



**CONNECT 3**

566 Woodlands Road ( Mandai Estate ) Singapore 728697  
 Tel: (65) 9850-9666 Email: Connect3winnie@gmail.com

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G S T : 5 3 3 6 0 0 6 1 L

QT21/PZ1308E/TPC

Steve (LKK)  
 22/12/11, 400p

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

**QUOTATION**

Dear Sir,  
 Cost of Repair to Vehicle PZ1308E  
 With reference to the above-mentioned, we are pleased to quote as follows:-

| No.              | DESCRIPTION   | QTY | U/PRICE (\$S) | AMOUNT (\$S)      |
|------------------|---|-----|---------------|-------------------|
| 1.               | Rear RH pillar panel / ON   | 1   | 2,658.00      | 2,658.00          |
| 2.               | Rear RH pillar inner structure x R  | 1   | 1,340.00      | 1,340.00          |
| 3.               | Rear RH glass moulding / rml  | 1   | 734.00        | 734.00            |
| 4.               | Sealant / ML  | 2   | 40.00         | 80.00             |
| 5.               | Labour to remove & refit rear trims, seats, upholstery etc to assist repair | 1   | 300.00        | 200 300.00        |
| 6.               | Labour to remove Rear RH side glass, Rear RH glass to assist repair         | 1   | 600.00        | 300 600.00        |
| 7.               | Check wiring  | 1   | 30.00         | 30.00 ✓           |
| 8.               | Labour charges  | 1   | 900.00        | 600 900.00        |
| 9.               | Spray painting  | 1   | 1,200.00      | 300 1,200.00      |
| <b>SUB-TOTAL</b> |   |     |               | <b>SS7,842.00</b> |

- 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

- Please report correctly the details of the accident to speed up the claims process.  
This Form must be completed by the Policyholder and/or the Authorised Driver.  
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.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
  - Any false reporting may be referred to the Police for investigation.
  - 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.
  - 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              | 17/12/2021 13:57 (SGT)             |
| Date of Accident                | 16/12/2021 14:15 (SGT)             |
| Exact Location of Accident      | Singapore                          |
| Additional Location Information | CHOA CHU KANG WAY NEAR KRANJI CAMP |
| Country/State of Loss           | Singapore                          |

### DETAILS OF OWN VEHICLE

Vehicle Registration Number PZ1308E

#### INSURED/POLICYHOLDER

|                          |                              |
|--------------------------|------------------------------|
| Is company?              | Yes                          |
| Name Of Registered Owner | TRANSPORT REPUBLIC PTE. LTD. |
| Company Reg No           | 2XXXXX633C                   |
| Email Address            | EVELYNCHIEW@GMAIL.COM        |
| Mobile Phone No          | (Phone) +65-67550025         |
| Alternative Phone No     | (Office) +65-67550025        |

#### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer   | Mitsubishi                |
| Model  | BE639JRMHDEA              |
| 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   | Auto                      |
| CC   | 3908                      |

#### INSURANCE COMPANY

|                           |                                       |
|---------------------------|---------------------------------------|
| Name of Insurance Company | Allianz Insurance Singapore Pte. Ltd. |
| Type of Coverage          | Comprehensive                         |
| Fleet Policy              | No                                    |
| Policy Number             | SP2000515001                          |
| Cover Note Number         | -                                     |

#### DRIVER

|                |             |
|----------------|-------------|
| Name of Driver | TEO GIT WEE |
| NRIC No        | SXXXX265A   |

ass  
ice  
er  
Number  
ress

06/03/1955  
Indoor  
15/01/1982  
39 YEARS AND 11 MONTHS  
Male  
(Phone) +65-91776759  
-  
EVELYNCHIEW@GMAIL.COM  
APT BLK 775 WOODLANDS CRESCENT #10-12 S 730775  
-  
-  
-  
-  
-  
-

Is complement  
code  
Is the driver the policyholder?  
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

No  
Employee  
No  
-  
-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident ..... Collision - Head to Rear  
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) ..... 1  
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? ..... No  
Was notice of intended Prosecution given? ..... No  
If yes, against whom? ..... -

#### CIRCUMSTANCES OF ACCIDENT

REFER TO THE ATTACHED.

#### 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 ..... YM7636E  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Commercial vehicle  
Name of Driver ..... -  
Contact Number ..... -  
Address ..... -  
Address complement ..... -

any Name -  
age -  
erty damaged in accident -  
anger (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 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. 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.:



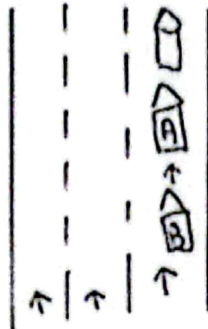
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SECTION PLAN

A-P21308E

B-YM 7636E

Kanji Camp



Choa Chu Kong Way

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 16/12/2021 around 1415hrs, I was driving my Bus P21308E along Choa Chu Kong Way near Kanji Camp. Suddenly front vehicle brakes & follow suit. Suddenly vehicle B YM 7636E collided onto my rear portion.

DECLARATION

I hereby 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:

Signature

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



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