Winn	ASS. REC. BY: SHOVE From (Person): Ruth Chua Cat	REF CS ISMO 190	NT (Office)	Date/Time: 23.9.19 9.200.0
Melini	Estimated Cost: OD TP IWS / TP RES / OD To Inspect Vehicle No: at Workshop m/s Connet	RESTEVATENVIMVIC	Bill to:S	Insured: CB 6518 M Tel: 92509666
	of 566 Wwdard Rose Policy No: DIG M75 (B)	ν,	Claim No:	CMT17 1904420
	Make of Veh: (Client's Record) CA / REV / REP. / REV Date/Time: 23. 9.19 1-0	24 HRS (4.M Person Contacted	249.19 Winnie	D.O.A. 19.9. 2019 H.O.D. Endorsement: Vehicle IX/LOUT
	Date/Fime Action/Instru	ction (V) Estimate - (C3/AXA 1200>0 .D1-NA/N(10015	e 10/ thotfl	DOA - 30/01/2012 DOA - 65708/2010
	25/09/19 @ 16 Tiang	cob pm revision	J PA	to Ruth Chine Chile

ASSIGNMENT Veh No. PZ 253 K Yr Regn. 11/Jun/2002 Date 24.9. 2019 Type: M.Car / M.Cycle (Busy Van / Lorry / Taxi / Prime Mover / Truck / Trailer or OD TP INS (TP RES) OD RES / EVA / INV / MV c.c 7961 PZ 253K HINO RKIJSLL Make: To laspect Vehicle No. A/C: Insured / Std / NI / NA at Workshop m/s Connect 3 Multicolour. Colour T/Radio: Insured / Std / NI / NA 385 909 566 Woodland Sp.Reading Road Eng/No: insured: RKIJSL10032 C/No: Policy No. Gen. Cond: Good / Fain/ Poor / Burnt Claims No. Steering: Inforder / Jammed / Leaked / Burnt or Excess Sum Insured: Brake: Inorder / Jammed / Leaked / Burnt or (Client's Record) Modi: Nil / S/Rim / STD A/Rim or Steel Rim Make of Veh: 10.00 4 M F: 11 R 22.5 11 R 22.5 (Policy Condition) BS) DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / OIS Remark: The veh had commenced its repair at the time of inspection. TOYO / YOKO or Rear Front Bal, or Market Value: R/Bal. R/Bal. Consistent?: Yes or No IDAC Accident Rport L/Bal Consistent? : Yes or No GIA / PR Seent D.O.L 24/09/2019 D.O.A. 19/09/2019 Res.: Yes or No days Est Repairs: Survey held at 3 Val.: Yes or No Lum Sum: Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftep of CA / REV / REP. / 24 HRS Vehicle: IN / OUT The U/C / Chassis frame / Body Structure affected due to collision. Person Contacted: Action / Instruction Date / Time MV-40K Finalize confirm \$5150, 7 days (wrink (\$ 7,530 /-RECEIVED 0 4 NOV 2019 Days Of Repair: : Preli. Report Survey Fee: Resurvey No. of Trip: Final Report Transportation: 350 Add Fee: Site Insp (\$ Interview (\$ Tech. Invs (4) Fermal ones: 25,150/- 45 Weal and #5

361

LKK Auto Consultants Pte Ltd (Co.Reg.No:199607198R)

51 Ubi Ave 1 #01-25, Paya Ubi Industrial Park

Singapore 408933

Tel: 6256-3561 Fax: 6844-8805 Email: sur@lkkauto.com;assignments@lkkauto.com

To:

Sompo Insurance Singapore Pte. Ltd.

50 Raffles Place

#05-01/06, Singapore Land Tower

Singapore 048623

LKK Auto Consultants Pte Ltd From:

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park

Singapore 408933

Attn:

Ruth Chua Gek Tiang

Date: 25 Sep 2019

Preliminary Advice

Insured Vehicle No : CB6518M

TP Vehicle No

: PZ253K

Make

HINO RK1JSLL

Date of Inspection

: 24/09/2019

: Connect3 (woodlands) (HQ)

Singapore 728697

Assignment Date

Accident Date

:S\$

: 19/09/2019

: 23/09/2019 : 7 days Est. Duration of Repair

Inspection At

566 Woodlands Road

Point of Impact / General Description of Damages

The vehicle sustained impact / damages n/s portion and parts claimed are consistent to the accident.

Repairer's Estimate (Gross)	:S\$	12,680.00
Revised Amount	:S\$	7,780.00
Check Items (Estimated)	:S\$	0.00
Total	:S\$	7,780.00

Lump Sum Repair

Total Loss Consideration

New for Old Value	:S\$
Pre-Accident Value	:S\$
COE / PARF Rebate	:S\$
Salvage Value	:S\$
Margin for Repair	:S\$

Remarks

)	The vehicle is repairable at our adjusted amount. We have also confirmed excess and policy coverage Kindly let us have your authorisation.
--	---	--

The vehicle is uneconomical to be repaired, you are advised to invite tender for the wreck.

Other comments: TP: WP

...CLAIM SUBFOLDER...(New Assignment)

Case Notified Est Su		Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status			
Main	20 Sep 2019		23 Sep 2019 09:20 Assign				New Assignment Cancel Case			
	Main	Re	ference	Cla	m Details	Docum	ents	Show All		
CLATM S	SUBFOLDER DE	TAILS			V. C	[Cre	eated by insu	rer]		
Insured: Main Clair	mant:		EONG BUS TRANS	SPORT SERVI	CES, Co. Reg. No. eg. No.: 53240547A					
Vehicle R	eg. No.:	PZ25	зк	Da	te of Loss:		19/09/2019 06:00 - :59			
Claim Typ	pe:	TP / 0	CMTD1904420	Po	Policy/Cover Note No.:		(Comprehensive)			
Vehicle R	eg. No. (Insured)	: CB651	.8M	Po	licy No. (Claimant):					
				1000	cess:					
Repairer:	ř.	Conne	Connect3 (woodlands) (HQ) 566 Woodlands Road, 728697 Woodlands - Tel:							
Handling	Insurer:	6329 5	Sompo Insurance Singapore Pte. Ltd. (HQ) - Tel: 6461 6555 [Handled by Ruth Chua Gek Tiang - 6329 5153]							
Adjuster:		LKK A	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 [Final Rpt due 02/10/2019] Please conduct the survey on a without prejudice basis.							
Adj Asg.	Remarks:	Please	conduct the surve	y on a without	prejudice basis.					
ASSOCI	ATED MAIL RE	CEIVED				View A	All Comp	ose Case Mail		
There are	e no mail for this	case.								
▣							reate New Task	Complete		
ALL AS	SOCIATED TAS	KS				an on reasons				
Due D		Type Task	Group Subjec	ct Handler	Assigned By	Completed O	n Create	d On Done		

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	Booksess	
Owner ID Type:	Business	
Owner ID: Vehicle Details	547A	
Vehicle No.:	PZ253K	
Vehicle to be Exported:	No	
Intended Deregistration Date:	24 Sep 2019	
Vehicle Make:	HINO	
Vehicle Model:	RK1JSLL	
Primary Colour:	Multicolor	
Manufacturing Year:	2001	
Engine No.:	J08CTK11327	
Chassis No.:	RK1JSL10032	
Maximum Power Output:	1400 - 12	
	\$91,382.00	
Open Market Value:	11 Jun 2002	
Original Registration Date:	11 Jun 2002	
First Registration Date:	2	
Transfer Count: Actual ARF Paid: Intended PARF Rebate Details	\$4,570.00	
PARF Eligibility:	No	
PARF Eligibility Expiry Date:		
PARF Rebate Amount: Intended COE Rebate Details	\$0.00	
COE Expiry Date:	28 Feb 2022	
COE Category:	C - Goods Vehicle & Bus	
COE Period(Years):	10	
PQP Paid:	\$40,549.00	
COE Rebate Amount:	\$9,847.00	
Total Rebate Amount:	\$9,847.00	

The information contained herein is correct as at 24 Sep 2019

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number Contact Number

EMail Address

- 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 Authorised Driver.
- Information provided must be as <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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.

《在学习》的《基本大》的《 在中国的新疆》	ACCIDENT STATEMENT
Date Of Report	20/09/2019 14:14
Date Of Accident	19/09/2019 06:40
Exact Location Of Accident	ALONG SUNGEI TENGAH DORMITORY
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	PZ253K
Insured/Policyholder	
Name Of Registered Owner	JAY TRANSPORT SERVICES
Co Reg No	53240547A
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-83881797
Vehicle Particulars	
Manufacturer	HINO
Model	RK1JSLL
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	BUS
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5074979584-03
Cover Note Number	
Driver	
Name of Driver	ZAYBAL S/O ALAKAN
NRIC No	S7207985Z
Date Of Birth	25/02/1972
Occupation	OUTDOOR
Date Of Driving Pass	09/02/1995
Driving Experience	24 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83881797

NOEMAIL

Address

APT BLK 316 JURONG EAST ST 32 #02-287

Postcode

600316

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

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 this accident?

NO

Number of vehicles (including own vehicle)

2

involved in the accident Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by ambulance?

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

21

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

CB6518M

Vehicle Make/Model/Colour

NRIC/Passport Number

Details Of Properties

BUS

Vehicle Category

WANG WEI

Name of Driver

G2040075M

Contact Number

Address

Postcode

Insurance Company Name

SOMPO INSURANCE SINGAPORE PTE. LTD.

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudieta 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.
- Any faise reporting may be referred to the Police for Investigation.
- The 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
- By the lodgment 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)
 - (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 cialms;
 - (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
- my Personal information may/can be disclosed by any of the incurers and/or GIA to their third early service erorides are agents including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

(ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time:

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

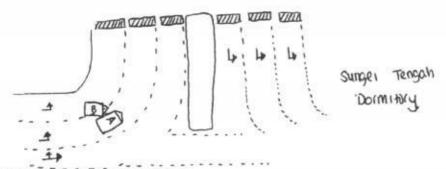
Jenson

Name:

NRIC/FIN No.

SKETCH PLAN

A= PZ253 K B= CB6518 M



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

)n 10	1/09/1	9 @	06:4	Ohrs.	1	WOS	dav	ng	my	bu	P2	953K	intend	to
EXH	aut	1+	Syncel	161	ngan	DOLWA	1914	With	10	MIL	PWD	Igna	WHEN	a
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DECLARATION

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

Policyholder's Signature Date & Time: Orben's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

CONNECTS

566 Woodlands Road (Mandai Estate) Singapore 728697 Tel: (65) 9850-9666 Email: Connect3winnie@gmail.com

Roc: 5 3 3 6 0 0 6 1 L GST:53360061L

QT19/PZ253K/TPC-566

QUOTATION

Sompo Insurance Singapore Pte Ltd

50 Raffles Place #05-01/06 Singapore Land Tower Singapore 048623

Dear Sir,

Cost of Repair to Vehicle PZ253K

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

No.	DESCRIPTION	QTY	U/PRICE (S\$)	AMOUNT (S\$)
1.	LH side glass / BR	1	1,540.00	1,540.00
2.	LH side panel X R	1	4,200.00	4,200.00
3.	LH compartment cover / DD	2	1390 1,650.00	3,300.00
4.	Sealant / //(6	40.00	240.00
5.	Labour to remove & refit LH side glasses to assist repair	1	300 400.00	400.00
6.	Spray painting (With STICKY)	1	1,800.00	/400 1,800.00
7.	Labour charges	1	1000 1,200.00	1,200.00
			SUB-TOTAL	S\$12,680.00

· Price before 7% gst

Thank you.

Yours faithfully,

Winnie Chai HP: 9850-9666 9900 LIS-5160 -10% = 5150 L- 2943 6450

LKK Auto Consultarias hence hotity

- 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:

1 24/9/19, 12000L 7 dys L/S Ry AL SM

LKK Auto Consultants Pte Ltd (Co.Reg.No:199607198R)

51 Ubi Ave 1 #01-25, Paya Ubi Industrial Park

Singapore 408933

Tel: 6256-3561 Fax: 6844-8805 Email: sur@lkkauto.com;assignments@lkkauto.com

VEHICLE DAMAGE INSPECTION REPORT

Our File No:

D19MTSCBU000292

CS/SMO19016711/ESF3N2

Date:

05/11/2019

REFERENCE

Handling Insurer:

Claimant

Sompo Insurance Singapore Pte.

