

Steve

CS/11/22002641/EVY3

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No. D20ML0003256

Claims No. MFL2022D0001429

Sum Insured: Excess: 1500

(Client's Record)

Make of Veh:

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: \$36k

IDAG Accident Rpt: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: days Res.: Yes or No

Turn Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted:

Vehicle: IN / OUT

Veh No:

PC601K

Yr Regn:

5/7/11

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

Truck / Trailer or

Make:

Yutong ZK6127H

C.C.

11970 8849

Colour

Blue

AC: Insured / Std / NI / NA

Sp. Reading

681950

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

L2YATP63A1009122

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

295/80R22.5

R:

1

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

TOYO / YOKO or

Front

Rear

R/Bal.

4

mm

R/Bal.

4

mm

L/Bal.

4

mm

L/Bal.

4

mm

D.O.A.

16/3/22

D.O.I.

23/3/22

Survey held at

Connect 3

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

Front RH

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

Date / Time Action / Instruction

12/4/22 LS \$11,500 confirmed by email (red 15,286, 91%)

Defecting, File Pass out

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2) 12/4/22-typist

Report Form: Merimen

Lump Sum (H&A) \$11,500

Days Of Repair: 8

Resurvey No. of Trip: 1

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

\$ + PG. \$1

Photos

Others

TOTAL

CONNECT 3

566 Woodlands Road (Mandai Estate) Singapore 728697

Tel: (65) 9850-9666 Email: Connect3winnie@gmail.com

R e c : 5 3 3 6 0 0 6 1 L

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

QT22/PC601K/ODC

India International Insurance Pte Ltd
64 Cecil Street
#04/#05 IOB Building
Singapore 049711

QUOTATION

Dear Sir,

Cost of Repair to Vehicle PC601K

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

No.	DESCRIPTION	QTY	U/PRICE (S\$)	AMOUNT (S\$)
1.	Front windscreen / OR	1	3,800.00	3,800.00
2.	Front windscreen inner seal / MC	1	650.00	650.00
3.	RH driver side glass / OR	1	1,200.00	1,200.00
4.	Front RH rear view mirror assy / BR	1	1,350.00	1,350.00
5.	Front panel / DP	1	2,800.00	2,800.00
6.	Front panel inner structure / DP	1	1,020.00	1,020.00
7.	Front RH headlamp / OR	1	1,450.00	1,450.00
8.	Front RH linkage / BT	1	980.00	980.00
9.	ERP / MC	1	26.00	26.00
10.	Sealant / MC	12	40.00	480.00
11.	Labour to remove front windscreen	1	800.00	800.00 ✓
12.	Labour to remove RH driver side glass	1	200.00	200.00 ✓
13.	Labour charges	1	1,200.00	1000 1,200.00
14.	Spray painting	1	800.00	600 800.00
15.	Check wiring	1	30.00	30.00 ✓

	SUB-TOTAL	S\$16,786.00
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- Price before 7% gst

Thank you.
Yours faithfully,


Winnie Chai
HP: 9850-9666



Steve (LKK)
23/3/22, 9.07am

OD- AL AL
Excess - ?

L/S

M AL M

8 d/s

Consultants hence notify
Repairer of the following:

- Carry out before/after spray painting
- Notify damaged part(s) during survey
- Parts prices are subject to confirmation
- Third party survey is on a "Without prejudice basis"
- No illegal modification allowed
- Supplementary items must be confirmed 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	16/03/2022 14:30 (SGT)
Date of Accident	16/03/2022 06:56 (SGT)
Exact Location of Accident	May Street 2, Singapore
Additional Location Information	PSA NEAR TO MULTI LEVEL AUTOMOTIVE YARD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC601K
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	COMFORTDELGRO BUS PTE LTD
Company Reg No	1XXXXX256W
Email Address	lucychin@comfortdelgrobus.com.sg
Mobile Phone No	(Phone) +65-64169697
Alternative Phone No	+65-64169697

VEHICLE PARTICULARS

Manufacturer	Yutong
Model	Zk6127h
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?	Yes
Vehicle Category	Bus
Transmission	Auto
CC	8000

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	D20ML0003256_01
Cover Note Number	-

DRIVER

Name of Driver	CHEN YUNGUO
Passport No/FIN	GXXXX756X

Date of Birth	10/03/1969
Location	Indoor
Date of Driving Pass	29/12/2010
Driving experience	11 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84281587
Alt. Phone Number	-
Email Address	lucychin@comfortdelgrobus.com.sg
Address	BLK 925 TAMPINES ST 91 #02-271
Address complement	-
Postcode	520925
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	Raining
Road Surface	Wet

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)	6
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	MR1
Gender	Male

PASSENGER 2

Name	MR2
Gender	Male

PASSENGER 3

Name	MR3
Gender	Male

PASSENGER 4

Name	MR4
Gender	Male

PASSENGER 5

Name	MR5
Gender	Male

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 ATTACHED

 Accident report SC1K223G0002

ATTACHMENT(S)

Are accident photos available for attachment? Yes
 Was there any video captured by Car Camera? Yes
 Reasons for not uploading a video of the accident DRIVER DID NOT PROVIDE AT TIME OF REPORTING.
 Was there any audio recorded? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number 571254
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Commercial vehicle
 Name of Driver -
 Contact Number -
 Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident PSA PORT EQUIPMENT SPECIALIST
 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 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/sit 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:

16/3/22

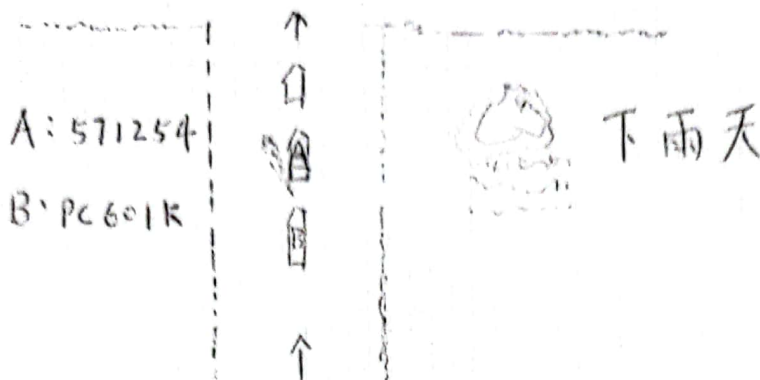
Driver's Signature
(if driver is not the policyholder)
Date & Time:

陈延国

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



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

16. 3. 22 AM 06:56 我驾驶 PC601K 行驶此路段时与 PSA
 前方的 571254 拖挂车追尾 事发当时正下大雨 刹车时整辆车
 向前移动 为了避开发生大案情 然后向左打了一把方向 避开
 不及追尾 对方车辆无事 我的车大镜破后 后视镜脱落 车上人无事
 然后拨打 120 报警 然后公司负责人安排拖车把车拖至公司

Translate:

On 16/3/22 at 0656, I was driving PC601K along this route
 behind PSA 571254 (Port Equipment Specialist). It was raining heavily
 when I brake the vehicle skid due to wet road. I tried to avoid and
 swerve to the left but still collided. The other party no damage but my
 bus windshield crack side mirror damage had right hand side damage
 no one injured. I inform my manager of the accident and arrange the
 bus to get back office.

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/IN No.: