

ASS. REC. BY:

REF:

Smo/21011559/KV

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Connect 3of 3234

Insured: _____

Policy No. _____

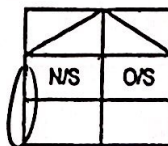
Claims No. _____

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: 836k

IDAC Accident Rpt: _____ Consistent?: Yes or No

GIA / PR Seen: _____ Consistent?: Yes or No

Est. Repairs: 12 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: PC 3459 K Yr Regn: 06.15Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Golden Dragon c.c. 6690Colour: Multi Color A/C: Insured / Std / NI / NASp. Reading: 292770 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: LL3BEC01198A016316Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: Nil / S/Rlm / STD A/Rlm orTyre Size: F: PirDouble Coin 255/70R 22.5 (D)

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

TOYO / YOKO or

Front: _____ Rear: _____

R/Bal. 9 mm R/Bal. 99 mmL/Bal. 9 mm L/Bal. 99 mmD.O.A. 12/11/21 D.O.I. 16/11/2021Survey held at 10:15am

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

N/S Rear body

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Prel. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

S + RS. \$ _____

Fuel: _____

Others: _____

TOTAL

Report Format :

Lump Sum / I.B.I: (\$ _____)

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech Invs (\$ _____)☐ : 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

*Not Withdraw**1/10/18**Recovery After Paint**12days*

QT21/PC3459K/TPC

Sompo Insurance Singapore Pte Ltd
50 Raffles Place
#05-01/06 Singapore Land Tower
Singapore 048623

QUOTATION

Dear Sir,

Cost of Repair to Vehicle PC3459K

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

No.	DESCRIPTION	QTY	U/PRICE (\$\$)	AMOUNT (\$\$)
1.	LH side compartment cover	1	<i>R</i> 1,950.00	1,950.00
2.	LH side compartment inner structure	1	<i>R</i> 980.00	980.00
3.	LH side compartment rubber moulding	1	<i>R</i> 450.00	450.00
4.	LH side compartment outer lock	1	<i>R</i> 170.00	170.00
5.	LH small compartment cover	1	<i>R</i> 1,550.00	1,550.00
6.	LH door lock with cover	1	<i>R</i> 580.00	580.00
7.	LH side panel (outer)	1	<i>R</i> 4,800.00	4,800.00
8.	Sealant	6	<i>R</i> 40.00	240.00
9.	Labour to remove & refit ³ pcs side glasses to assist repair	1	400.00	2,400.00
10.	Labour to remove & refit LH seats, trims, upholstery etc to assist repair	1	600.00	600.00
11.	Apply anti rust	1	400.00	400.00
12.	Insulation foam	1	300.00	<i>R</i> 300.00
13.	Check wiring	1	50.00	50.00
14.	Labour charges	1	2,100.00	2,100.00
15.	Alignment of LH side compartments	1	300.00	300.00

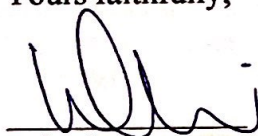
*—**X**5000**X**—**✓**✓**✓**12000**3000**900**✓**300**18000**2000*

16.	Advertisement sticker (B.11)	1	2,000.00	2,000.00	7
17.	Spray painting with multi color design (3 tones)	1	2,100.00	2,100.00	1500
SUB-TOTAL				SS20,970.00	

- 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 12/11/2021 12:17 (SGT)
 Date of Accident 12/11/2021 07:05 (SGT)
 Exact Location of Accident North Buona Vista Rd, Singapore
 Additional Location Information HOLLAND VIEW HEAVY VEHICLE CARPARK
 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number PC3459K

INSURED/POLICYHOLDER

Is company? Yes
 Name Of Registered Owner AEDGE HOLDINGS PTE LTD
 Company Reg No 2XXXXX323E
 Email Address william@aedge.com.sg
 Mobile Phone No (Phone) +65-91460806
 Alternative Phone No +65-98228338

VEHICLE PARTICULARS

Manufacturer Golden Dragon
 Model XML6957J14B
 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 Manual
 CC 6690

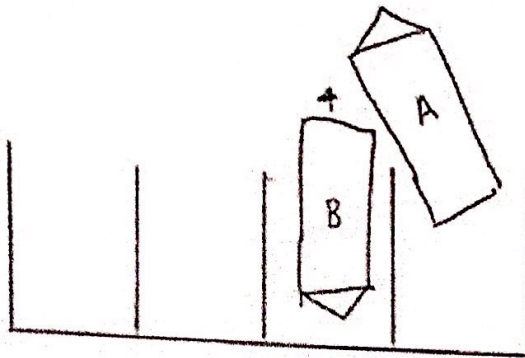
INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
 Type of Coverage Comprehensive
 Fleet Policy No
 Policy Number DMB1SNA00006262102
 Cover Note Number -

DRIVER

Name of Driver LEE KWOK MENG ANDREW
 NRIC No SXXXX933C

A = PC3459K
B = YP2463D.



Holland view
carpark / Heavy veh CP.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

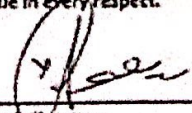
On 12/11/2021 @ 07:05hrs, I was driving my bus out from the lot & a lorry YP2463D has just complete parking into the lot beside me & as I was in the midst of turning out, the said lorry suddenly reversed out from the lot & hit against my bus left side panel area as a result.

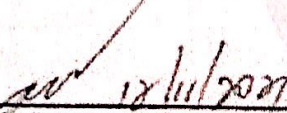
DECLARATION

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/TIN No.: