

ASS. REC. BY: Sun Pin

REF:

CS/CTI 21004262/Qtf3.**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.

N/S	O/S
X	X
X	X
X	X
X	X

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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: PC 9332C Yr Regn: 21/09/2016Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: Golden Dragon XML6113 c.c. 6690Colour: Multicolour A/C: Insured / Std / NI / NA

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

Eng/No: _____

C/No: LL3BGCPH6GA001446Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt or _____Brake: Inorder / Jammed / Leaked / Burnt or _____Modi: Nil / S/Rim / STD A/Rim or _____Tyre Size: F: 11 R 22-5R: 11 R 22-5

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

TOYO / YOKO or westlake.

Front _____ Rear _____

R/Bal. 6 mm / R/Bal. 6 mmL/Bal. 6 mm / L/Bal. 6 mmD.O.A. 03/04/2021 D.O.I. 05/04/2021Survey held at Connect 3.Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or _____

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

Date / Time _____ Action / Instruction _____

MV: 85,000PV: 23,527.NV: 61,473

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee:

☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

S + RS, SI

Photos

Others

TOTAL

Rep. Format: _____

Lump Sum / L.B.L. (\$ _____)

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	03/04/2021 11:18 (SGT)
Date of Accident	03/04/2021 07:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CLEMENTI AVENUE 2
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC9332C
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	GTS TRAVEL PTE LTD
Company Reg No	2XXXXX002G
Email Address	kg@gtscar.com.sg
Mobile Phone No	(Phone) +65-93233933
Alternative Phone No	+65-93233933

VEHICLE PARTICULARS

Manufacturer	Golden Dragon
Model	XML6113J98 AUTO
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	6690

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5114059901-01-000011
Cover Note Number	17/12/2020 TO 16/12/2021

DRIVER

Name of Driver	WANG BENXI
Work Permit No	GXXXX416P

Date Of Birth	06/12/1964
Occupation	Outdoor
Date Of Driving Pass	01/02/2021
Driving experience	2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83717366
Alt. Phone Number	-
Email Address	kg@gtscar.com.sg
Address	43 LEITH PARK SINGAPORE 547953
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 - Head to Rear
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?	Yes
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 WITH ATTACH.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	FILE SIZE TOO LARGE UNABLE TO UPLOAD
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YP8132U
Vehicle Manufacturer	-
Vehicle Model	-
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)	-

SKETCH PLAN

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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. 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 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 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.
- (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:

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

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

pv.
\$190,000

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/PC9332C/TPC

China Taiping Insurance (Singapore) Pte Ltd

3 Anson Rd #15-02

Springleaf Tower

Singapore 079909

QUOTATION

Dear Sir,

Cost of Repair to Vehicle PC9332C

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

No.	DESCRIPTION	QTY	U/PRICE (\$\$)	AMOUNT (\$\$)
1.	Rear tailgate / pb	1	3,800.00	3,800.00
2.	Rear tailgate inner structure frame / bp	1	1,850.00	1,850.00
3.	Rear tailgate grille / Nec.	1	550.00	550.00
4.	Rear tailgate center lock Jam	1	588.00	588.00
5.	Rear tailgate hinges / BT	2	385.00	770.00
6.	Rear tailgate gas spring X	2	170.00	340.00
7.	Rear tailgate inner sensor 2 / Mis. 1/2	1/2	230.00	460.00
8.	Rear tailgate lock X	1	532.00	532.00
9.	Rear tailgate RH catch / BT	1	196.00	196.00
10.	Rear bumper / Cny.	1	1,650.00	1,650.00
11.	Rear bumper RH & LH bracket / BK	2	255.00	510.00
12.	Rear bumper inner structure / BT	1	850.00	850.00
13.	Rear RH taillamp panel outer fiber panel / Cny	1	1,430.00	1,430.00
14.	Rear RH taillamp assy / Sch	1	1,350.00	1,350.00
15.	Rear RH lower reflector 2?	1	185.00	185.00

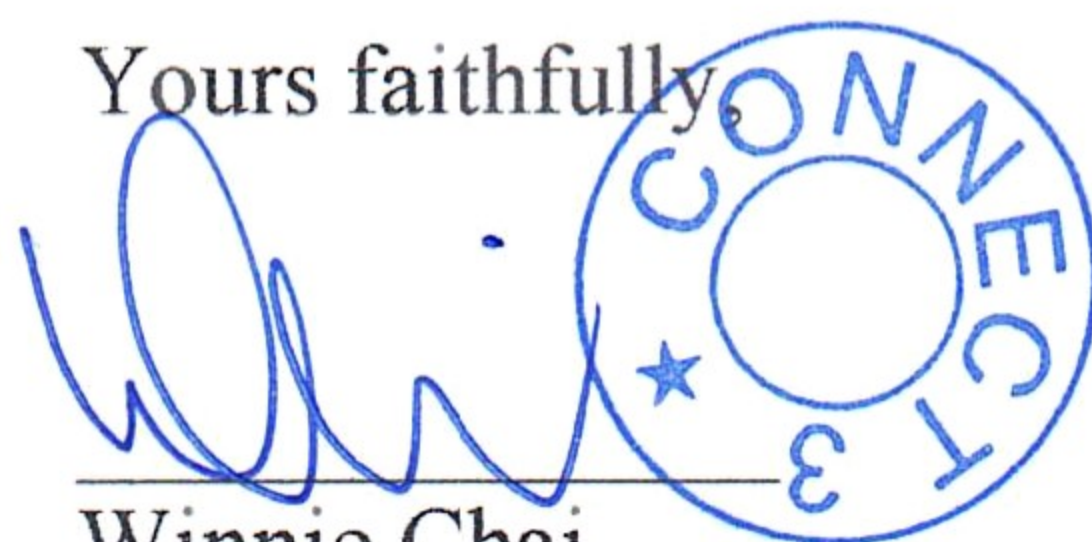
16.	Rear pulley ^{photo} ? ✓	1	2,380.00	2,380.00
17.	Rear whole set electric wire & cables ✓cpm	1	960.00	960.00
18.	ECU unit ?	1	8,000.00	8,000.00
19.	Exhaust bracket X	1	220.00	220.00
20.	Rear camera ✓shot	1	350.00	350.00
21.	Rear number plate ✓cpm	1	50.00	50.00
22.	60KM/H sticker ✓Nec	1	15.00	15.00
23.	Check wiring	1	150.00	150.00
24.	Reset ECU unit	1	300.00	300.00
25.	Labour charges	1	2,400.00	2,400.00
26.	Spray painting with logo	1	2,400.00	2,400.00
27.	Towing fee X	1	250.00	250.00
			SUB-TOTAL	S\$32,536.00

- Price before 7% gst

Thank you.

Repair dy 10 dys

Yours faithfully,



Winnie Chai
HP: 9850-9666

LIS

After paint photo

Sun Pm (LIS)

05/04/2021

TP with prejudice.

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: