

ASS. REC. BY: Taufik

REF: CS/11124/20076/Tnh3

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: thn

(Client's Record)

\$1500

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: 955k

IDAC Accident Rpt _____ Consistent? : Yes or No

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

Est. Repairs: 8 days Res.: Yes or No

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

CA / REP / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: PL 63724

Yr Regn: 2017, 11

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

Truck / Trailer or

Make: Vollvo B7R

c.c

7146

Colour: Blue

A/C: Insured / Std / NI / NA

Sp. Reading: 293184

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: 3V3RL6244A186894

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: NI / SRM / STD A/RM or

Tyre Size: F: 295/80R22.5

R: ^ ^ (D)

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

TOYO / YOKO or

Dunlop

Front

Rear

R/Bal. 8 mm

R/Bal. 8/8 mm

L/Bal. 8 mm

L/Bal. 8/8 mm

D.O.A. _____

D.O.I. 6/12/24

Survey held at Connect 3

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

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

Date / Time Action / Instruction

Taufikh finalise lump sum \$17,900 , 8 days.

(red. \$22516.55%)

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 8

Resurvey No. of Trip: _____

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

TOTAL

Rep. Formak: _____

Lump Sum / L.R. (T: _____)

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
 G S T : 5 3 6 6 0 0 6 1 L

QT24/PC6372G/TPC

India International Insurance Pte Ltd

64 Cecil Street

#04/ #05 IOB Building

Singapore 049711

QUOTATION

Dear Sir,

Cost of Repair to Vehicle PC6372G

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

No.	DESCRIPTION	QTY	U/PRICE (\$\$)	AMOUNT (\$\$)
1.	Rear bumper	1	1,850.00	1,850.00
2.	Rear bumper inner structure	1	780.00	780.00
3.	Rear bumper LH & RH bracket	2	375.00	750.00
4.	Rear tailgate outer panel	1	4,200.00	4,200.00
5.	Rear tailgate gas spring	2	185.00	370.00
6.	Rear tailgate hinge LH	1	355.00	355.00
7.	Rear RH taillamp	1	1,850.00	1,850.00
8.	Intercooler	1	3,977.00	3,977.00
9.	Radiator assy	1	7,856.00	7,856.00
10.	Radiator base	1	720.00	720.00
11.	Radiator base bracket	6	177.00	1,062.00
12.	Radiator cap	1	83.00	83.00
13.	Volvo emblem	1	109.00	109.00
14.	B7R emblem	1	89.00	89.00
15.	60Km/h sticker	1	15.00	15.00

16.	Check wiring	1	30.00	30.00 ✓
17.	Labour charges	1	1,800.00	1,800.00 1200
18.	Spray painting	1	1,000.00	1,000.00 800
SUB-TOTAL				S\$26,896.00

- Price before gst

Thank you.

Tan Jiah 9249544 / 62563561
 up 6/12/24 RPR
 Tan Jiah e/khanto.com
 Not Authorise, Revert
 Ex: to be advise
 4/5 Resurvey after repair
 8 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 surveyed 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	30/11/2024 23:18 (SGT)
Reported by	Actual Driver
Date of Accident	29/11/2024 16:55 (SGT)
Exact Location of Accident	AYE, Singapore
Additional Location Information	TOWARDS TUAS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC6372G
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	COMFORTDELGRO BUS PTE LTD
Company Reg No	1XXXXX256W
Email Address	fleetsafety@cdgtaxi.com.sg
Mobile Phone No	(Phone) +65-64169679
Alternative Phone No	(Office) +65-64169679

VEHICLE PARTICULARS

Manufacturer	Volvo
Model	B7r
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?	Yes
Vehicle Category	Bus
Transmission	Auto
CC	7146
Vehicle Fuel	Diesel
First Registration Date	-
Chassis no	YV3R6R624HA186894
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D24MFL008848

DRIVER

Name of Driver	LYU GUOQUN
Work Permit No	GXXXX591X
Date Of Birth	04/11/1976
Occupation	Outdoor
Driving Pass Date	28/03/2017
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	7 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82822339
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	9 LORONG 7 TOA PAYOH #04-333
Address complement	-
Postcode	310009
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	Yes
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	-

FOREIGN VEHICLE 1

Vehicle Registration Number	BRE4993
Vehicle Category	Commercial vehicle

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 THE DATE 29/11/2024 AT ABOUT 1655HRS I WAS DRIVING WITH VEHICLE (A) BEARING REGISTRATION NUMBER (PC6372G) ALONG AYE TOWARDS TUAS ON THE EXTREME LEFT LANE , AS I WAS TRAVELLING STRAIGHT SUDDENLY I FELT AN IMPACT ON THE REAR PORTION OF VEHICLE A WHERE VEHICLE B BEARING REGISTRATION NUMBER (BRE4993 / T/BF7790) HAD FAILED TO STOP AND REAR ENDED VEHICLE (A) I GOT DOWN TO CHECK AND FOUND VEHICLE (C) BEARING REGISTRATION NUMBER (YQ1969M) HAD COLLIDED ONTO THE REAR PORTION OF VEHICLE (B). VEHICLE C DRIVER WAS INJURED DURING 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 BRE4993TBF7790
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Commercial vehicle
Name of Driver ABD AZIZ BIN AININ
Passport No/FIN 8XXXXXXX6285
Contact Number (Phone) +60-1268522083
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number YQ1969M
Vehicle Manufacturer Mitsubishi
Vehicle Model CANTER FEB21ER4SDEN (CBU)
Vehicle Variant -
Vehicle Colour -
Vehicle Category Commercial vehicle
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) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person DRIVER
Gender Male
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained INJURIES
Injured person in which vehicle? YQ1969M
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN

IMPORTANT NOTICE

1. Please correctly report the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorized Driver.
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the center 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.

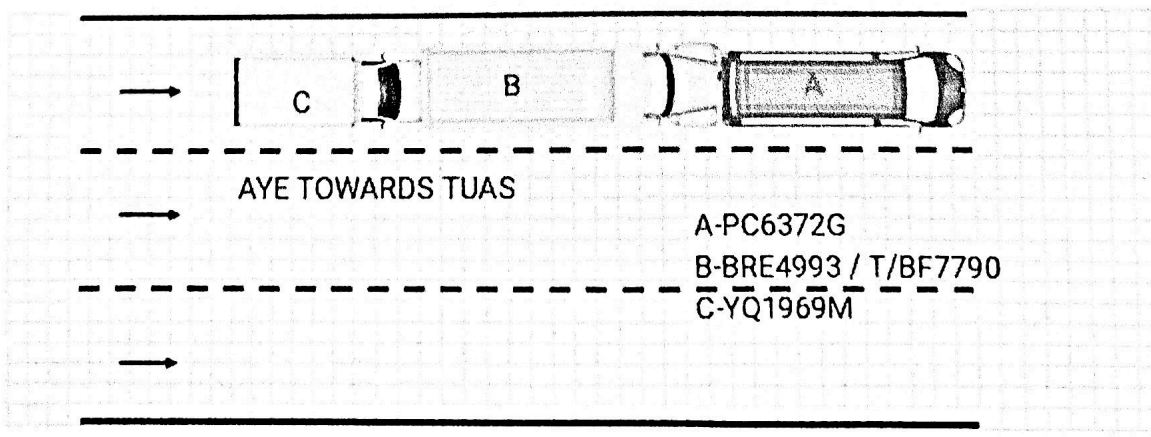
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

29112024--2130



Describe Circumstances of the Accident

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I GOT DOWN TO CHECK AND FOUND VEHICLE (C) BEARING REGISTRATION NUMBER (YQ1969M) HAD COLLIDED ONTO THE REAR PORTION OF VEHICLE (B). VEHICLE C DRIVER WAS INJURED DURING THE ACCIDENT.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

29112024--2130

Witnessed by Reporting Centre Personnel