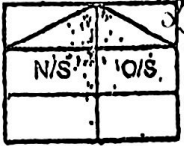


ASS. REC. BY: Steve CS/CTI 21006251/ET13

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: _____
 (Clcht'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
 SIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: _____ days Res.: Yes or No
 Cum Sum: _____ % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: PC 4064J Yr Regn: 8/9/15
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Volvo 2K 610TH c.t. 1199
 Colour: Slvr A/C: Insured / Std / NI / N
 Sp. Reading: 267392 T/Radio: Insured / Std / NI / N
 Eng/No: _____
 C/No: LZYTBTO-63-E-1020790
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or
 Brake: Inorder / Jammed / Leaked / Burnt or
 Mod: Nil / S/Rim / STD / Rim or
 Tyre Size: F: 295/80R22.5
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or WOSEN.
 Front Rear
 R/Bal. 4 mm R/Bal. 4 mm
 L/Bal. 4 mm L/Bal. 4 mm
 D.O.A. 28/5/21 D.O.I. 1/6/21
 Survey held at Cannock 3
 Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or
F1 RM
 The UIC / Chassis frame / Body Structure affected due to collision

Date / Time	Action / Instruction
	confirm \$ 8500.00 6days.
	RED: 5586.00;39%

Prell. Report Final Report
 Days Of Repair: 6
 Resurvey No. of Trip: _____
 Add Fee: Site Insp (\$ _____) S + RS _____
 Interview (\$ _____) Photos _____
 Tech. Inve (%) _____ Others _____
 Weekend (\$ _____) TOTAL _____
 Date/Time, File, Pass to? _____
 Date/Time, File Return to? _____
 Amount / L.P. / Fee: 8500

C O N N E C T 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

Steve (LKK) wil AL
1/6/21, 9.00am *L/S*
By AL sy
6 days

QT21/PC4064J/TPC

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

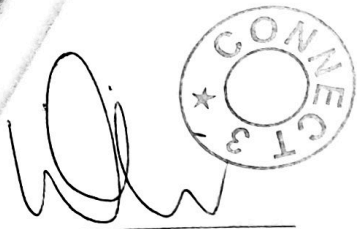
QUOTATION

Dear Sir,
 Cost of Repair to Vehicle PC4064J
 With reference to the above-mentioned, we are pleased to quote as follows:-

No.	DESCRIPTION	QTY	U/PRICE (S\$)	AMOUNT (S\$)
1.	Front RH rear view mirror assy / <i>CRA/CUT</i>	1	1,450.00	1,450.00
2.	Front panel / <i>DD</i>	1	4,200.00	4,200.00
3.	Front RH headlamp assy / <i>CUT</i>	1	1,350.00	1,350.00
4.	Front bumper / <i>DD</i>	1	1,650.00	1,650.00
5.	RH linkage (<i>Road dip</i>) / <i>DD</i>	1	1,480.00	1,480.00
6.	ERP / <i>NEC</i>	1	26.00	26.00
7.	Sealant / <i>NEC</i>	10	40.00	400.00
8.	Check wiring / <i>NEC</i>	1	30.00	30.00
9.	Labour to remove & refit front windscreen	1	1,000.00	1,000.00
10.	Labour charges	1	<i>1299</i> 1,500.00	1,500.00
11.	Spray painting	1	<i>800</i> 1,000.00	1,000.00
SUB-TOTAL				S\$14,086.00

- Price b4 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:

SK0L215V0005 / KAN FOOK SING MOTOR WORKSHOP [539147]
ENTRY DATE & TIME: 31/05/2021 11:03 (SGT)
SUBMITTED BY: Boo Miow Hwa
VERSION: 1 (31/05/2021 11:03 (SGT))

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 31/05/2021 11:03 (SGT)
Date of Accident 28/05/2021 17:55 (SGT)
Exact Location of Accident Singapore
Additional Location Information PIONEER SECTOR 1 (NEAR KEPPAL SECURITY OFFICE GATE
2)
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number PC4064J

INSURED/POLICYHOLDER
Is company? Yes
Name Of Registered Owner AH BOY YOE EXCURSION BUS SERVICES
Company Reg No 5XXXX713L
Email Address yoehenry66@gmail.com
Mobile Phone No (Phone) +65-96685217
Alternative Phone No +65-96685217

VEHICLE PARTICULARS

Manufacturer Yutong
Model ZK6107H M
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 Manual
CC 6690

INSURANCE COMPANY

Name of Insurance Company Sompo Insurance Singapore Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number D20MTSCBU000259
Cover Note Number 08 SEPTEMBER 2020 00:00 TO 07 SEPTEMBER 2021 23:59

DRIVER

Name of Driver YOE HENRY

NRIC No	SXXXX773J
Date Of Birth	13/11/1966
Occupation	Outdoor
Date Of Driving Pass	22/05/2018
Driving experience	3 YEARS
Gender	Male
Mobile Number	(Phone) +65-96685217
Alt. Phone Number	-
Email Address	yoehenry66@gmail.com
Address	APT BLK 939 JURONG WEST ST 91 #10-419 (S) 640939
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 - Change/cross lane
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)	21
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN PASSENGER
Gender	Male

PASSENGER 2

Name	UNKNOWN PASSENGER
Gender	Male

PASSENGER 3

Name	UNKNOWN PASSENGER
Gender	Male

PASSENGER 4

Name	UNKNOWN PASSENGER
Gender	Male

PASSENGER 5

Name	UNKNOWN PASSENGER
Gender	Male

PASSENGER 6

Name	UNKNOWN PASSENGER
Gender	Male

PASSENGER 7

Name	UNKNOWN PASSENGER
Gender	Male

PASSENGER 8

Name	UNKNOWN PASSENGER
Gender	Male
PASSENGER 9	
Name	UNKNOWN PASSENGER
Gender	Male
PASSENGER 10	
Name	UNKNOWN PASSENGER
Gender	Male
PASSENGER 11	
Name	UNKNOWN PASSENGER
Gender	Male
PASSENGER 12	
Name	UNKNOWN PASSENGER
Gender	Male
PASSENGER 13	
Name	UNKNOWN PASSENGER
Gender	Male
PASSENGER 14	
Name	UNKNOWN PASSENGER
Gender	Male
PASSENGER 15	
Name	UNKNOWN PASSENGER
Gender	Male
PASSENGER 16	
Name	UNKNOWN PASSENGER
Gender	Male
PASSENGER 17	
Name	UNKNOWN PASSENGER
Gender	Male
PASSENGER 18	
Name	UNKNOWN PASSENGER
Gender	Male
PASSENGER 19	
Name	UNKNOWN PASSENGER
Gender	Male
PASSENGER 20	
Name	UNKNOWN PASSENGER
Gender	Male

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 ATTACHED.

ATTACHMENT(S)

Were 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	YP1494X
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

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. 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 Insurer 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:

[Handwritten signature]

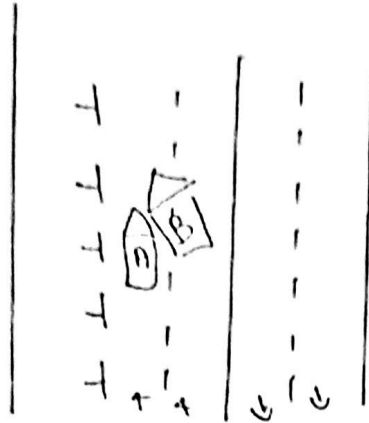
Reporting Centre Personnel's Signature
Name:
NRIC/TIN No.:



SKETCH PLAN

A - PC 40640

B - YP1494x



Pioneer Sector 1

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 28/15/2021 around 17:55hrs. I was driving my Bus PC 40640 along Pioneer Sector 1 near Kappal Security office Gate 2. My bus was stationary waiting for all the passenger to board, suddenly veh B YP1494x swerved and collided my front portion.

DECLARATION

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

Reporting Centre Personnel's Signature
Date & Time:

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

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