

CONNECT 3

566 Woodlands Road (Mandai Estate) Singapore 728697

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

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QT21/PA52E/TPC

China Taiping Insurance (Singapore) Pte Ltd

3 Anson Rd #15-02

Springleaf Tower

Singapore 079909

QUOTATION

Dear Sir,

Cost of Repair to Vehicle PA52E

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

No.	DESCRIPTION	QTY	U/PRICE (S\$)	AMOUNT (S\$)
1.	Front LH entrance door / <i>DD</i>	1	2,850.00	2,850.00
2.	Front LH entrance door glass lower / <i>BR</i>	1	1,200.00	1,200.00
3.	Front LH linkage X	1	1,080.00	1,080.00
4.	Front LH entrance door rubber moulding / <i>TN</i>	1	580.00	580.00
5.	Front LH headlamp assy / <i>UT</i>	1	1,450.00	1,450.00
6.	Front LH entrance door round lock / <i>UT</i>	1	85.00	85.00
7.	Front LH entrance door outer handle / <i>UT</i>	1	147.00	147.00
8.	Front LH entrance door round lock with rubber cover / <i>M/S</i>	1	95.00	95.00
9.	Front LH entrance inner steel moulding / <i>RT</i>	1	730.00	730.00
10.	Front LH wheel cover panel signal lamp / <i>RR</i>	2	215.00	430.00
11.	Labour charges	1	<i>1600</i> 2,100.00	2,100.00
12.	Spray painting	1	<i>1200</i> 1,400.00	1,400.00
13.	Advertisement sticker	1	<i>1000</i> 1,800.00	1,800.00
14.	Adjust entrance door labour charges	1	<i>250</i> 450.00	450.00
15.	Transfer door fittings	1	<i>150</i> 300.00	300.00

16.	Check wiring	1	30	50.00	50.00
17.	Sealant	4		40.00	160.00
	SUB-TOTAL				S\$14,907.00

- Price before 7% gst

Thank you.

Stere CLKK)
14/6/21, 9:30am

Yours faithfully,



Winnie Chai
HP: 9850-9666



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8 dys

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 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	18/01/2021 16:24 (SGT)
Date of Accident	25/11/2020 07:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Woodlands Ave 9 & Woodlands Sector 1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PA52E
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	TRANSPORT REPUBLIC PTE LTD
Company Reg No	2XXXXX633C
Email Address	evelynchew1@gmail.com
Mobile Phone No	(Phone) +65-67550025
Alternative Phone No	(Office) +65-67550025

VEHICLE PARTICULARS

Manufacturer	King Long
Model	XM6117K
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	6693

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5111892039-01-000002
Cover Note Number	10/08/20 - 09/08/21

DRIVER

Name of Driver	CUI GUOWEI
Passport No/FIN	GXXXX215X

Date Of Birth
Occupation
Date Of Driving Pass
Driving experience
Gender
Mobile Number
Alt. Phone Number
Email Address
Address
Address complement
Postcode
Is the driver the policyholder?
If No, Relationship of the Driver with the Insured
Does Driver Own Other Vehicles?
Vehicle Registration Number of Other Vehicle Owned by Driver
Insurance Company of Other Vehicle Owned by Driver

03/03/1971
Outdoor
13/03/2009
11 YEARS AND 8 MONTHS
Male
(Phone) +65-84678879
-
evelynchew1@gmail.com
-
-
-
No
Employee
No
-
-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident
Weather Conditions
Road Surface

Collision - Major/Minor Rd
Clear
Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?
Number of vehicles involved in the accident
Was anybody injured in the Accident?
Was any injured conveyed to hospital by ambulance?
Was any other material or property damaged?
Number of Passengers (Including Driver)
Has the driver been approached by unknown person(s)
soliciting/offering accident claims assistance?

No
2
No
-
Yes
11
No

PASSENGER 1

Name
Gender

PASSENGER
Male

PASSENGER 2

Name
Gender

PASSENGER
Male

PASSENGER 3

Name
Gender

PASSENGER
Male

PASSENGER 4

Name
Gender

PASSENGER
Male

PASSENGER 5

Name
Gender

PASSENGER
Female

PASSENGER 6

Name
Gender

PASSENGER
Female

PASSENGER 7

Name
Gender

PASSENGER
Female

PASSENGER 8

Name

PASSENGER

Gender	Female
PASSENGER 9	
Name	PASSENGER
Gender	Female
PASSENGER 10	
Name	PASSENGER
Gender	Female

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. (REPAIR BY CONNECT3 WORKSHOP PTE LTD)

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

Vehicle Registration Number	GBH4780P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	RAMJAN MOHAMMAD
Passport No/FIN	GXXXX518M
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

SKETCH PLAN

1 VEHICLE NO. PAS2E
2 INSURER CO. NTUC
3 ACCIDENT
DATE & TIME 25/11/20 1300m

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 willful 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. 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 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.

E 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' law yers/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' law yers/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 law yers/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 policy holder) / Date & Time

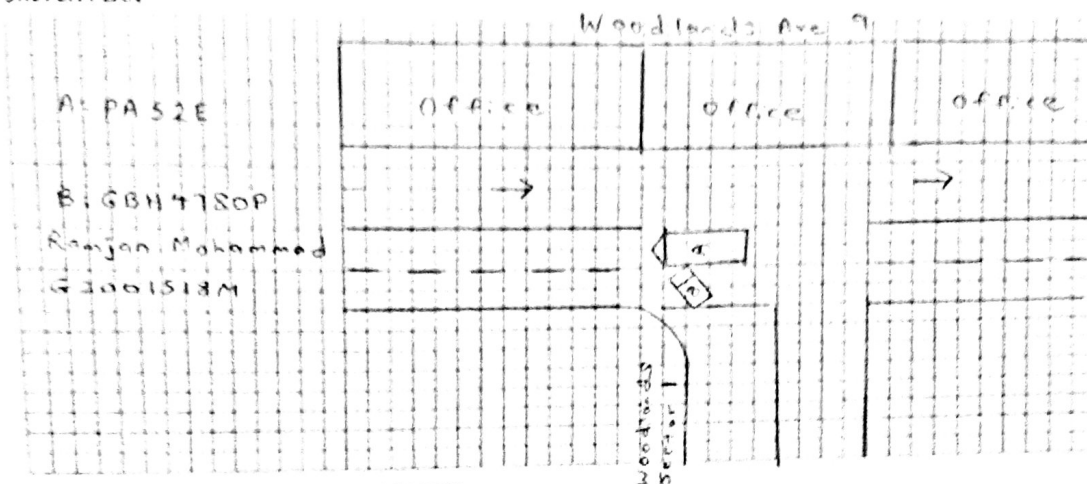
(73) 09 18/1/21
Witnessed by Reporting Centre Personnel

Sketch Plan

PLEASE
TURN
OVER



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Ins: NINE Vch NR: PASSE 3GN-25/11/2013 735m

I travelled on the main road 58H4780P turned out from side road without stopping and hit gate front left of my bus.

Note: Please note that your insurer may have 14 days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

DECLARATION

I/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 _____

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

() Claim Own Policy () Claim Third Party (/) Reporting Only
() Claim OD/TP at other workshop (_____)