m: Date:	Veh No: CB 6682 X Yr Regn: C21 1/2 Type: M.Car/M.Cycle / BU3 / Van / Lorry / Taxl / Prime Mover / Truck / Trailer or A 1-1 aa c.c 2982 Colour Multi Colour AC: Insured / Std / NI / NA
Inspect Vehicle No: Workshop m/s Ured:	Type: M.Car/M.Cycle/Bu3/Van/Lorry/Taxi/Prime Mover/ Truck/Trailer or Allian c.c 2882
ITP JWS / TP RES / OD RES / EVA / INV / MV Inspect Vehicle No: Workshop m/s Ured:	Make: Toy 1-liaa c.c 2982
Inspect Vehicle No: Workshop m/s Ured:	Make: Toy Hiaa c.c 2982
Workshop m/s	
ured:	Colour Multi Colour AC: Insured / Std / NI / NA
	Sp.Reading 31653? T/Radio: Insured / Std / NI / NA
described.	Eng/No:
licy No.	CNO: JTEST22 PG. TOOO 987
ilms No.	Gen. Cond: Good Fair / Poor / Burnt
m Insured: Excess:	Steering: Inoperer / Jammed / Leaked / Burnt or
Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or
ke of Veh:	Modi: Mil I S/Rim / STD A/Rim or
Dellas Condition	Tyre Size: F: 195R 15 X8
Policy Condition) mark: The veh had commenced its N/S O/S	R:
repair at the time of inspection.	DOT DOWN EXPLOYATED THIS TELEZA PMIC TOHTSUTPIR I SUMIT
or Market Value:	TOYO / YOKO or
C Accident Rport: Consistent? : Yes or No	<u>Front</u> Rear
/ PR Seen: Consistent?: Yes or No	R/Bal. 6 mm R/Bal. 5 mm
Repairs: O3 days Res.: Yes or No	L/Bal. 6 mm L/Bal. 5 inm
Sum: 20 % 3 Val.: Yes or No	D.O.A. 10/3/21 D.O.I. 11/5/20
	Survey held at
/ REV / REP. / 24 HRS Vehicle: IN / OUT	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Person Contacted: Venicia: IN / OU	
/ Time Action / Instruction	The U/C / Chassis frame / Body Structure affected due to collision.
lump sum 1250, 3days	
lump sum 1250, 3days red:2006.25 ;61%	
	2056.05
le Pass to?	3256.25
: Prell. Report	Days Of Repair:
: Final Report	Resurvey No. of Trip: Survey Fee:
	Transportation:
Add Fee	
•	: Interview (\$), Foreign
	1 10.00
mat :	Tech Invs (\$
mat : / I.B.I: (S	Tech Invs (\$): Others
	Tech Invs (\$): Others Weekend (\$)

AUTO CONSULTANT

Blk 113 Teck Whye Lane #05-650 Singapore 680113 HP: 8386 8989 Email:atautoconsultant@gmail.com

Co. Reg. No.: 53368526E

Date of Estimate: 10.05.2021 Vehicle No: CB6682X

Owner:

SEASON BUS SERVICE CO PTE LTD

Date of Accident: 07.05.2021

Make & Model: TOYOTA HIACE HIROOF AUTO 14 SEATER Chassis No : JTFST22P600009878

ESTIMATE FOR ACCIDENT VEHICLE NOS CB6682X

PARTS 1 1 Front bumper 2 1 Front bumper bracket LH 3 1 Headlamp RH 4 1 Front corner panel LH 5 1 Side mirror LH	SUB TOTAL LESS 25%	Pallom \$890.00 In \$179.00 X In \$950.00 A \$267.00 X In \$389.00 X \$2,675.00 \$668.75
	DISCOUNTED SUB TOTAL	\$2,006.25
<u>S. NETT ITEM</u>	SUB TOTAL LESS 0 % DISCOUNTED SUB TOTAL	\$0.00 \$0.00 \$0.00
1 Panel beating for replace and rep 2 Spray painting on accident areas 3 Wiring charges 4 Apply undercoating to above affe		\$500.00 259 \$500.00 2fel \$100.00 2el \$150.00 X \$1,250.00

Not Notheries

11 kg 8

Resurry After Pary

3day,

LKK Auto Consultants hence notify the Repairer of the following:

navir a Pr P.R.Y.C.O.E. Repaile for Regin Lernid Vehicle

- 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

Page 1 of 1

Acknowledged by Repairer Signature:

Date:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report <u>correctly</u> the details of the accident to speed up the claims process.

2. This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>

3. Information provided must be as truthful and accurate 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.

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.

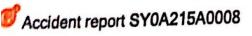
7. By the loagement of this report to the model of your ways	Page service And a reserva
ACCIDEN [*]	TSTATEMENT
Date of Submission Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss	10/05/2021 16:36 (SGT) 07/05/2021 16:55 (SGT) Jurong Town Hall Rd, Singapore - Singapore
DETAILS O	F OWN VEHICLE
Vehicle Registration Number	CB6682X (St. scene of sew conductive to a poorly to recover but of a second conductive to the se
INSURED/POLICYHOLDER	
Is company? Name Of Registered Owner Company Reg No Email Address Mobile Phone No Uternative Phone No	Yes SEASON BUS SERVICES CO PTE LTD 2XXXXX721Z JOHN@SEASONBUS.COM (Phone) +65-91692912 (Home) +65-91692912
VEHICLE PARTICULARS	
anufacturerodel	Toyota Hiace - OBROATTA OT RETAIL
act purpose for which vehicle was being used at time of cident source you claiming under your own insurance policy for repair to r vehicle?	Employment No - Claiming third party Commercial vehicle Auto 1600

INSURANCE COMPANY

Type of CoverageFleet Policy	NTUC Income Insurance Co-operative Ltd Comprehensive No 5111262308-01
Cover Note Number	A

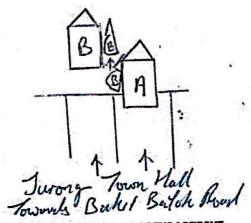
DRIVER

HON WEE HUAT SXXXX571B



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SKETCH PLAN



A-CB 6682X B-FBQ7190A C-SLN 6303X Dule 07/05/2021 Time 1655

Describe CREUMSTANCES OF THE ACCIDENT

On mestioned date and fine, I was along

Turning Town Hall Road Lounds Bukit Batch Plead.

When the Anthe signal Two green, I

started to nove off, Suddenty I let an

empert, I emmediately stapped my vehicle.

If we website B that came to collided

onto my first left.

* The B volve improlving in the accident.

* Afterhead violes showing relaide B steered

to her right and called anto my vehicle.

DECLARATION

Wordeclare the foresome particulars are true in every respect.

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personer's Signature

NEIC/FIN No.