ASSIGNMENT: Veh No: PC 9333A Yr Regn: 0/6/17 Estimated Cost: OD (TP) W8/TP RES/OD RES/EVA/INV/MV To Inspect Vehicle No: at Workshop m/s ASSIGNMENT: Veh No: PC 9333A Yr Regn: 0/6/17 Type: M.Car/M.Cycle/Eus) Van / Lorry / Taxl / Prima Mover / Truck / Trailer or Make: SY / IN TH3 (P) C.c. 7790 Colour, My / Insured / Std / NI / NA Sp.Reading T/Radio: Insured / Std / NI / NA	
Type: M.Car / M.Cyclo / Bus) Van / Lorry / Taxl / Prima. Mover / To Inspect Vehicle No: at Workshop m/s Type: M.Car / M.Cyclo / Bus) Van / Lorry / Taxl / Prima. Mover / Truck / Trailer or Make: /SY // TYSUP	
Type: M.Car / M.Cyclo / Bus) Van / Lorry / Taxl / Prima. Mover / To Inspect Vehicle No: at Workshop m/s Type: M.Car / M.Cyclo / Bus) Van / Lorry / Taxl / Prima. Mover / Truck / Trailer or Make: /SY // TYSUP	
Truck / Trailer or To Inspect Vehicle No: St Workshop m/s Truck / Trailer or Make: SY 7/1 TH 3/4P Colour, My Y1-CP(21) T/Radio: Insured / Std / Ni / NA Sh Received	
To Inspect Vehicle No: at Workshop m/s Make: SYZV TH3VP Colour MyY1-CPQV AC: Insured / Std / NI / NA T/Radio: Insured / Std / NI / NA	
at Workshop m/s Colour, MMIN-COLOUR T/Radlo: Insured / Std / Nt / NA	
T/R2010: Insuled 1007	
of Sp. Keading	
Facilities .	
CNo: 1 A L.C. I SCITT TO THE PARTY OF THE PA	11
Claims No Gen. Cond: Good / Falt / Poor / Burnt Steering: Inorder / Jaimmed / Leaked / Burnt or	
Sum Insured: Excess: Steering: Inorder / Jammed / Leaked / Burnit or Brake: Inorder / Jammed / Leaked / Burnit or	
(Client's Record) Brake: Inorder// Jammed / Ceates / Leaves / STD A/R/m of	-
(Cilent's Record) Make of Veh: (Policy Condition) Modi: NII / S/Rim / STD ARIM or Tyre Size: F:	_
Tyre Size: F:	_
(Policy Condition) R: N/S O/S BS / DUN EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUM! /	
Remark: The veh had commenced its	_
repair at the time of inspection.	
Bail. or Market Value: Front R/Bail. P/Bail.	
IDAC Accident Roort: Consistent?: Yes or No UBal. U mm	
GIA / PR Seen: Consistent?: Yes or No	
Fet Repairs: days Res.: 180 0110	
Lum Sum: % 3 Val.: Yes or No Survey held at Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or	
CA REV REP. 24 HRS	<u> </u>
the state of the sale frame I Body State of the sale o	
Date:	
Date / Time Action / Instruction	
Days Of Repair:	
Ostertime, File 1985 W. Survey Fee:	
Transportation:	<u> </u>
Date/Time, File Return to? Add Fee: Site Insp (\$)s + Rssi	
2) : Interview (\$) Photos	
Tech Invs (\$) Others	
repair office;	383
Lump Sum / LB.f: (\$)	-

CONNECT3

566 Woodlands Road (Mandai Estate) Singapore 728697 Tel: (65) 9850-9666 Email: Connect3winnie@gmail.com ROC:53360061L GST:53360061L

QT22/PC9333A/TPC

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

QUOTATION

Dear Sir,

Cost of Repair to Vehicle PC9333A

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

No.	DESCRIPTION	QTY	U/PRICE (S\$)	AMOUNT (S\$)
1.	Front RH rear view mirror assy (full set)	1	2,250.00	2,250.00
2.	Front windscreen / MT	1	6,800.00	6,800.00
3.	Front windscreen inner seal / na	1	650.00	650.00
4.	Sealant /	8	40.00	320.00
5.	ERP bracket — //rC	1	26.00	26.00
6.	Labour to remove & refit front windscreen	1	1,000.00	1,000.00
7.	Check wiring	1	50.00	50.00
8.	Labour charges	1	400.00 200	400.00
9.	Spray painting with pearl paint	1	400.00 250	400.00
			SUB-TOTAL	S\$11,896.00

Price before 7% gst

Thank you.

Winnie Chai

Yours faithfully,

Spen (LKK) W N 16/6/17, 12000 L/S 17 1/7 soltants hence notify the Repairer of the following:

HP: 9850-9666 • 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:

VERSION: 1 (14/06/2022 11:29 (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
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies.

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 of 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 Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

14/06/2022 11:29 (SGT) 13/06/2022 14:30 (SGT) Singapore 9 DEFU LANE 10 CAR PARK Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

PC9333A

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No **Email Address** Mobile Phone No Alternative Phone No

Yes GTS TRAVEL PTE. LTD. 2XXXXXX002G kg@gtscar.com.sg (Phone) +65-84183933 +65-84183933

VEHICLE PARTICULARS

Manufacturer Model Variant

Exact purpose for which vehicle was being used at time of Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category Transmission CC

Isuzu

LT434P 7.8 SMT

No - Claiming third party Bus

Manual 7790

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number

NTUC Income Insurance Co-operative Ltd Comprehensive

No 5114059901-02

17/12/2021 TO 16/12/2022

DRIVER

Name of Driver NRIC No

GOH CHENG XI, IVAN SXXXX667J

Accident report SK0L226E0003

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po of Birth
pote Of Driving Pass
priving experience
gender
Mobile Number
Alt. Phone Number

11/06/1995 Outdoor 24/10/2016 5 YEARS AN

5 YEARS AND 8 MONTHS

Male

(Phone) +65-84183933

.

No

Email Address kg@gtscar.com.sg

Address 43 LEITH PARK SINGAPORE 547953
Address complement -

Postcode
Is the driver the policyholder?
If No. Relationship of the Driver with the Insured

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

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?

Number of vehicles involved in the accident

Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other vehicle or property damaged?

Number of Passengers (Including Driver)

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?

Was notice of intended Prosecution given?

No
If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

REFER WITH ATTACH.

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

No
Was there any audio recorded?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Category

Vehicle Category

YM7600H

Commercial vehicle

Name of Driver Contact Number Address Address complement -

Accident report SK0L226E0003

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ture Of Damage
petails of property damaged in accident
No. Of Passenger (Including Driver)



CS CamScanner

SKETCH PLAN

IMPORTANT NOTICE

- Elegan report generally the netalls of the accident to speed up the claims process
- 2 This form must be completed by the Policyholder and/or the Authorized Oringe
- Intermation provides must be an inabbit and provide as possible. Any units incorporaentation or witholding of material. facts may also manage companies to graduate policy lability
- 4. The last and acceptance of this form by insurance companies in net an admission of policy habiting on the pict of the insurance
- Any fake reporting may be referred to the Police for Investigation
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General insurance Assurance of Engagere (GIA) for archaing and that copies of this report will for a fee the made available upon application by assurance. elemented parters
- By the kidgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to receive of the report being made available afternaid
- 5 Consent under the Personal Data Protection Act (POPA)
 - connected acknowledge, agree and concent that
 - (a) My mature, my markshop and the Ge mind insurance hasociation of Singapore (1984) marking permitted to collect, size, 6 school and 6 process my personal distallations and insurance could not be (form) and any other personal information proceded by melor possessed by my shourer foolesthedy for "Personal Information") and disclose and transfer such proceded by melor possessed by my shourer foolesthedy for "Personal Information") and disclose and transfer such proceded in this approach to the neutral who have invested exhibitely) myshed on this approach and any evident by referred to as the "Insurers", the Insurers' Langers from the Momentary Authority of Singapore and any relevant government agency/authority such as the police), for the purposers of
 - (4) processing, handing and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims.
 - (a) eventgating the accedent and/or my claims,
 - (a) carrying out and/or dealing with my instructions or responding to any enquiries by me.
 - (v) administering my claims (including the making of correspondence, statements, invoces, reports or notices to me, which could methe disclosure of certain personal data about me to bring about delivery of the same as well as on the inclernal cover of envelopes/mail passages), and/or
 - (v) complying with applicable law in administrance, processing, handling and/or dealing with my daline (reflectively the "Purposes").
- (b) all insurer(s) who have insured vehicle(s) misched in this accident and the frauters' temperature from a may/are permitted to collect, use, disclose and/or process my fersonal information for one or more of the above furgroup, and
- (r) my bersonal information may tran be detented by the of the log lines approximately information may transfer be shown that the process agents/including their lawyers/law brond, which may be used outside of sing spore, 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 froud detection mostigation and management in proceed and all future claims
- (c) the information so collected under (d) above may be shared / disclused
 - (i) to all insurers and/or any other third parties that asset in evaluating, investigating, controlling or managing hizsel, regulation, like enforcement and government agreeous as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders



Pointe de la Sentera

8

Deser's Figure (if shown a not the policyholder) Date & Time Copring Code Commercial and was NUCTO No





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SKETCH PLAN	818	· O)	81× 9	8 + YM 7600H
			L.,	
Γ		4 5 A	4	
DESCRIBE CIRCUMSTAN		aik lots	9 Refu Lane	10.
On 13.06.2022 porting tox ale wee driving to wordpream.	ne 9 only lone	10 x a	torny ym 7600 to you murou a	which
DECLARATION I/We certire the foreign	nerticulars are true in every real		Reporting Centre Personnel's S	Capet

CS



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