

CONNECT 3

566 Woodlands Road (Mandai Estate) Singapore 728697

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

ROC:53360061L

GST:53360061L

QT22/ PC9429H /TPC

Strides Taxis Pte Ltd**60 Woodlands****Industrial Park E4****Singapore 757705****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:

QUOTATION

Dear Sir,

Cost of Repair to Vehicle PC9429H

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

No.	DESCRIPTION	QTY	U/PRICE (\$S)	AMOUNT (\$S)
1.	Rh side panel outer panel	1	\$3,600.00	\$3,600.00
2.	Rh side panel inner structure * photo	1	\$2,500.00	\$2,500.00
3.	Rh rear wheel panel	1	\$1850.00	\$1850.00
4.	Sealant	12	\$40.00	\$480.00
5.	Labour to remove & refit rh side glasses to assist repair	1	\$1,200.00	\$1,200.00
6.	Labour to remove & refit rh seats, inner trims, upholstery etc to assist repair	1	\$900.00	\$900.00
7.	Labour charges 350	1	\$1,800.00	\$1,800.00
8.	Spray painting	1	\$2,800.00	\$2,800.00
	SUB-TOTAL			\$S15,130.00

- Price before 7% gst

Thank you.

Yours faithfully,

Winnie Chai
HP: 9850-9666

Tanp'ln 97445749 / 67563561
Wp 26/6/22 @ 1030
2/5, Resurvey after repair
tanp'ln@lkkauto.com
7 days

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 Actual 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	29/07/2022 15:19 (SGT)
Reported by	Driver
Date of Accident	28/07/2022 17:25 (SGT)
Exact Location of Accident	4 Seah Im Rd, Singapore 099115
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC9429H
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	COMFORTDELGRO BUS PTE LTD
Company Reg No	1XXXXX256W
Email Address	jeremyching@comfortdelgrobus.com.sg
Mobile Phone No	(Phone) +65-90238434
Alternative Phone No	(Office) +65-64169679

VEHICLE PARTICULARS

Manufacturer	Volvo
Model	B8RLE
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	Auto
CC	7698

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D20MFL0003256_01

DRIVER

Name of Driver	PONNUSAMY S/O PANDARAKANNU
NRIC No	SXXXX533J
Date Of Birth	14/05/1959
Occupation	Outdoor

Date Of Driving Pass	17/02/1987
Driving experience	35 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90238434
Alt. Phone Number	-
Email Address	jeremyching@comfortdelgrobus.com.sg
Address	302 ANG MO KIO AVENUE 3 #04-1870
Address complement	-
Postcode	560302
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 - Major/Minor Rd
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)	33
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	UNKNOWN
Gender	Male

PASSENGER 2

Name	UNKNOWN
Gender	Male

PASSENGER 3

Name	UNKNOWN
Gender	Male

PASSENGER 4

Name	UNKNOWN
Gender	Male

PASSENGER 5

Name	UNKNOWN
Gender	Male

PASSENGER 6

Name	UNKNOWN
Gender	Male

PASSENGER 7

Name	UNKNOWN
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

ON 28/07/2022 AT ABOUT 1725HRS, I WAS STATIONARY IN VEHICLE A WITH ESTIMATE 32 PASSENGERS ON BOARD, INTENDING TO DROP OFF MY PASSENGERS AT THE PARKING LOT OF HARBOURFRONT BUS INTERCHANGE, 4 SEAH IM ROAD. DUE TO ANOTHER SMRT BUS PARKING ALONG THE SERVICE ROAD, I WASN'T ABLE TO MAKE A MOVE TO PARKED INTO THE LOT. I SIGNAL TO THE SMRT BUS DRIVER OF MY INTENTIONS. UNKNOWINGLY, VEHICLE B WAS REVERSING OUT OF PARKING LOT EVENTUALLY COLLIDING ONTO VEHICLE A RIGHT REAR WHEEL SIDE. NOBODY WAS INJURED AT THE TIME OF ACCIDENT.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SG5163T
Vehicle Manufacturer	Volvo
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
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 PLANIMPORTANT 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 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.
- 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' law firms/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' law firms/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 law firms/law firms) which may be sited outside of Singapore, for one or more of the above Purposes.


**FLASH ACCIDENT
REPORTING OFFICER**

FRO LATIFF



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

29/07/2022. 1420HRS



Describe Circumstances of the Accident

ON 28/07/2022 AT ABOUT 1725HRS, I WAS STATIONARY IN VEHICLE A WITH ESTIMATE 32 PASSENGERS ON BOARD, INTENDING TO DROP OFF MY PASSENGERS AT THE PARKING LOT OF HARBOURFRONT BUS INTERCHANGE, 4 SEAH IM ROAD. DUE TO ANOTHER SMRT BUS PARKING ALONG THE SERVICE ROAD, I WASN'T ABLE TO MAKE A MOVE TO PARKED INTO THE LOT. I SIGNAL TO THE SMRT BUS DRIVER OF MY INTENTIONS. UNKNOWINGLY, VEHICLE B WAS REVERSING OUT OF PARKING LOT EVENTUALLY COLLIDING ONTO VEHICLE A RIGHT REAR WHEEL SIDE. NOBODY WAS INJURED AT THE TIME OF ACCIDENT.

Declaration

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

FLASH ACCIDENT
REPORTING OFFICER

FRO LATIFF



Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time 29/07/2022. 1420HRS

Witnessed by Reporting Centre Personnel