

ASS. REC. BY:

Steve

CS/CTI 21008066/1EUC

## ASSIGNMENT

From:

Date:

Veh No:

CB 8025E

Yr Regn:

28/12/17

Estimated Cost:

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

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

Truck / Trailer or

To Inspect Vehicle No:

CB 8025E

Make:

Toyota Hilux - Commuter c.c. 2082

at Workshop m/s

CONNECT 3

Colour:

White

A/C: Insured / Std / NI / N

of

Sp. Reading

150830

T/Radio: Insured / Std / NI / N

Insured:

YP 6414U

Eng/No:

K011 225030933

Policy No.

DMCVSNW00048142103

G/No:

Claims No.

SNM21D204193/C02

Gen. Cond: Good / Fair / Poor / Burnt

Sum Insured:

Excess:

(Client's Record)

Steering: In order / Jammed / Locked / Burnt or

Brake: In order / Jammed / Locked / Burnt or

Make of Veh:

Mod: Nil / S/Rim / STD AIRing or

Tyre Size:

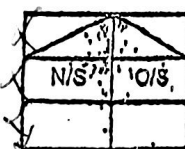
F:

195 R15C

R:

(Policy Condition)

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



Bal. or Market Value:

Front

Rear

IDAC Accident Report:

Consistent? : Yes or No

R/Bal.

mm

R/Bal.

mm

GIA / PR Seen:

Consistent? : Yes or No

L/Bal.

mm

L/Bal.

mm

Est. Repairs:

14

days

Res.:

Yes or No

D.O.A.

29/12/17

D.O.A.

30/12/17

Cum Sum:

20

%

3 Val.:

Yes or No

Survey held at

Connect 3

CA / REV / REP. / 24 HRS

Des. of Damages: Frt / Rear / O/S (N/S) / UIC / Rooftop or

Date:

Person Contacted:

Vehicle: IN / OUT

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

Date / Time

Action / Instruction

MP-SXK

30/7/2021 @ 3.07pm Revised to CTI via Merimen.

Confirmed final fig L/S \$10250, 14 repair days.

(RED \$21438.93: 68%)

Time/Time, File, Pass to?

: Prel. Report

Days Of Repair: 14

13/8 TYPIST

: Final Report

Resurvey No. of Trips: 1

Time/Time, File Return to?

Survey Fee:

Transportation

Add Fee:

:

Site Insp (\$

)

:

Interview (\$

)

:

Tech. Inve (\$

)

:

Weekend (\$

)

\$ + RS \$

Photos

Others

TOTAL

Time/Time, File Return to?

TP

Total Sum / L/S \$10250

**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/CB8025E/TPC

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

**QUOTATION**

Dear Sir,

Cost of Repair to Vehicle CB8025E

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

No.	DESCRIPTION	QTY	U/PRICE (S\$)	AMOUNT (S\$)
1.	Front bumper / BR	1	637.50	637.50
2.	Front bumper clips / REC	10	3.00	30.00
3.	Front bumper LH retainer / BR	1	233.75	233.75
4.	Front LH headlamp / CUT	1	1,168.75	1,168.75
5.	Front LH passenger door / DD	1	2,252.50	2,252.50
6.	Front LH passenger door hinge ?	2	385.00	770.00
7.	Front LH step garnish / BR	1	191.25	191.25
8.	Front LH rear view mirror ( big ) / BR	1	1,147.50	1,147.50
9.	Front LH small blind spot mirror / BR	1	289.00	289.00
10.	Front LH small blind spot mirror cover / CUT	1	106.25	106.25
11.	Front LH door visor / BR	1	65.00	65.00
12.	Rear LH side panel / DD	1	3,781.30	3,781.30
13.	LH sliding door / DD	1	2,894.55	2,894.55
14.	LH sliding door roller assy lower X	1	515.49	515.49
15.	LH sliding door roller assy uuper X	1	130.00	130.00

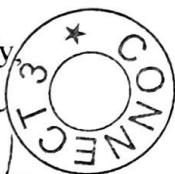
16.	LH sliding door control assy ( lock remote ) X	1	759.00	759.00
17.	LH sliding door motor assy X	1	1,954.42	1,954.42
18.	LH sliding door support side step X	1	625.87	625.87
19.	LH sliding door sensor assy ( power slide door ) X	1	1,155.20	1,155.20
20.	LH sliding door stopper X	1	45.00	45.00
21.	LH sliding door upper hinge assy X	1	246.00	246.00
22.	LH sliding door handle sub assy ( inside ) X	1	171.40	171.40
23.	LH sliding door handle assy ( outside ) X	1	236.70	236.70
24.	LH sliding door lock assy X	1	320.00	320.00
25.	LH sliding door glass X	1	548.00	548.00
26.	LH sliding door lock assy ( front ) X	1	297.50	297.50
27.	LH sliding door lock assy ( full open & stop ) X	1	425.00	425.00
28.	LH sliding door trim X	1	310.70	310.70
29.	LH sliding door weatherstrip X	1	267.90	267.90
30.	LH fuel cover panel (Door rear pillar) / MC	1	1,615.00	1,615.00
31.	Rear bumper X	1	576.40	576.40
32.	Rear bumper clips X	10	3.00	30.00
33.	Rear LH corner panel X	1	147.00	147.00
34.	Sealant / MC	4	40.00	160.00
35.	LH taillamp / BR	1	2,550.00	2,550.00
36.	Bolt Nuts & clips / MC	1	60.00	60.00
37.	Private hire sticker (Schm Bus) / MC	1	15.00	15.00
38.	Labour to remove LH side glasses to assist repair	1	300.00	280 300.00
39.	Labour to remove LH seats, trims, upholstery etc to assist repair	1	200.00	170 200.00
40.	Transfer LH sliding door fittings	1	150.00	120 150.00
41.	Transfer LH passenger door fittings	1	150.00	100 150.00

42.	Check wiring	1	52	80.00	80.00
43.	Apply anti rust	1	69	80.00	80.00
44.	Labour charges	1	1700	1,800.00	1,800.00
45.	Spray painting	1	2100	2,200.00	2,200.00
SUB-TOTAL					S\$31,688.93

- Price exclude 7%gst

Yours faithfully,

Winnie Chai  
HP: 9850-9666



Steve (LKK)  
30/7/21, 11-30am

WHL ML  
L/S  
M AL SY  
14 d/s

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	29/07/2021 11:31 (SGT)
Date of Accident	29/07/2021 08:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TUAS ROAD ROUNDABOUT
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	CB8025E
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### 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	+65-9277927

### 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	TEO CHOON POH
NRIC No	SXXXX903I

Date Of Birth	27/07/1954
Occupation	Outdoor
Date Of Driving Pass	24/09/1976
Driving experience	44 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97565280
Alt. Phone Number	-
Email Address	EMLTPT08@GMAIL.COM
Address	BLK 47 LENGKOK BAHRU #04-239
Address complement	-
Postcode	151047
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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	5
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	UNKNOWN
Gender	Male

#### PASSENGER 2

Name	UNKNOWN
Gender	Female

#### PASSENGER 3

Name	UNKNOWN
Gender	Female

#### PASSENGER 4

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 29/7/2021 AROUND 08:40HRS, MY BUS CB8025E WAS TRAVELLING ALONG TUAS ROAD ROUNDABOUT ON THE CENTRE LANE. SUDDENLY VEH B YP6414U SWERVED INTO MY LANE AND BRUSH AGAINST MY BUS LEFT SIDE PORTION WHILE I WAS TRAVELLING PAST VEH B.

#### ATTACHMENT(S)

accident photos available for attachment?  
Was there any video captured by Car Camera?  
Was there any audio recorded?

Yes  
Yes  
No

#### DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number	YP6414U
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 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' 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 one of the Insurers and/or GIA to the third party, such as product or agents (including their lawyers/law firms), which may be situated 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

*[Signature]*

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

*[Signature]*

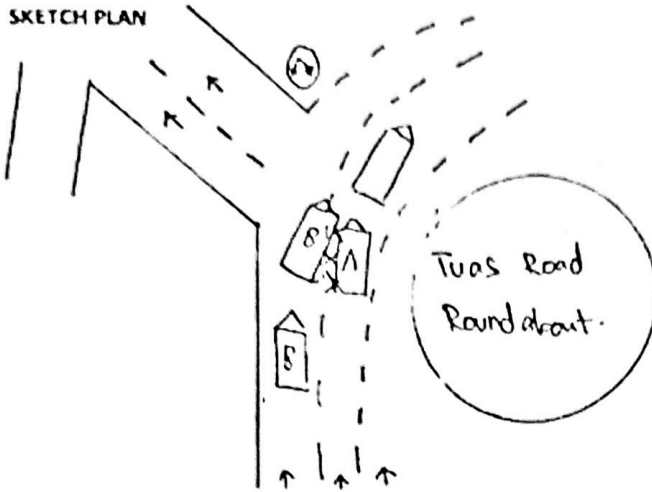
Reporting Centre Personnel's Signature  
Name  
NRIC/FIN No



Printed with Care & Accuracy



SKETCH PLAN



A - CB8025E

B - YP6414U

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 29/7/2021 around 08:40hrs, my BUS CB8025E was travelling along Tuas Road round about on the center lane. Suddenly veh B YP6414U swerved into my line and brush against my BUS left side portion while I was travelling past veh B

DECLARATION

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

Policyholder's Signature & Date & Time



*[Signature]*

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

*[Signature]*



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



Printed with this stamp