ASS. REG. BY: .... REPT: CC4/AFG2101894/EGA3

ASSIGNMENT

From: .... Date: ....

Estimated Cost: ....

ON/TP/INS/TP.REC/OD.REC / EVA / INV / MV

To Inspect Vehicle No: ....

at Workshop m/s ....

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.

N/S | O/S

Rel. or Market Value: ....

IDAC Accident Rpoft: .... Consistent? : Yes or No

SIA / PR Scen: .... Consistent? : Yes or No

Est. Repairs: .... days Res.: Yes or No

Lum Sum: .... % J Vol.: Yes or No

CA / REV / REP. / 24 HRS

Date: .... Person Contacted: .... Vehicle: IN / OUT

Veh No: CB6349J Yr Regn: 16/5/08

Type: M.Car / M.Cycle / (Bus) / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or

Make: Toyota Hiace c.c 2982

Colour: White A/C: Insured / 3rd / NI / N

Sp. Reading: 505609 T/Radio: Insured / 3rd / NI / N

Eng/No: ....

Ch/No: KDH2010014695

Gen. Cond: Good / (Fair) / Poor / Burnt

Steering: In (order) / Jammed / Locked / Burnt or

Brakes: In (order) / Jammed / Locked / Burnt or

Model: Hill / S/Rim / STD (A/Rim) or

Tyre Size: F: 195R15

R: "

BS / (DUN) / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or B

Front R/Bal. 4 mm | Rear R/Bal. 4 mm

U/Bal. 4 mm | U/Bal. 4 mm

D.O.A. 22/11/21 Connect 3 | D.O.I. 24/11/21

Survey held at: ....

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

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

Date / Time	Action / Instruction
	MV-SPK

Date/Time, File Recd .... [ ] Prelim. Report

[ ] Final Report

Date/Time, File Returned ....

Days of Repairs: ....

Resurvey No. of Trips: ....

Add Fee: [ ] Site Insp ($ ....)

[ ] Interview ($ ....)

[ ] Tech. Inve ($ ....)

[ ] Weekend ($ ....)

Survey Fee ....

Transportation ....

S/RS ....

Photo ....

Others ....

TOTAL ....

Special Notes: ....

Lum Sum / Lf. A/C ....

Scanned with CamScanner

C O N N E C T 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

cecilia

Steve (LKK)
24/11/21, 9.00a

QT21/CB6349J /TPC

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

QUOTATION

Dear Sir,
Cost of Repair to Vehicle CB6349J
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	601.90	601.90
2.	Front bumper clips / R&C	10	2.00	20.00
3.	Front LH headlamp / BR	1	734.40	734.40
4.	Front LH door / OH	1	1,887.10	1,887.10
5.	Front LH step panel / CUT	1	161.50	161.50
6.	Transfer door fittings	1	150.00	50 150.00
7.	School bus sticker	1	15.00	15.00 /
8.	Check wiring	1	20.00	20.00 /
9.	Spray painting	1	500.00	400 500.00
10.	Labour charges	1	900.00	300 900.00
			SUB-TOTAL	**S$4,989.90**

- Price before 7% gst

corner panel garnish RH FR / CUT $75

Thank you.
Yours faithfully,

Winnie Chai
HP: 9850-9666

CONNECT 3

SN0821BN0001 / National Assessment Centre Services [159721]
ENTRY DATE & TIME: 23/11/2021 12:25 (SGT)
SUBMITTED BY: Rosli Bin Abdul Wahab
VERSION: 1 (23/11/2021 12:25 (SGT))

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 witholding 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	23/11/2021 12:25 (SGT)
Date of Accident	22/11/2021 15:45 (SGT)
Exact Location of Accident	Newton Circus, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	CB6349J

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	KAL T&T SERVICES
Company Reg No	5XXXX838C
Email Address	kaltransport@tts.edu.sg
Mobile Phone No	(Phone) +65-96608206
Alternative Phone No	(Office) +65-67767371

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	Manual
CC	2982

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	DMB1SNW00005022106
Cover Note Number	-

DRIVER

Name of Driver	TAN KOK BOON
NRIC No	SXXXX134G

Date Of Birth	03/12/1952
Occupation	Outdoor
Date Of Driving Pass	27/02/1971
Driving experience	50 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96608206
Alt. Phone Number	-
Email Address	kaltransport@tts.edu.sg
Address	BLK 247 JURONG EAST STREET 24 #05-28
Address complement	-
Postcode	2260
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	Side Swipe
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 PAX
Gender	Male

PASSENGER 2

Name	UNKNOWN PAX
Gender	Male

PASSENGER 3

Name	UNKNOWN PAX
Gender	Female

PASSENGER 4

Name	UNKNOWN PAX
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

PLEASE REFER TO SKETCH PLAN

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	SJY195X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	AIG Asia Pacific Insurance Pte. Ltd.
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details and 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 insurers to compromise the requisite policy liability.
4. The issuance 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 as 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 the 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 purposes 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 to be 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.

MAT SERVICES

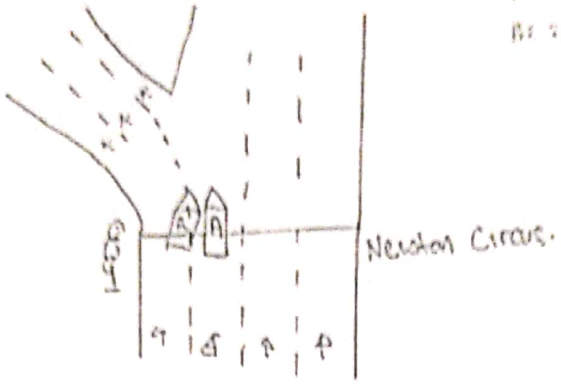
Policyholder's Signature
Date & Time:

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

Servicing Centre Personnel's Signature
Name:
NRIC/FIN No.

SKETCH PLAN #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 20/11/2021 around 15:45hrs, I was driving my BUS CB 6349 J along Newton Circus. I was travelling within the lane whilst waiting for traffic light to turn Green. When traffic light turn Green I proceed to move Off. Suddenly veh B SJT 1852 Swerved into my lane and hit into my left front portion.

DECLARATION

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

Police Officer's Signature
Date & Time

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

28/11/2021
Date