

ASS. REC. BY:

Steve

CS/CT/21006946/EVC

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:

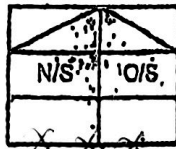
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

IDAC Accident Report:

Consistent? : Yes or No

GIA / 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 4408B

Yr Regn:

1/2/16

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

Truck / Trailer or

Make:

Votary 2R6938TF

c.2:

6690

Colour:

Black

A/C:

Insured / Std / NI / N

Sp. Reading

285473

T/Radio: Insured / Std / NI / N

Eng/No:

C/No:

LZYTC T067A 1064161

Gen. Cond: Good / Fair / Poor / Buzpt

Steering: Inorder / Jammed / Locked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

295/80R22.5

R:

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.

21/6/21

O.O.I.

24/6/21

Survey held at

Connect 3

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooflap or

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

Date / Time

Action / Instruction

File/Time, File, Pass to:



: Prel. Report



: Final Report

File/Time, File Return to:

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS, \$

Photos

Others

TOTAL

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Inve (%)



: Weekend (\$

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/PC4408B/TPC

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

QUOTATION

Dear Sir,

Cost of Repair to Vehicle PC4408B

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

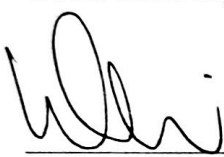

No.	DESCRIPTION	QTY	U/PRICE (S\$)	AMOUNT (S\$)
1.	Rear bumper / <i>MM</i>	1	1,850.00	1,850.00
2.	Rear bumper inner structure / <i>MM</i>	1	780.00	780.00
3.	Rear bumper bracket LH & RH / <i>DT</i>	2	250.00	500.00
4.	Rear exhaust tip x	1	650.00	650.00
5.	Rear Exhaust tip bracket x	1	80.00	80.00
6.	Rear tailgate hinges x	2	280.00	560.00
7.	Rear Tailgate outer panel / <i>MM</i>	1	3,800.00	3,800.00
8.	Rear tailgate rubber moulding x	1	550.00	550.00
9.	Rear tailgate curve lamp ?	2	430.00	860.00
10.	Rear number plate / <i>RR</i>	1	40.00	40.00
11.	60KM/H sticker / <i>MC</i>	1	15.00	15.00
12.	Reverse sensor (1 set - 4 pcs) SN / <i>RR</i>	1	300.00	300.00
13.	Emblem Yutong / <i>MC</i>	1	180.00	180.00
14.	ZK6838H emblem / <i>MC</i>	1	180.00	180.00
15.	Test reverse sensor x <i>MC</i> <i>AN</i>	1	20.00	20.00

16.	Labour to remove & refit rear exhaust tip	1	150.00	X	150.00
17.	Labour charges	1	2,100.00	1200	2,100.00
18.	Spray painting (multi color with faded effect)	1	2,200.00	1800	2,200.00
19.	Check wiring	1	60.00	30	60.00
SUB-TOTAL					S\$14,875.00

- Price before 7% gst

Thank you.

Yours faithfully,

Winnie Chai
HP: 9850-9666

Steve (LKK)
24/6/21, 11.45am

WM PL
L/S
My AL sy
6 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	22/06/2021 15:19 (SGT)
Date of Accident	21/06/2021 10:55 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JUNCTION OF ANG MO KIO AVENUE 5
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC4408B
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	BT & TAN TRANSPORT PTE LTD
Company Reg No	2XXXXX272G
Email Address	ops@btntan.com
Mobile Phone No	(Phone) +65-68434527
Alternative Phone No	(Office) +65-68434527

VEHICLE PARTICULARS

Manufacturer	Yutong
Model	ZK6938H 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	5113436799-01
Cover Note Number	17/10/2020 TO 16/10/2021

DRIVER

Name of Driver	HO CHOON WEI
NRIC No	SXXXX345J



Date Of Birth	09/01/1959
Occupation	Outdoor
Date Of Driving Pass	23/08/2013
Driving experience	7 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91839732
Alt. Phone Number	-
Email Address	ops@btntan.com
Address	APT BLK 22 JALAN TENTERAM #03-567 (S) 320022
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?	Yes
Police Station Name	Hougang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004890999
Alt. Police Station Phone No	(Fax) +65-63128989
Police Station Address	60 Hougang Ave 9 Singapore 538775
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER WITH ATTACHED.

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

Vehicle Registration Number	GBG1043J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category
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)

Commercial vehicle

-
-
-
-
-
-
-
-
-
-

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 revoke policy validity.
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 making 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:

18/1/19
 Driver's Signature
 (if driver is not the policyholder)
 Date & Time:

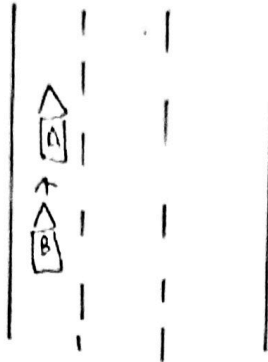
Reporting Centre Person(s) Signature
 Name:
 NRIC/FIN No.:

SKETCH PLAN #2

A-PC44088

B-G 86 10437

SKETCH PLAN




Ang Mo Kio Part 2
Tuds CTE

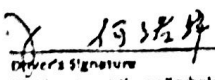
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to Police Report

DECLARATION

We declare the foregoing particulars are true in every respect.


Policyholder's Signature
Date & Time

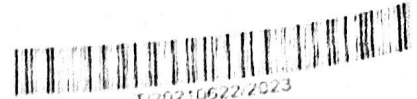

Driver's Signature
(If driver is not the policyholder)
Date & Time

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



SINGAPORE POLICE FORCE

Police Station Of Origin:
Hougang N P C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No. 1800-4890999



T/20210622/2023

1 of 3

Report No. T/20210622/2023

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made
22/06/2021 12:42

Vide Report No.:

Station Diary No.:
48

Informant's Particulars

Name of Informant:
HO CHOON WEI

Address
APT BLK 22 JALAN TENTERAM #03-567 SINGAPORE
320022

ID Type / ID No
NRIC NO / S1359345J

Contact No.:
Home/Office:

Mobile: 91839732

Nationality:
SINGAPORE CITIZEN

Email:

Sex: Male Age: 62 Date of Birth: 09/01/1959

Type of Informant:
Driver

Language:

Institution / School Name:

Race
Chinese

Occupation:
DRIVER

Driving Licence Information:
Class: 3,4

Date of Expiry:

General Information of the Accident

Type of
Accident:

Non-Injury
Hit and Run

Drink
Drive:
No

Date/Time of
Accident:
21/06/2021 10:55

Type of Location:
T-Junction

Location:

ANG MO KIO AVENUE 5

Weather:
Clear

Road Surface:
Dry

Road Speed Limit:

Traffic Flow:

Traffic Control:

Traffic Volume:
Moderate

Type of Collision:
Between Moving Vehicles - Head To Rear

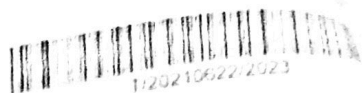
Anyone conveyed by
ambulance:
No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBG1043J	Van	NISSAN	NV200 1.5 MT ABS AIRBAG 2WD 6DR E5 W/RC	Silver		0
PC4408B	Bus/Coach/Mi nibus	YUTONG	ZK6938H AUTO	Multi-Colored	Slightly Damaged	0



Police Station Of Origin
Hougang N.P.C.
60 Hougang Avenue 9 SINGAPORE 538775
Tel No. 1800 4890999



Report No. T/20210622/2023

CONTINUATION OF REPORT

Details of Person Involved		Use of Pedestrian Crossing NA	
Any Pedestrian Involved No		ID No.	S1359345J
No. of Pedestrians Injured NIL		Contact No.	91839732
Driver Name	HO CHOON WEI	Class of Driving Licence & Expiry Date	Class 3.4 Date of Expiry NIL
Related Vehicle	PC4408B (Bus/Coach/Minibus)	Date Discharge	NIL
Hospital/Clinic	NIL	Degree of Injury	NIL
Date Treatment	NIL	No. of Days granted Medical Leave	NIL

Brief Details.

On 21/06/2021 at around 1050hrs, I was driving my vehicle PC4408B along Ang Mo Kio Avenue 5.

While I was at the traffic light junction of Ang Mo Kio Avenue 5 and Ang Mo Kio Ind park 2, I felt an impact but I thought it was my engine issue.

On the same day at around 1120hrs, I made a check on my vehicle and discovered that the rear portion of the vehicle was damaged. I am not injured.

On 22/06/2021, my company viewed my rear camera that was installed in my vehicle. From the footage shown that on 21/06/2021 at around 1054hrs, a van GBG1043J collided into the rear of my vehicle. The van just reverse and drove off.

I am lodging this report as a record to submit to my company.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Hougang N P C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999



11/22/2021 12:42

3 of 3

Report No: T/20210622/2023

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:

F/

Sgt 2 CHUA ZI HUA

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / HRT /

SI KALESWARI PALANI

Contact No.: 65476902

SN 003

Authentication Stamp

NP158

Singapore Police Force

Signature Of Informant:

1538.15

Date/Time:

22/06/2021 12:42

Classification Of Case: