

08/11/13) wef
ASS. REC. BY: *[Signature]*

REF:

CS/CT121003544/RIV d3

3wk

Copy: Aug 2016

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: PA 6509R
at Workshop m/s: MCKENZIE CAR PARK
of MCKENZIE RD

Insured: CT1 XD 6896L

Policy No. DMCVSNW00022372104

Claims No. SNM21D201472C02/IRENE

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: _____

IDAC Accident Rpt: _____ Consistent?: Yes or No

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

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

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: PA 6509R Yr Regn: 2006 / SGP

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

Truck / Trailer or DUCK-TOUR

Make: CONDIESEL LARV c.c. 9500

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

Sp. Reading: 03818 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VND0008856

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 16.00-25

R: 16.00-25

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

TOYO / YOKO or DRC

Front

Rear

R/Bal. 8 mm R/Bal. 8/8 mm

L/Bal. 8 mm L/Bal. 8/8 mm

D.O.A. 14/03/21 D.O.I. 25/03/21

Survey held at MCKENZIE CARPARK

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

O/S FR

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

Date / Time Action / Instruction

5/4/21 LS \$800 confirmed by email (Red 1273.33,61%)

Date/Time, File Pass to?

☐ : Preli. Report

Days Of Repair: 2

1)

☐ : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

Survey Fee:

Transportation:

2) 5/4/21-Typist

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)

S + RS SI

Photos

Others

Report Format : Merimen

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 3 6 0 0 6 1 L

QT21/PA6509R/TPC

China Taiping Insurance (Singapore) Pte Ltd
3 Anson Rd #15-02
Springleaf Tower
Singapore 079909

QUOTATION

Dear Sir,

Cost of Repair to Vehicle PA6509R

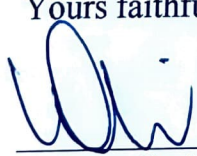
With reference to the above-mentioned, we are pleased to quote as follows:-

No.	DESCRIPTION	QTY	U/PRICE (\$\$)	AMOUNT (\$\$)
1.	RH rear view mirror <i>bu✓</i>	1	298.31	298.31
2.	RH rear view mirror (round – bottom) <i>X</i>	1	491.76	491.76
3.	RH rear view mirror (round – side) <i>cm✓</i>	1	415.56	415.56
4.	RH rear view mirror bottom & side bracket (round) <i>2 repair</i>	2	105.90	211.80
5.	RH rear view mirror bracket <i>3/4 repair</i>	1	105.90	105.90
6.	Spray painting	1	250.00	250.00 150
7.	Labour charges	1	300.00	300.00 200
SUB-TOTAL				SS\$2,073.33

- Price before 7% gst

Thank you.

Yours faithfully,

Winnie Chai

HP: 9850-9666

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:

Repair
4p 900/10068
2 days
P/P
25/03/21 @ 1400
Reg after repair

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 Authorised 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 Submission	16/03/2021 10:43 (SGT)
Date of Accident	14/03/2021 20:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	MACKENZIE CAR PARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PA6509R
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SAN'S TOURS & CAR RENTALS
Company Reg No	0XXXX300K
Email Address	COACH@SANSTOURS.COM
Mobile Phone No	(Phone) +65-93667668
Alternative Phone No	(Home) +65-93667668

VEHICLE PARTICULARS

Manufacturer	Condiesel
Model	LARC V
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

INSURANCE COMPANY

Name of Insurance Company	Sompo
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	D20MTSCBU000254
Cover Note Number	-

DRIVER

Name of Driver	LIM SENG HIN
Passport No/FIN	SXXXX818I
Date Of Birth	18/11/1958
Occupation	Outdoor

Of Driving Pass	23/04/1980
ng experience	40 YEARS AND 11 MONTHS
nder	Male
obile Number	(Phone) +65-93667668
lt. Phone Number	-
Email Address	COACH@SANSTOURS.COM
Address	BLK 557 ANG MO KIO AVE 10 #04-1856
Address complement	-
Postcode	560557
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	Hit and run / Vandalism / Damaged whilst parked
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 material or property damaged?	No
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

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 ATTACHED

ATTACHMENT(S)

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

SKETCH PLAN

IMPORTANT NOTICE

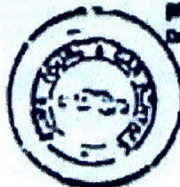
1. Please report ~~carefully~~ the details of the accident to speed up the claims process.
2. This form must be submitted to the Policyholder and/or the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow Insurance Companies to rescind 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 statement may be referred to the Police for investigation.
6. The report will be forwarded by the Insurers of the GAA 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 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 upon request.

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 any personal data/personal information not set in this form and any other personal information provided by me or generated 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 internal cover of envelopes/mail postings); 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 any Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/are be disclosed by any of the Insurers and/or GIA to their third party service providers or agents/subsidiaries (their lawyers/law firms), which may be situated 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 to prevent 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:

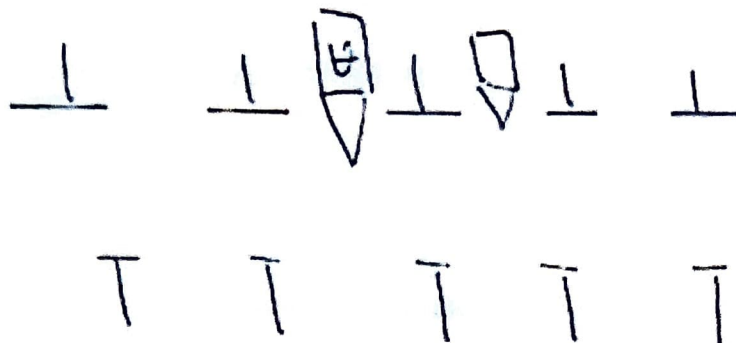


Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NIC/FIN No.:

A-PA6509R
B-XD6896L

SKETCH PLAN



Mackenzie Car Park.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 14/3/2021 around 20:00hrs, I drove my bus PA 6509R to Mackenzie Car Park to Park the vehicle and I went home. on 15/3/2021 07:30hrs I went to collect my veh and the right side mirror was damaged. there is a witness took pic of the veh B XD6896L that hit onto my bus.

DECLARATION

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

Policyholder's Signature: [Signature]
Date & Time: _____

Driver's Signature (if driver is not the policyholder): [Signature]
Date & Time: _____



Reporting Centre Personnel's Signature: _____
Name: _____
RUC/PCW No.: _____

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Business
Owner ID:	300K
Vehicle No.:	PA6509R
Vehicle to be Exported:	No
Intended Deregistration Date:	26 Mar 2021
Vehicle Make:	CONDIESEL
Vehicle Model:	LARC V
Primary Colour:	Blue
Manufacturing Year:	2006
Engine No.:	8460419720582193
Chassis No.:	VMD00088SE
Maximum Power Output:	-
Open Market Value:	\$425,720.00
Original Registration Date:	29 Sep 2006
First Registration Date:	29 Sep 2006
Transfer Count:	1
Actual ARF Paid:	\$21,286.00
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
COE Expiry Date:	31 Aug 2026
COE Category:	E - Open Category
COE Period(Years):	10
PQP Paid:	\$46,254.00
COE Rebate Amount:	\$25,116.00
Total Rebate Amount:	\$25,116.00

The information contained herein is correct as at 26 Mar 2021

OK