

ASS. REC. BY:

Steve

REF

CS/CT/121004806/E9f3

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. DMCVSNW00048542000

Claims No. SNM21D202152C02

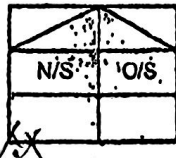
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value: _____

IDAC Accident Report: _____ Consistent? : Yes or No

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

Est. Repairs: 6 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No:

P2 6H

Yr Regn:

30/4/15

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

Truck / Trailer or

Make:

Scania K104X2

c.c.

12742

Colour:

Multi-Colour

A/C: Insured / Std / NI / N

Sp. Reading

426259

T/Radio: Insured / Std / NI / N

Eng/No:

C/No:

V51R4X2 900 1890430

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

275/80R22.5

R:

11

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

TOYO / YOKO or

Front

Rear

R/Bal.

5

mm

R/Bal.

5

mm

L/Bal.

5

mm

L/Bal.

5

mm

D.O.A.

9/4/21

D.O.I.

22/4/21

Survey held at

Crown Asia Bus

Des. of Damages: Fnt / Rear / O/S / N/S / UIC / Rooftop or

Rear LH

The UIC / Chassis frame / Body Structure affected due to collision

Date / Time Action / Instruction

28/04/21 @5.47pm revised to Alfred Toh via Merimen

Submit LS \$3950, 5 days (Unconfirmed)

26/11/21 Re-open ref for submit final report

25/11/21 Steve finalised LS \$7000, 6 days (Red \$9825, 58%)

Date/Time, File, Pass to?



: Prel. Report

Days Of Repair: 6

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

\$ + RS \$

Private

Client

TOTAL

Add Fee:



: Site Insp

(\$



: Interview

(\$



: Tech. Invs

(\$



: Weekend

(\$

26/11 Typist



: Final Report

Date/Time, File Return to?

Approved:

MER-TP

Date/Time, File

7000



CROWN ASIA BUS BUILDER PTE LTD

44 SUNGAI KADUT AVE., Singapore 729667
Tel : +65 6966 0666 Fax : +65 6469 4319
Email : claims@crownasia.com.sg
Company Reg No: 201023449R

Steve (LKK)

Mr P/L

22/4/21, 11.00L

5 dys

L/S

M Al M

15 APRIL 2021

CHINA TAIPING INSURANCE (SINGAPORE)
3, ANSON ROAD #15-00 SPRINGLEAF TOWER
SINGAPORE 079909

C/O : Attending Surveyor

Dear Sir/Madam,

THIRD PARTY CLAIM – REPAIR ESTIMATE FOR PZ6H

Traffic accident involving PZ6H and YN8369P in Yishun avenue 7 heavy vehicle carpark (parking lot No. 388) on 09/04/2021

We append below the estimate repair cost for PZ6H: -

Part required: -

1 pc	Rear engine cover panel	X R	\$ 2800.00
1 pc	Rear engine top cover panel	X NN	\$ 1600.00
1 pc	Rear left taillamp	OR	\$ 1100.00
1 pc	Rear left taillamp panel	OR	\$ 3200.00
1 pc	Rear left side panel	X R	\$ 2400.00
			\$ 11,700.00
	Less 10% trade discount		\$ -1170.00
		Sub-total:	\$ 10,530.00

? 780 -
? 1800 -
2580
- 10%
2322

Special NETT items:-

1 pc	Polyurethane foam spray set (imported from U.S.A)	\$ 1,000.00
1 pc	60 km/h sticker	\$ 15.00
	Total Parts:	\$ 11,545.00

470 -
X NN

Labour charges:-

To remove the affected parts & fittings to commence repairs;
replace damaged parts & components

\$ 2,000.00 800 1200

To supply paint materials, expandable items & putty, re-spray
paint on parts replaced

4922

\$ 2,400.00 600 800

To check electrical wiring at damage areas

L/S - 3937.60

\$ 180.00 50

To reset and program computer setting

= 3950

\$ 350.00 100

To perform anti-rust treatment on affected areas

\$ 350.00 50

Labour Total: \$ 5,280.00

Total (parts & labour): \$16,825.00

2200 -

Note:- This estimate is based on visible damage only. Should any hidden parts and/or labour charges required during works in progress, insurer and/or their surveyor will be notified accordingly.

Price quoted is subjected to 7% GST

Loss of use we proposed for 10 repair days will be \$300/days, thus total will be \$3000.

Yours faithfully

Jun Li (H/P 86889995)
Crown Asia Operation Dept.

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 the "Arbitration" basis
- No to be in dispute with the repairer
- Since the repairer is not a member of LKK and is a single body, LKK is a member of the LKK 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 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. 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	13/04/2021 13:52 (SGT)
Date of Accident	09/04/2021 09:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	YISHUN AVE 7
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number PZ6H

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	RUI FENG TRAVEL PTE LTD
Company Reg No	2XXXXX946G
Email Address	operation@ruifeng.com.sg
Mobile Phone No	(Phone) +65-81124849
Alternative Phone No	(Home) +65-81124849

VEHICLE PARTICULARS

Manufacturer	Scania
Model	KIB4X2
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 - Reporting only
Vehicle Category	Bus
Transmission	Auto
CC	12742

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	VFX/P2383710
Cover Note Number	-

DRIVER

Name of Driver	IDRIS BIN MANAP
NRIC No	XXXXX841H

Date Of Birth	27/11/1964
Occupation	Outdoor
Date Of Driving Pass	01/11/1991
Driving experience	29 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81124849
Alt. Phone Number	-
Email Address	operation@ruifeng.com.sg
Address	BLK 408 YISHUN AVE 6 #04-1268
Address complement	-
Postcode	760408
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	Collided into Parked Vehicle
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?	Yes
Police Station Name	Yishun North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008529999
Alt. Police Station Phone No	(Fax) +65-68522299
Police Station Address	31 Yishun Central Singapore 768827
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

DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number	YN8369P
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)	-

Describe Circumstances of the Accident

Refer to police report.

Lined area for describing the circumstances of the accident.

Declaration

I, the undersigned, declare that the information furnished herein is true and correct to the best of my knowledge and belief.



[Signature]

[Signature]

Date: _____

Signature of Driver: _____

Signature of Witness: _____

SKETCH PLAN

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.

B. 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 firms/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 insurers, who have insured vehicle(s) involved in this accident and the Insurers' law firms/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 firms) which may be based outside of Singapore, for one or more of the above Purposes.

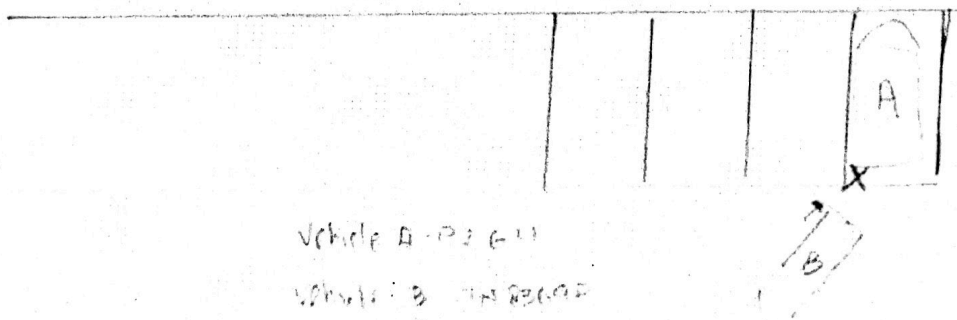


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Own Vehicle Policy

Name of Insurance Company

Policy Number

Name of Registered Owner

NRIC Number / Co Reg. Number

TEL:



**SINGAPORE
POLICE FORCE**



T/20210409/2108

1 of 3

Report No. T/20210409/2108

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
09/04/2021 22:03

Vide Report No.:

Station Diary No.:
93

Informant's Particulars

Name of Informant:
IDRIS BIN MANAP

Address:
APT BLK 408 YISHUN AVENUE 6 #04-1268 SINGAPORE
760408

ID Type / ID No:
NRIC NO / S1653841H

Contact No:
Home/Office: Mobile 81124849

Nationality:
SINGAPORE CITIZEN

Email:

Sex: Male Age: 58 Date of Birth: 27/11/1964

Type of Informant:
Driver

Institution / School Name:

Race:
Malay

Language:

Occupation:
Bus driver

Driving Licence Information:
Class: 3,4,5

Date of Expiry:

General Information of the Accident

Type of Accident:
Non-Injury

Drink Drive:
No

Date/Time of Accident:
09/04/2021 09:30

Type of Location:
Car Park

Location:
YISHUN AVENUE 7

Weather:
Clear

Road Surface:
Dry

Road Speed Limit:

Traffic Flow:

Traffic Control:

Traffic Volume:

Type of Collision:
Moving Vehicle Against - Parked Vehicle

Anyone conveyed by ambulance:
No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passengers
P26H	Bus/Coach/Minibus				Slightly Damaged	0
YN8369P	Lorry					0

Details of Person Involved

Any Pedestrian Involved No
No of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA

Exact Purpose for which vehicle was being used at time of accident
Number of Passengers (incl Driver)

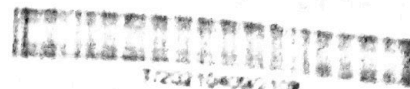
Private Use / Employment / Private Hire

Name & Gender



SINGAPORE POLICE FORCE

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999



Report No: T20210406/2108

CONTINUATION OF REPORT

Name	IDRIS BIN MANAP	ID No	S1653841H
Related Vehicle	PZ6H (Bus/Coach/Minibus)	Contact No	81124849
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class 3 4 5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 09/04/2021 at 0930hrs, I parked my bus at Yishun avenue 7 heavy vehicle carpark (parking lot no. 388). I was resting and talking to another bus driver when I felt my bus jerked twice. I alighted my bus and made a check. I saw a white lorry (YN8369P) had hit my vehicle and the driver (Toh Soon Seng).

My vehicle was stationary. No one was injured. Ambulance and police was not present.

Damages to my bus: (PZ6H)
My left rear bumper broke
My left rear light cracked

Accident Details

Action to be taken for type of insurance claim

Date & Time of Accident

Own Damage / Third Party / Reporting Only



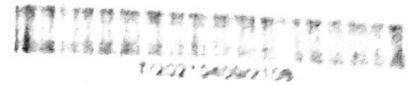
**SINGAPORE
POLICE FORCE**

Police Station Of Origin:

Yishun North N.P.C

31 Yishun Central SINGAPORE 768827

Tel No: 1800-8529999



2 of 3

Report No: T22012021001216

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan.

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

L1

Sgt 2 KHAIRUL ARIFF BIN MISRI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIFU LUI

Contact No: 65476229

Authentication Stamp
14108



Signature:

Singapore Police Force

Signature Of Informant:

Date/Time

09/04/2021 22:03

Classification Of Case: