700	Yes
48000000	4800	Yes
49000000	4900	Yes
50000000	5000	Yes
51000000	5100	Yes
52000000	5200	Yes
53000000	5300	Yes
54000000	5400	Yes
55000000	5500	Yes
56000000	5600	Yes
57000000	5700	Yes
58000000	5800	Yes
59000000	5900	Yes
60000000	6000	Yes
61000000	6100	Yes
62000000	6200	Yes
63000000	6300	Yes
64000000	6400	Yes
65000000	6500	Yes
66000000	6600	Yes
67000000	6700	Yes
68000000	6800	Yes
69000000	6900	Yes
70000000	7000	Yes
71000000	7100	Yes
72000000	7200	Yes
73000000	7300	Yes
74000000	7400	Yes
75000000	7500	Yes
76000000	7600	Yes
77000000	7700	Yes
78000000	7800	Yes
79000000	7900	Yes
80000000	8000	Yes
81000000	8100	Yes
82000000	8200	Yes
83000000	8300	Yes
84000000	8400	Yes
85000000	8500	Yes
86000000	8600	Yes
87000000	8700	Yes
88000000	8800	Yes
89000000	8900	Yes
90000000	9000	Yes
91000000	9100	Yes
92000000	9200	Yes
93000000	9300	Yes
94000000	9400	Yes
95000000	9500	Yes
96000000	9600	Yes
97000000	9700	Yes
98000000	9800	Yes
99000000	9900	Yes
100000000	10000	Yes

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Front

RearR/Bal, δ mm

R/Bal. 81 mm

L/Bal. 8 mm

U8al. 8/8 mm

D.O.A.

D.O.I. 28/11/24

Survey held at

Connect 3

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

pear n/c

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

$$) \quad \underline{\hspace{1cm}} S + RS \quad \underline{\hspace{1cm}} SI$$
Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

Tech. Invs (\$

[illegible]

Pholca

2. citizens

CONNECT 3

566 Woodlands Road (Mandai Estate) Singapore 728697

Tel: (65) 9850-9666 Email: Connect3winnie@gmail.com

R o c : 5 3 3 6 0 0 6 1 L

GST: 53360061L

QT24/PC2758D/TPC

Strides Automotive Services Pte Ltd

60 Woodlands Industrial Park E4

Singapore 757705

Dear Sir,

Cost of Repair to Vehicle PC2758D

With reference to the above-mentioned, we are pleased to quote as follows:-

No.	DESCRIPTION	QTY	U/PRICE (S\$)	AMOUNT (S\$)
5.	Rear LH taillamp	1	1,980.00	cut ✓ 1,980.00
8.	Labour charges	1	900.00	700 900.00
9.	Spray painting	1	1,000.00	800 1,000.00
SUB-TOTAL				S\$3,880.00

- Price before gst

Thank you.

Taufik 97495749

28/11/24 @ 11am

taufik@lkkauto.com

f/s Resurvey after repair
03 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 First Submission	19/11/2024 13:41 (SGT)
Reported by	Actual Driver
Date of Accident	19/11/2024 07:50 (SGT)
Exact Location of Accident	Woodlands Ave 3, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC2758D
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	B & A TRAVEL PTE. LTD.
Company Reg No	2XXXXX499C
Email Address	CONNECT3LAU@GMAIL.COM
Mobile Phone No	(Phone) +65-96951130
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Scania
Model	KIB4X2
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	12742
Vehicle Fuel	Diesel
First Registration Date	11/09/2014
Chassis no	YS2K4X20001888323
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2030282146

DRIVER



Name of Driver	LEE BOON HENG
NRIC No	SXXXX947G
Date Of Birth	17/07/1970
Occupation	Outdoor
Driving Pass Date	05/06/2018
Driving License Pass Class	4
Driving License Validity	Valid
Driving experience	6 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93222339
Alt. Phone Number	-
Email Address	CONNECT3LAU@GMAIL.COM
Address	APT BLK 11 WOODLANDS STREET 41 #12-25 SINGAPORE 730411
Address complement	-
Postcode	-
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	Raining
Road Surface	Wet

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 ATTACHED

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number	SMB169H
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Vehicle Manufacturer	Mercedes
Vehicle Model	Citaro
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	PEREIRA LISA MARIE
NRIC No	SXXXX428F
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 CLAIMANT.
3. Information provided must be as TRUE AND ACCURATE as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to reject the claim.
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 be 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 insurers who have insured vehicle(s) involved in this accident (all insurers) 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 making of correspondence, statements, promises, 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/postal packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes").
- (b) all Insurers who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may be 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 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 used outside of Singapore, for one or more of the above Purposes.

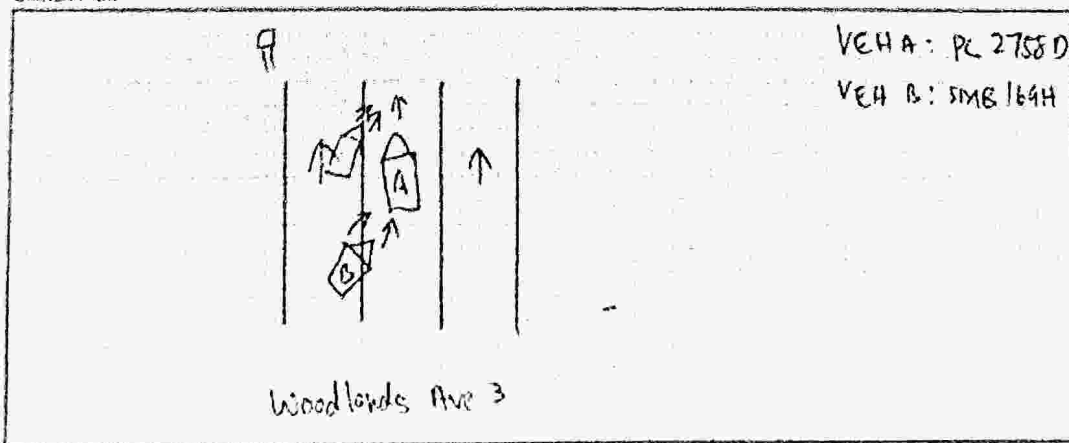


Insurer's Signature / Date & Time

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



10/1/2022

Describe Circumstance of the Accident

On 19/11/2024 around 0750 HRS, I was driving my bus PC 2756D along Woodland Ave 3, there is a vehicle try to cross to my lane from left, so that I emergency brake and veh B S18B 169H ~~also~~ behind me which is trying to cross to my lane collided to my rear left portion.

Declaration

We declare the foregoing particulars true in every respect



[Handwritten Signature]

Policy No. _____ Date & Time _____

Actual Driver's Signature of driver and the policyholder
(Date & Time)

Witnessed by Reporting Officer's Name
(Name as in NRIC Card)