PZ253K

Policy No:

Insured Vehicle No:

CB6518M

Vehicle No: Date of Loss:

19/09/2019

Nature of Claim:

TP

Claim No:

CMTD1904420

J08CTK11327

RK1JSL10032

Yes

385909 km

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:

Reg. Date:

PZ253K

Make & Model:

HINO RK1JSLL, 8.0 D (M) 11/06/2002 (Man. Year: 2001)

Colour: Engine Capacity:

Multi-colour 7961 cc

Market Value/New Car

Price:

N/A

Sum Insured (S\$):

Market Value/New Car Price

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:

Steering (Serviceable): Yes Engine Modification:

Yes Footbrake (Serviceable):

Engine No:

Odometer:

Chassis No:

Pre-accident Condition:

Handbrake (Serviceable): CONDITION OF TYRES

Front Tyre Size:

11R22.5

Rear Tyre Size:

11R22.5

Front Left Side:

Bridgestone 5 mm

Rear Left Side: Rear Right Side: Bridgestone 5 mm Bridgestone 5 mm

Bridgestone 5 mm Front Right Side: The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	9,280.00	3,750.00	5,530.00	59.59
Miscellaneous Items	0.00	0.00	0.00	
Labour	3,400.00	2,700.00	700.00	20.59
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	12,680.00	6,450.00	6,230.00	49.13
Approved Total (Overridden) (S\$)		5,150.00		
(S\$)	12,680.00	5,150.00	7,530.00	59.38
+ GST 7.00/7.00% (S\$)	887.60	360.50	527.10	59.38
Nett Amount (S\$)	13,567.60	5,510.50	8,057.10	59.38

INSPECTION

Date of Assignment:

23/09/2019

Date Inspected:

24/09/2019

Inspected At:

Connect3 (woodlands) (HQ)

566 Woodlands Road Singapore 728697

Estimated Period of Repair:

7.0 days

Adjuster: CHEN TSUE YEE

Manager: Hiew May Fung

NOTE: This report represents our findings at the time and place of inspection stated herein. Such inspection has been carried out to the best of our

knowledge and ability but any other liability under any other circumstances is hereby expressly excluded.

REPAIR DETAILS

Referen		(Last Synchronised: 05 Nov 2019)
Parts:	N/A	HINO RK1JSLL 8.0 D (M) (Model not available in database)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted,	no print-code for PZ253K)
Validity:	These estimate	es are valid only if they contain the print code (above) on all estimate pages, running page he END OF ESTIMATES marker on the last estimate page
Further Info	: Items/values n	ot in reference catalogue are prefixed with an asterisk *.

No.		Part No.	d Parts Particulars	Condition	Repairer's	Amount
			*LH SIDE GLASS	Broken	1,540.00 F	*1,300.00 FL
2	1		*LH SIDE PANEL	Repair	4,200.00 F	*- FL
2	2		*LH COMPARTMENT COVER	Dented	3,300.00 F	*2,600.00 FL
4	6		*SEALANT	Necessary	240.00 FS	*240.00 FS
		part. S=SpcNe	tt, L=ListItemDisc.	-		
		0		Sub Total (S\$)	9,280.00	4,140.00
			- List Item Discount on L Ite		0.00	390.00
				Total Parts (S\$)	9,280.00	3,750.00
			Report was unsubmitted	during this print-out.		

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

Particulars	Lab.Type	Repairer's	Amount
our Items			200.00
LABOUR TO REMOVE & REFIT LH SIDE GLASSES TO ASSIST REPAIR	New)AT-07-5-5	300.00
SPRAY PAINTING	New	1,800.00	1,400.00
LABOUR CHARGES	New	1,200.00	1,000.00
Gross Labour Cost (S\$)		3,400.00	2,700.00
Penort was unsubmitted dur	ing this print-out.		
	Particulars Our Items LABOUR TO REMOVE & REFIT LH SIDE GLASSES TO ASSIST REPAIR SPRAY PAINTING LABOUR CHARGES Gross Labo	Particulars Lab.Type Dur Items LABOUR TO REMOVE & REFIT LH SIDE GLASSES TO New ASSIST REPAIR SPRAY PAINTING New LABOUR CHARGES Gross Labour Cost (S\$)	Particulars Lab.Type Repairer's LABOUR TO REMOVE & REFIT LH SIDE GLASSES TO New 400.00 ASSIST REPAIR SPRAY PAINTING New 1,800.00 LABOUR CHARGES New 1,200.00

< END OF ESTIMATES >