

Mod, PSL, BY:

Steve

CC4/A16 21009762 / EGA3

ASSIGNMENT

From:

Date:

Estimated Cost:

OP / 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:

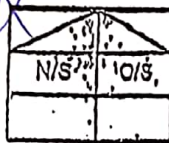
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Est. or Market Value:

IDAC Accident Report:

Consistent? : Yes or No

SIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

days

Res.: Yes or No

Est. Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

CB 73592

Yr Regn:

18/2/04

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

Truck / Trailer or

Make:

Nissan URVANI

C.B. 2953

Colour:

White

A/O: Insured / Std / NI / N

Sp. Reading

525824

TIRadio: Insured / Std / NI / N

Eng/No:

JN1TG 4E152 0709300

Gen. Condi: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Locked / Burnt or

Brakes: In order / Jammed / Locked / Burnt or

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

Tyre Size:

F:

185 R 15C

R:

ES: DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

R/Bal.

4

mm

Rear

R/Bal.

4

mm

U/Bal.

4

mm

U/Bal.

4

mm

D.O.A.

16/9/21

D.O.I.

20/9/21

Survey held at

Connect 3

Des. of Damages: FR / Rear / O/S / N/S / U/C / Rooflop or

Front LH

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

Date / Time

Action / Instruction

11V - 18K

File/Time, File, Post, etc.



Procl. Report



Final Report

File/Time, File, Post, etc.

Days Of Repair:

Resurvey No. of Trips

Survey Fee:

Transportation

STARS

Private

Others

TOTAL

Add Fee:



Site Insp (\$



Interview (\$



Tech. Inve (\$



VVestment (\$

File/Time, File, Post, etc.

File/Time, File, Post, etc.

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

Stew (LKK)
20/9/21, 19.00~
WIL AC
PIP
My BL sy
3 dys

QT21/CB7359Z/TPC

AIG Asia Pacific Insurance Pte Ltd
CHARTIS Building
78 Shenton Way
#07-16
Singapore 079120

QUOTATION

Dear Sir,

Cost of Repair to Vehicle CB7359Z

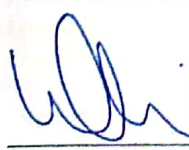
With reference to the above-mentioned, we are pleased to quote as follows:-

No.	DESCRIPTION	QTY	U/PRICE (S\$)	AMOUNT (S\$)
1.	Front bumper / CUT	1	733.80	733.80
2.	Front bumper clips — MC	10	3.00	30.00
3.	Front LH side lamp — BR	1	148.20	148.20
4.	Check wiring	1	30.00	30.00
5.	Labour charges	1	600.00	600.00
6.	Spray painting	1	300.00	300.00
SUB-TOTAL				S\$1,842.00

- 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:

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	17/09/2021 10:50 (SGT)
Date of Accident	16/09/2021 15:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SENGKANG WEST AVE JUNCTION
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	CB7359Z
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	LONGLIM PTE LTD
Company Reg No	2XXXXX995N
Email Address	ZIWEI@LONGLIM.COM
Mobile Phone No	(Phone) +65-90230917
Alternative Phone No	+65-90230917

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Urvan
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	2953

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	GA563445/1
Cover Note Number	-

DRIVER

Name of Driver	SIM SOON HUAT
NRIC No	SXXXX899G

Birth	03/04/1954
Location	Outdoor
Of Driving Pass	18/10/1977
ing experience	43 YEARS AND 11 MONTHS
ender	Male
Mobile Number	(Phone) +65-83774697
Alt. Phone Number	-
Email Address	ZIWEI@LONGLIM.COM
Address	BLK 22 BOON KENG ROAD #03-27
Address complement	-
Postcode	330022
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)	9
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

PASSENGER 3

Name	UNKNOWN
Gender	Female

PASSENGER 4

Name	UNKNOWN
Gender	Female

PASSENGER 5

Name	UNKNOWN
Gender	Female

PASSENGER 6

Name	UNKNOWN
Gender	Female

PASSENGER 7

Name	UNKNOWN
Gender	Female

PASSENGER 8

Name	UNKNOWN
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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 16/09/2021 AROUND 15:00HRS, I WAS DRIVING MY BUS CB7359Z ALONG SENGKANG WEST AVE JUNCTION. I WAS MAKING A RIGHT TURN, VEH B SJZ7799C ON MY LEFT LANE MAKING A RIGHT TURN AND BRUSH AGAINST MY BUS. VEH B LANE ARE NOT SUPPOSE TO MAKE A RIGHT TURN, THAT LANE ONLY CAN TRAVEL STRIAIGHT

ATTACHMENT(S)

Are 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 1

Vehicle Registration Number SJZ7799C
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Bus
Name of Driver TERENCE LIM
Contact Number (Phone) +65-92211228
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 Authorized 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 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.:

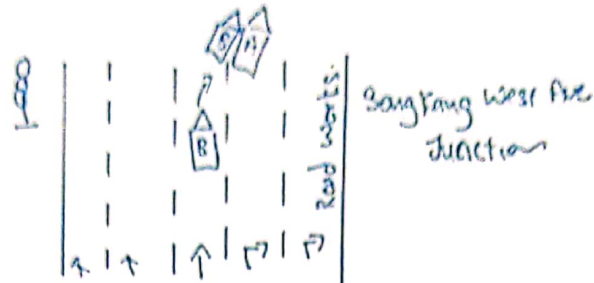


Scanned with CamScanner

SKETCH PLAN

A - CB 7359Z

B - SJ2 7799C



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 16/9/2021 around 1500hrs, I was driving my Bus CB 7359Z along Sengkang West Ave Junction. I was making a right turn. Veh B SJ2 7799C on my left lane making a right turn and brush against my bus. Veh B lane are not suppose to go turn right that lane only can travel straight.

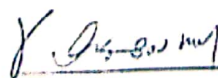
DECLARATION

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:


Reporting Centre Personnel's Signature
Name:
NRIC/ID No:

