

Kenneth

## ASSIGNMENT

From: \_\_\_\_\_

Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

To Inspect Vehicle No: \_\_\_\_\_

at Workshop m/s \_\_\_\_\_

of \_\_\_\_\_

Insured: \_\_\_\_\_

Policy No. \_\_\_\_\_

Claims No. CMTD2102645/THE

Sum Insured: \_\_\_\_\_

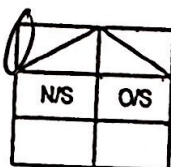
Excess: \_\_\_\_\_

(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 Rpt: \_\_\_\_\_

Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_

Consistent? : Yes or No

Est. Repairs: \_\_\_\_\_

04 days

Res.: Yes or No

Lum Sum: \_\_\_\_\_

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_

Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Date / Time

Action / Instruction

06/09/21 @ 4.32pm revised to Thelma Choo by email.

Kenneth confirmed LS \$3600 (Red \$4876, 58%)

Date/Time, File Pass to?

☐

: Prell. Report

1) 13/09 Typist

☐

: Final Report

Date/Time, File Return to?

Days Of Repair: \_\_\_\_\_

4

Resurvey No. of Trip: \_\_\_\_\_

1

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

S - RS. SI

Fees

Others

TOTAL

Add Fee: \_\_\_\_\_

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Report Format: TP

Lump Sum H.B.T. (\$

3600



# 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

*Not Authorised*  
*21 Pp B*  
*Repairing After Palm*  
*4 days*

QT21/CB6846R/TPC

Sompo Insurance (Singapore) Pte Ltd  
50 Raffles Place #03-03  
Singapore Land Tower  
Singapore 048623

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

*Handwritten*  
*98910863*

QUOTATION

Acknowledged by Repairer  
Signature:  
Date:

Dear Sir,

Cost of Repair to Vehicle CB6846R

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

No.	DESCRIPTION	QTY	U/PRICE (\$\$)	AMOUNT (\$\$)	
1.	Front LH headlamp	1	1,350.00	<i>cm</i> 1,350.00	✓
2.	Front panel	1	2,200.00	<i>n</i> 2,200.00	✓
3.	Front LH bumper bracket	1	355.00	<i>n</i> 355.00	✗?
4.	Front bumper	1	1,280.00	<i>n</i> 1,280.00	✓
5.	Sealant SN	3	40.00	<i>nn</i> 120.00	✗
6.	IU unit SN	1	26.00	<i>nn</i> 26.00	✗
7.	School bus sticker SN	1	15.00	<i>n</i> 15.00	✓
8.	Remove & Refit front windscreen to assist repair	1	200.00	<i>nn</i> 200.00	✗
9.	Check wiring	1	30.00	30.00	201
10.	Remove & refit LH side glass to assist repair	1	100.00	<i>nn</i> 100.00	✗
11.	Spray painting with design <i>(10/10 280)</i>	1 @ 300	1,600.00	<i>1180/</i> 1,600.00	700/
12.	Labour charges	1	1,200.00	1,200.00	600/
SUB-TOTAL				S\$8,476.00	

- Price before 7% gst



# 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 ..... 02/09/2021 14:08 (SGT)  
 Date of Accident ..... 02/09/2021 08:10 (SGT)  
 Exact Location of Accident ..... Singapore  
 Additional Location Information ..... BUKIT TIMAH TOWARDS CLEMENTI (BEFORE KING ALBERT PARK)  
 Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... CB6846R

### INSURED/POLICYHOLDER

Is company? ..... No  
 Name Of Registered Owner ..... TOH CHOON HOE  
 NRIC No ..... SXXXX676B  
 Email Address ..... rickyho8199@gmail.com  
 Mobile Phone No ..... (Phone) +65-91450659  
 Alternative Phone No ..... +65-91450659

### VEHICLE PARTICULARS

Manufacturer ..... Higer  
 Model ..... KLQ6728  
 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 ..... 3800

### INSURANCE COMPANY

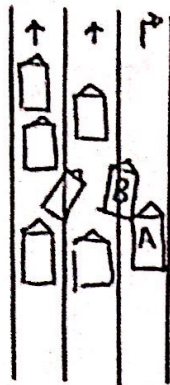
Name of Insurance Company ..... Sompo Insurance Singapore Pte. Ltd.  
 Type of Coverage ..... ThirdPartyFireTheft  
 Fleet Policy ..... No  
 Policy Number ..... D20MTSCBU000351  
 Cover Note Number ..... 30 DECEMBER 2020 TO 29 DECEMBER 2021

### DRIVER

Name of Driver ..... TOH CHOON HOE

A= CB 6846R

B= SLC 710B.



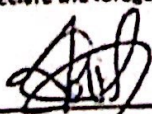
B1. Tinch ACS  
Clementi (Before King Albert Park)

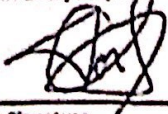
**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**


On 02/09/2021 @ 08:10hrs, I was driving my bus CB6846R along B1. Tinch ACS Clementi travelling within my own lane when a car SLC 710B in front of me switched to the center lane then out of sudden she swerved her car into my lane due to the other car honking at her & collided with my bus front left portion of a wheel.

**DECLARATION**

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

P   
Policyholder's Signature  
Date & Time:

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

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