

CS/CT/210/1767/Ety3

ASSIGNMENT

From: _____

() () ()

Estimated Cost: _____

ON PLATE / PER ORDER EVALUATION

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ EXCESS: _____

(Client's Record)

Make of Vehicle _____

(Policy Condition)
 1. The vehicle has commanded its
 reply at the time of inspection.

Del. or Market Value: _____
 ICAC Accident Report: _____ Consistent? Yes or No
 CIA / PR Seen: _____ Consistent? Yes or No
 Est. Reported: _____ days Yes, Yes or No
 Cum Surv: _____ % 3 Vol.: Yes or No
 QA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle IN/OUT

Vch No: PC 6553B Yr Regn: 71/2/87
 Type: M. Car / M. Cycle / Van / Lorry / Truck / Trailer / Motor
 Make: Yutong ZK6107HE Cc: 6700
 Colour: Multi-Colour A/C: Insured / Stolen / N
 Sp. Reading: 137090 TIR: Insured / Stolen / N
 Eng. No: L2YTRTD66111032095
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Insured / Jammed / Loosened / Burnt or
 Brake: Insured / Jammed / Loosened / Burnt or
 Modl: M11 / S/Rim / 370 / 400 or 295/80R22.5
 Tyre Size: P1 11
R1
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or 3

FROM: 4 mm R/O's: 4 mm
R/O's: 4 mm U/O's: 4 mm
U/O's: 4 mm D.O.I.: 19/11/21
D.O.A.: 16/11/21 Connect 3
Survey held at Connect 3
Des. of Damages: FR / Rear / O/S 11/3 / VIC / Roofing of
The V/O / Chassis frame / Body structure affected due to collision

Date / Time	Action / Instruction
-------------	----------------------

ML-120K

LUMP SUM \$3500, 6DAYS

RED: 13120;78%

Final Report	1
Final Report	1

als Stenz, 753 Reklun 101

DATE: _____
TIME: _____

Days of Repair: 6
Resurvey No. of Trips:

Add Fee: ☐ Site Insp (\$ _____)
☐ Interview (\$ _____)
☐ Tech. Insu (\$ _____)
☐ VVeq'l'gnd (\$ _____)

Survey Pool	
Transportation	
SPS	
Private	
Public	
Private	
Public	

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

Stereo (LKK)

19/11/21, 9.15ch

WNL IL

L/S

17 AL Hy

6 dys

QT21/PC6553B/TPC

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

QUOTATION

Dear Sir,

Cost of Repair to Vehicle PC6553B

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

No.	DESCRIPTION	QTY	U/PRICE (S\$)	AMOUNT (S\$)
1.	LH side compartment cover X R	1	1,950.00	1,950.00
2.	Rear LH wheel cover panel / 00	1	1,450.00	1,450.00
3.	LH side panel (outer) X R	1	4,800.00	4,800.00
4.	Sealant	8	40.00	320.00 X
5.	Labour to remove & refit RH seats, upholstery, trims etc to assist repair	1	600.00	600.00 X
6.	Labour to remove & refit 6 pcs side glasses to assist repair	1	400.00	2,400.00 X
7.	Apply anti rust	1	200.00	200.00 50
8.	Labour charges	1	2,100.00	2,100.00 800
9.	Spray painting with multi color design	1	2,800.00	2,800.00 2200
SUB-TOTAL				S\$16,620.00

- 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	17/11/2021 12:29 (SGT)
Date of Accident	16/11/2021 10:40 (SGT)
Exact Location of Accident	Bukit Batok West Ave 8, Singapore
Additional Location Information	HEAVY VEHICLE CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number PC6553B

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SINGAPORE COACH SERVICES PTE.LTD
Company Reg No	2XXXXX110H
Email Address	accounts@singaporecoachservices.com
Mobile Phone No	(Phone) +65-90607556
Alternative Phone No	(Office) +65-66945458

VEHICLE PARTICULARS

Manufacturer	Yutong
Model	Zk6107he
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	6690

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMB1SNA00008542101
Cover Note Number	-

DRIVER

Name of Driver	HABIB BIN HAMID SULTAN
NRIC No	SXXXX886D

Driving Pass
Experience

Number
Phone Number
Address
Address complement
Postcode

Is the driver the policyholder?
If No, Relationship of the Driver with the Insured
Does Driver Own Other Vehicles?
Vehicle Registration Number of Other Vehicle Owned by Driver
Insurance Company of Other Vehicle Owned by Driver

06/09/1972
Outdoor
28/03/1995
26 YEARS AND 8 MONTHS
Male
(Phone) +65-90607556
*
accounts@singaporecoachservices.com
BLK 168 BUKIT BATOK WEAT AVENUE 8 #04-206
*
650168
No
Employee
No
*
*

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident
Weather Conditions
Road Surface

Hit and run / Vandalism / Damaged whilst parked
Clear
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) 0
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No

DETAILS OF POLICE ACTION

Was the accident reported to the police? Yes
Police Station Name Traffic Police
Police Station Phone No (Phone) +65-65470000
Alt. Police Station Phone No (Fax) +65-65474900
Police Station Address 10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? No
If yes, against whom? -

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20211117/7004

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 1

Vehicle Registration Number PC2051J
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Bus

er
nber

complement

Insurance Company Name

Amount Of Damage

Details of property damaged in accident

No. Of Passenger (Including Driver)

-
-
-
-
-
China Taiping Insurance (Singapore) Pte. Ltd.
-
-
-

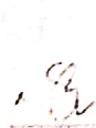
SKETCH PLAN


IMPORTANT NOTICE

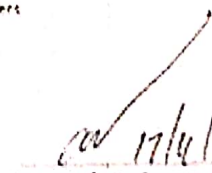
1. Please report correctly the details of the accident to speed up the claims process.
2. This form must be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts 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 to 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 be 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 making 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 be 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 Person's Signature
Name
NRIC/ID No.

SKETCH PLAN



A - PC 65553

B - PC 2051 J

Bukit Batak Way Ave 8
Heavy veh car park.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to Police report - 7/2021/1117/7004

DECLARATION

If 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



SINGAPORE POLICE FORCE



T/20211117/7004

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20211117/7004

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/11/2021 10:24		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: HABIB BIN HAMID SULTAN			Address: 168 BUKIT BATOK WEST AVENUE 8 #04-206 SINGAPORE 650168		
ID Type / ID No.: NRIC NO / S7235886D			Contact No.: Home/Office:		Mobile: 90607556
Nationality: SINGAPORE CITIZEN			Email: Habibhamidsultan@gmail.com		
Sex: Male	Age: 49	Date of Birth: 06/09/1972	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: Bus driver			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 16/11/2021 10:40	Type of Location: Car Park
Location: BUKIT BATOK WEST AVENUE 8				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
PC2051J	Bus/Coach/Mi nibus					0
PC6553B	Van					0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20211117/7004

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Report No. T/20211117/7004

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Driver			
Name	HABIB BIN HAMID SULTAN	ID No.	S7235886D
Related Vehicle	PC6553B (Van)	Contact No.	90607556
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

ON 16/11/2021 AROUND 10:40HRS. MY BUS PC6553B WAS PARKED AT BUKIT BATOK WEST AVE 8 HEAVY VEHICLE CAR PARK AT 10:00HRS. WHEN I WENT BACK TO COLLECT MY BUS PC6553B AT 16:30HRS AND I REALISE THAT MY BUS WAS LEFT PORTION WAS DAMAGES. I INFORMED MY COMPANY ABOUT THE ACCIDENT, THEY RETRIEVAL THE CCTV FROM THE BUS AND SAW THAT AT ABOUT 10:40HRS THERE WAS A BUS PC2051J DOING A REVERSED PARKING AND COLLIDED ONTO MY BUS LEFT PORTION. MY COMPANY ASK ME TO LODGE A POLICE REPORT FOR INSURANCE FOR HIT AND RUN CASE.



**SINGAPORE
POLICE FORCE**



T/20211117/7004

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Report No. T/20211117/7004

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
IRMAN BIN MOHAMAD SAID
Contact No.: 65476145

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
17/11/2021 10:24

Classification Of Case:

NP168