

ASS. REC. BY:

Steve

REF:

CS/CT 22002900/Egy3

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. _____

Claims No. SNM22D202126/C02

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
X	X

Bal. or Market Value: _____

IDAC Accident Report: _____ Consistent? : Yes or No

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

Est. Repairs: 18 days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: PC 1165X Yr Regn: 15/11/11

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

Truck / Trailer or

Make: 18424 LT134P c.c. 7790

Colour: M/4/16/10/10 A/C: Insured / Std / NI / NA

Sp. Reading: 504246 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JALLT134PB7000075

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 295/80R22.5

R: 11

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. 28/3/22 D.O.I. 30/3/22

Survey held at Connect 3

Des. 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

05/04/22 @ 2.48pm revised to Jacqueline Tan via Merimen

Submit LS \$37450, 18 days. (Unconfirmed as wksp didn't accept our offer)

Date/Time, File Pass to?

☒ : Prel. Report

1) 23/05 Typist

☐ : Final Report

Date/Time, File Return to?

2)

Report Format :

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

Days Of Repair: 18

Resurvey No. of Trip: 2

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

Survey Fee:

Transportation:

\$ + RS \$

Photos

Others

TOTAL

CONNECT 3

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

Rec: 53360061L

GST: 53360061L

Steve (LKK)

30/3/22, 3:30pm

WIL PL
 18 Lys
 L/S

QT22/PC1165X/TPC

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

QUOTATION

Dear Sir,

Cost of Repair to Vehicle PC1165X


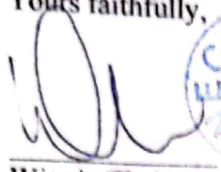
With reference to the above-mentioned, we are pleased to quote as follows:-

No.	DESCRIPTION	QTY	U/PRICE (S\$)	AMOUNT (S\$)
1.	Rear end panel (upper) / DD	1	2,800.00	2,800.00
2.	Rear end panel grille (lower) / DD	1	3,200.00	3,200.00
3.	Rear LH taillamp / BR	1	1,850.00	1,850.00
4.	Rear LH taillamp panel inner structure / DD	1	2,000.00	2,000.00
5.	Rear tailgate (lower) / DD	1	4,200.00	4,200.00
6.	Rear tailgate inner structure / DD	1	1,800.00	1,800.00
7.	Rear tailgate grille / DD	1	630.00	630.00
8.	Rear tailgate lock X	1	580.00	580.00
9.	Rear tailgate stopper X	2	235.00	470.00
10.	Rear tailgate hinges / BT	4	285.00	1,140.00
11.	Rear tailgate sensor X	2	350.00	700.00
12.	Rear tailgate gas spring / BT	21	115.00	230.00
13.	Rear tailgate brackets / BT	2	385.00	770.00
14.	Rear LH taillamp panel fibre / BR	1	2,100.00	2,100.00
15.	Rear LH taillamp panel inner structure / DD	1	970.00	970.00

16.	Rear LH side panel / 00	1	4,800.00	4,800.00
17.	Rear LH last piece compartment cover / 00	1	1,750.00	1,750.00
18.	Rear LH last piece compartment cover grille / 00	1	470.00	470.00
19.	Rear LH last pc compartment gas spring / 07	2	185.00	370.00
20.	Rear LH last pc compartment inner base structure / 00	1	850.00	850.00
21.	Rear pulley ✓	1	1,860.00	1,860.00
22.	Fan belt 2 / TN	1	890.00	890.00
23.	Radiator assy ?	1	4,650.00	4,650.00
24.	Radiator assy base and bracket ?	1	1,020.00	1,020.00
25.	Radiator fan cowling ?	1	740.00	740.00
26.	Radiator fan blades ?	1	240.00	340.00
27.	Sealant / RL	15	40.00	600.00
28.	60KM/H sticker / RL	1	15.00	15.00
29.	Reverse sensor / DR	1	380.00	380.00
30.	Labour to remove & refit rear windscreen to assist repair	1	400 500.00	500.00
31.	Labour to remove & refit LH side glasses to assist repair	1	1800 2,400.00	2,400.00
32.	Labour to remove & refit LH side seats, trims, upholstery etc to assist repair	1	600 900.00	900.00
33.	Labour to remove rear seats, trims, upholstery etc to assist repair	1	500 600.00	600.00
34.	Spray foam	1	300 500.00	500.00
35.	Apply anti rust	1	150 200.00	200.00
36.	Check wiring	1	50 100.00	100.00
37.	Labour charges	1	3600 4,200.00	4,200.00
38.	Spray painting + (design)	1	3000 3,600.00	3,600.00
	SUB-TOTAL			SS55,175.00

- Price exclude 7%gst

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:

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	28/03/2022 16:37 (SGT)
Date of Accident	28/03/2022 05:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PENJURU ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number PC1165X

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	PREMIERE COACH PTE LTD
Company Reg No	2XXXXX609W
Email Address	admin@premierecoach.com.sg
Mobile Phone No	(Phone) +65-66844622
Alternative Phone No	(Office) +65-66844622

VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	LT134P
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	Manual
CC	7790

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	5119115628-01-000012
Cover Note Number	21/09/2021 TO 20/09/2022

DRIVER

Name of Driver	KYAW HLAING OO
Work Permit No	GXXXX095K

Date Of Birth	29/01/1986
Occupation	Outdoor
Date Of Driving Pass	25/01/2021
Driving experience	1 YEAR AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90922932
Alt. Phone Number	-
Email Address	admin@premierecoach.com.sg
Address	48 YUNNAN WALK 3 SINGAPORE 638179
Address complement	-
Postcode	-
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	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)	9
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	PASSENGER
Gender	Male

PASSENGER 2

Name	PASSENGER
Gender	Male

PASSENGER 3

Name	PASSENGER
Gender	Male

PASSENGER 4

Name	PASSENGER
Gender	Male

PASSENGER 5

Name	PASSENGER
Gender	Male

PASSENGER 6

Name	PASSENGER
Gender	Male

PASSENGER 7

Name	PASSENGER
Gender	Male

PASSENGER 8

Name	PASSENGER
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Accident report SK0L223S000L

Gender

Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?
Was notice of intended Prosecution given?
If yes, against whom?

No
No
-

CIRCUMSTANCES OF ACCIDENT

REFER WITH ATTACHED.

ATTACHMENT(S)

Are accident photos available for attachment?
Was there any video captured by Car Camera?
Was there any audio recorded?

Yes
No
No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBK5077P
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	-
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 rescind 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.

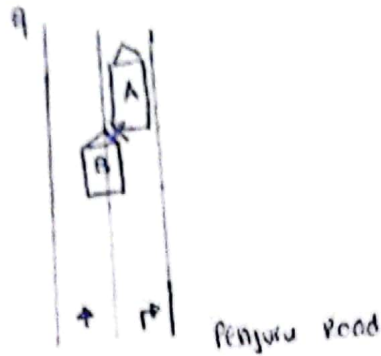


Policyholder's Signature
Date & Time

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

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

SKETCH PLAN



A = PC1165X
B = GBR5077P

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 28/03/2022 @ 05:20 hrs, my bus PC1165X was stationary along Penguin Rd traffic light junction when a vehicle GBR5077P hit my bus rear LH portion from behind.

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:
NRG/TIN No.: