

ASS. REQ. BY:

Stev

REF

CS/MSG 2197997/ETf3

ASSIGNMENT

From:

Date:

Estimated Cost:

OD/TP/WS/TPRES/OD-RES/EVA/INV/MV

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

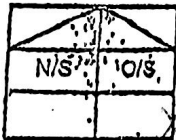
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Real. or Market Value:

IDAC Accident Report:

Consistent? : Yes or No

SIA / PR Seen:

Consistent? : Yes or No

Est. Repair:

days

Res.: Yes or No

Sum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

CB 7802K

Yr Regn:

2/9/16

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

Truck / Trailer or

Make:

Toyota Hiace

c.c

2982

Colour:

Slvr

A/C: Insured / Std / NI / N

Sp. Reading

29833

T/Radio: Insured / Std / NI / N

Eng/No:

C/No:

KD112239928766

Gen. Cond: Good / Fair / Poor / Bught

Steering: In order / Jammed / Leaked / Burnt or

Brakes: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

195R15C

R:

11

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

TOYO / YOKO or

Durgam

Front

Rear

R/Bal.

5

mm

R/Bal.

5

mm

U/Bal.

5

mm

U/Bal.

5

mm

D.O.A.

26/7/21

O.O.I.

29/7/21

Survey held at

Connect 3

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

Rec RM:

The U/C / Chassis frame / Body Structure affected due to collision

Date / Time

Action / Instruction

MV-49K

Finalize \$920 (P/P, before GST). 3 repair days

red: 2318.00:71%

Time/Time, File, Pass to?



Prel. Report



Final Report

Time/Time, File Return to?

Days Of Repair:

3

Resurvey No. of Trip:

Add Fee:



Site Insp

(\$



Interview

(\$



Tech. Inve

(\$



VV&I

(\$

Survey Fee:

Transportation:

Food & RS:

Provision

Others

TOTAL

Special Form:

Time/Time, File, Pass to?

CONNECT 3

566 Woodlands Road (Mandai Estate) Singapore 728697
Tel: (65) 9850-9666 Email: Connect3winnie@gmail.com

Roc: 53360061L
GST: 53360061L

QT21/CB7802K/TPC

Steve (LKK)

WZ M

3 dy

P/P

MAL RY

MSIG Insurance (Singapore) Pte Ltd

4 Shenton Way

#21-01

SGX Centre 2

Singapore 068807

QUOTATION

Dear Sir,

Cost of Repair to Vehicle CB7802K

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

No.	DESCRIPTION	QTY	U/PRICE (S\$)	AMOUNT (S\$)
1.	RH rear fender panel X R	1	1408.00	1408.00
2.	Labour to remove RH side glass to assist repair X	1	150.00	150.00
3.	Sealant X	2	40.00	80.00
4.	Labour to remove RH trims, seats, upholstery to assist repair	1	120 300.00	300.00
5.	Labour charges	1	600.00	600.00
6.	Spray painting	1	700.00	400 700.00
SUB-TOTAL				S\$3,238.00

- Price before 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:

R0001 / Connect3
DATE & TIME: 27/07/2021 11:06 (SGT)
OFFICER: 1 (27/07/2021 11:06 (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	27/07/2021 11:06 (SGT)
Date of Accident	26/07/2021 17:26 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BLK 129 BUKIT MERAH VIEW
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	CB7802K
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	EML TRANSPORT SERVICE PTE. LTD.
Company Reg No	2XXXXX462H
Email Address	EMLTPT08@GMAIL.COM
Mobile Phone No	(Phone) +65-92779277
Alternative Phone No	+65-92779277

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
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	2982

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	D20MFL0004773
Cover Note Number	-

DRIVER

Name of Driver	LEE AH FAH
NRIC No	SXXXX652G

th	08/11/1951
n	Outdoor
Driving Pass	06/03/1975
experience	46 YEARS AND 4 MONTHS
or	Male
le Number	(Phone) +65-96922379
Phone Number	-
mail Address	EMLTPT08@GMAIL.COM
Address	BLK 105D EDGEFIELD PLAINS #12-55
Address complement	-
Postcode	824105
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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Female

PASSENGER 2

Name	UNKNOWN
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

ON 26/07/2021 AROUND 17:26HRS, I WAS DRIVING MY BUS CB7802K ALONG BLK 129 BUKIT MERAH VIEW. I WAS ALIGHTHING 2 STUDENTS, SUDDENLY VEH B SMG5817L REVERSED AND HIT ONTO MY RIGHT REAR SIDE PORTION.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number	SMG5817L
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Manufacturer	-
Model	-
Variant	-
Colour	-
Vehicle Category	Private car
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 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.
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/are 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

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

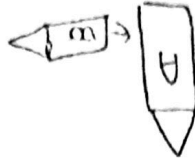
Reporting Centre Personnel's Signature
Name
NRIC/TIN No

XAN #2

SKETCH PLAN

A - CB7802K

B - SMG 5817L



Bik 139 Bukit Merah
View.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 26/7/2021 around 17:30hrs, I was driving my bus CB7802K along Bik 139 Bukit Merah View. I am alighting 2 students. Suddenly van B SMG 5817L reversed and hit onto my right rear portion.

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:

Regulating Centre Person's Signature
Name:
NRIC/TIN No.:

