

ASS. REC. BY:

REF:

C72 / 22009528 / Kc

C

Kenneth

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. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

10-12pm

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 03 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Date / Time Action / Instruction

4/10 11pm @ 1050. Cuh (Red. 1115.00; 51%)

Veh No: PC 2274H Yr Regn: 03, 14

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

Truck / Trailer or _____

Make: Yutong c.c. 6690

Colour: Multi Colour A/C: Insured / Std / NI / NA

Sp. Reading: 414546 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: L8 YTB TD 6 X D 1064249

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: Giti 275/80R22.5

R: AKing (D)

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front _____ Rear _____

R/Bal. 9 mm R/Bal. 9 9 mm

L/Bal. 9 mm L/Bal. 9 9 mm

D.O.A. 13/9/22 D.O.I. 28/9/2022

Survey held at _____

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

o/s body

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

Date/Time, File Pass to?

☐ : Prell. Report☒ : Final Report

Date/Time, File Return to?

Days Of Repair: 3

Resurvey No. of Trlp: _____

Survey Fee: _____

Transportation: _____

S + RS. \$

Fees

Others

TOTAL

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

Report Format: TP

Lump Sum / I.B.I. (\$) \$1050

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	14/09/2022 11:24 (SGT)
Reported by	Both
Date of Accident	13/09/2022 10:28 (SGT)
Exact Location of Accident	Nassim Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC2274H
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ZHENG XING YUN SERVICE
Company Reg No	52917205D
Email Address	louistan@zhengxingyun.net
Mobile Phone No	(Phone) +65-90120356
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Yutong
Model	Zk6107h
Variant	AUTO 45 SEATER
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	Commercial vehicle
Transmission	Auto
CC	6690

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMB1SNA00014772203

DRIVER

Name of Driver	ZHAO SHENG
Work Permit No	G2609758X
Date Of Birth	22/05/1969
Occupation	Outdoor

Date Of Driving Pass	15/01/2016
Driving experience	6 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88594718
Alt. Phone Number	-
Email Address	louistan@zhengxingyun.net
Address	28 Defu Lane 10 #01-140
Address complement	-
Postcode	539209
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	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)	21
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	STUDENT
Gender	Female

PASSENGER 2

Name	STUDENT
Gender	Female

PASSENGER 3

Name	STUDENT
Gender	Female

PASSENGER 4

Name	STUDENT
Gender	Female

PASSENGER 5

Name	STUDENT
Gender	Male

PASSENGER 6

Name	STUDENT
Gender	Male

PASSENGER 7

Name	STUDENT
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

I was turning right into the carpark. Vehicle B on my right which was driving against the traffic hit right side of my bus.

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	SY1323E
Vehicle Manufacturer	Mercedes
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	1

SKETCH PLAN

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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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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 be 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 be 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.



[Handwritten signature]

[Handwritten signature]

[Handwritten signature]



Policyholder's Signature (Date & Time)


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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan

Describe Circumstance of the Accident

I WAS TURNING RIGHT INTO THE CAR PARK.
VEHICLE IS ON MY RIGHT WHICH WAS DRIVING
AGAINST THE TRAFFIC HIT RIGHT SIDE OF MY
BUS



Declaration

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



[Signature]

[Signature]

[Signature]

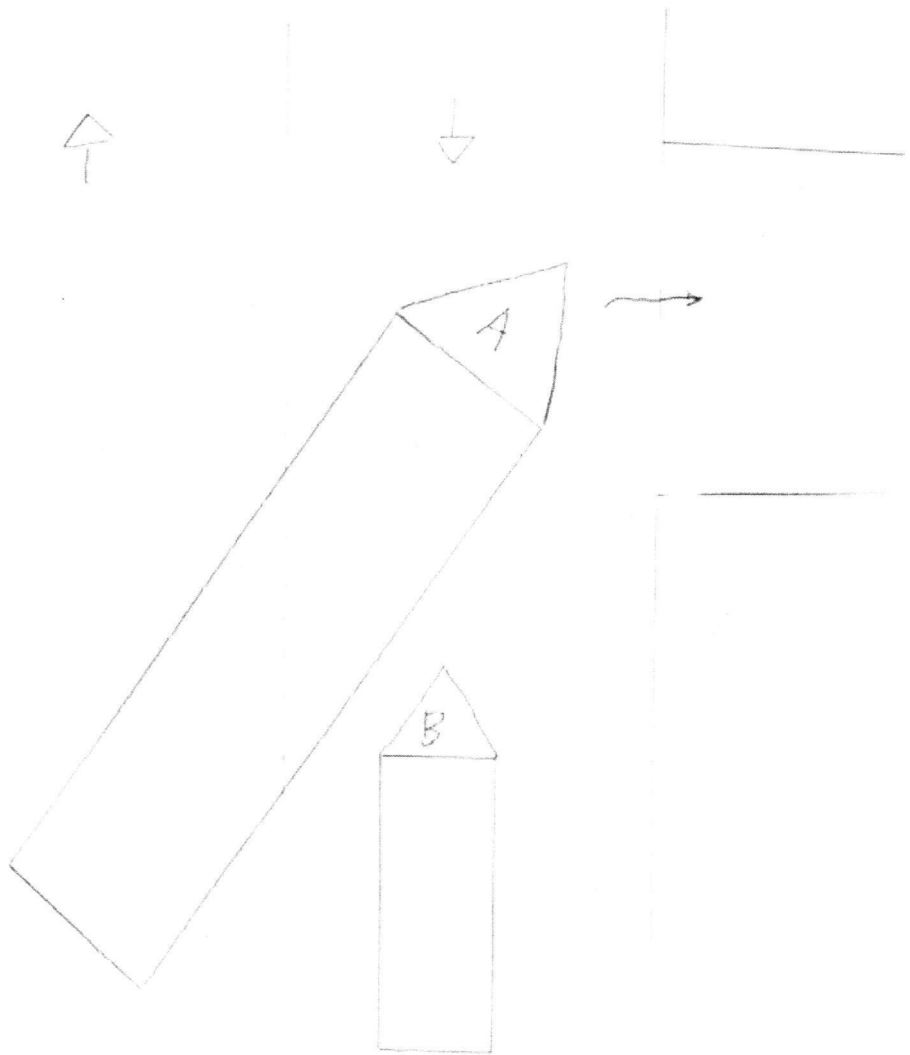


Nassim Road

A-PC2274H

B-SY1323E

Exhibit



CHEONG CHEONG MOTOR SERVICE PTE LTD

BLK 5032 ANG MO KIO IND. PARK 2 #01-293 SINGAPORE 569535

TEL : 6481 4152 FAX : 6481 4157

e-mail : c2msvc@singnet.com.sg

Our Ref : 063/09/2022

Page : 1

Date : 28/09/2022

M/S : CHINA TAIPING INSURANCE SINGAPORE PTE LTD
3 ANSON ROAD #15-00
SPRING LEAF TOWER
SINGAPORE 079909

ACCIDENT REPAIR ON : PC 2274 H - YUTONG ZK610H
CHASSIS NO :
DATE OF ACCIDENT : 13/09/2022

NOT Notarised
11 Pmg @ 1050h
Recovery After Rain
3 days

APPENDED BELOW ARE THE ESTIMATED COST OF REPAIR & PARTS TO BE REPLACED :-

REPLACEMENT OF PARTS

		S\$	S\$
1 RIGHT SIDE SIGNAL LIGHT	NETT	80.00	✓
2 LUGGAGE COMPARTMENT HANDLER RIGHT	NETT	230.00	✓
3 "EXCURSION BUS" STICKER	NETT	15.00	✓
4 BODY STOPPER	NETT	90.00	X
5 BODY LOWER BAR RIGHT	NETT	300.00	✓
		<u>715.00</u>	

LABOUR CHARGES :

- 6 TO REMOVE RENEW & REFIT ALL ACCIDENT DAMAGE PARTS & STRAIGHTEN ALL ACCIDENT AREAS & FIT ABOVE SAME
- 7 TO PUTTY & SPRAY PAINT & ANTI RUST ON ALL ACCIDENT DAMAGE PARTS & OTHER ACCIDENT AFFECTED AREAS (2 TONS COLOUR)

400!
550.00

600!
900.00

2,165.00



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: