

ASS. REC. BY:

REF:

SMO/22010402/1KV

C

Kennaeth

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:

(Policy Condition)

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

Bal. or Market Value:

IDAC Accident Rpt:

GIA / PR Seen:

Est. Repairs:

Lum Sum:

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

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

Truck / Trailer or

Make:

Colour

Sp. Reading

Eng/No:

C/No:

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:

R:

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

TOYO / YOKO or

Front

R/Bal.

L/Bal.

D.O.A.

Rear

R/Bal.

L/Bal.

D.O.I.

Survey held at

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

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

: Prell. Report

: Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

: Site Insp (\$

: Interview (\$

: Tech Invs (\$

: Weekend (\$

Survey Fee:

Transportation:

S - RS. SI

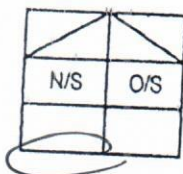
Fees

Others

TOTAL

Report Format :

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



7/11 11/11 @ 3350h Centre (Red 6380 650)

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	19/10/2022 13:32 (SGT)
Reported by	Driver
Date of Accident	18/10/2022 16:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE TWDS TOA PAYOH
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC5479P
-----------------------------	---------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ST Lee Transport Pte Ltd
Company Reg No	2XXXXX388Z
Email Address	STLEE.TRANSPORT@GMAIL.COM
Mobile Phone No	(Phone) +65-96868028
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Golden Dragon
Model	XML6772J18
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	Manual
CC	3759

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Policy Number / Cover Note Number	CN149515

DRIVER

Name of Driver	QIAO SHANXIN
Passport No/FIN	MXXXX211N
Date Of Birth	20/01/1980
Occupation	Outdoor

Date Of Driving Pass	05/08/2022
Driving experience	2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86690114
Alt. Phone Number	-
Email Address	STLEE.TRANSPORT@GMAIL.COM
Address	1002 Toa Payoh Industrial Park, #07-1447, Toa Payoh Industrial Park
Address complement	-
Postcode	319074
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)	1
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	-

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 18/10/2022 AROUND 1630HRS, I WAS DRIVING PC5479P ALONG PIE EXIT TOA PAYOH. MY BUS WAS TRAVEL WITHIN MY LANE. SUDDENLY, I FELT AN IMPACT FROM THE REAR. VEH B GBD5246E COLLIDED ONTO MY BUS REAR PORTION.

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	GBD5246E
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 willful 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' 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 making 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.

ST LEE
TRANSPORT PTE LTD
#01-1002 Toa Payoh Industrial Park #07-1447
Singapore 319074
TEL: 6258 6188 FAX: 6258 1677

Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel



PIE exit Toa Payoh.

A-PC 5479P

B-GBD 5246E

Describe Circumstances of the Accident

On 18/10/2022 around 1630hrs, I was driving my Bus PC 5479P along PIE exit
Tua Paoh. My Bus was travel within the lane. Suddenly I felt an impact
from the rear. Veh B GBD 5246E collided into my Bus rear portion

Declaration

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

ST LEE
TRANSPORT PTE LTD
1002 Toa Payoh Industrial Park #07-1447
Singapore 310074
TEL: 6258 6188 FAX: 6258 1677
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel



Not Authorized
 1/1ump @ 3350/h
 Penny After Paint
 4 days

CONNECT 3

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

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

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

QT22/PC5479P/TPC

Sompo Insurance (Singapore) Pte Ltd
50 Raffles Place #03-03
Singapore Land Tower
Singapore 048623

QUOTATION

Dear Sir,

Cost of Repair to Vehicle PC5479P

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

No.	DESCRIPTION	QTY	U/PRICE (\$\$)	AMOUNT (\$\$)
1.	Rear bumper <i>R</i>	1	1,350.00	1,350.00
2.	Rear bumper LH bracket <i>R</i>	1	380.00	380.00
3.	Rear LH taillamp <i>cm</i>	1	1,280.00	1,280.00
4.	Rear LH end panel outer <i>R</i>	1	2,650.00	2,650.00
5.	Reverse sensor <i>10%</i>	1	300.00	300.00
6.	Labour to remove & refit rear windscreen to assist repair	1	350.00	350.00
7.	Labour to remove & refit Lh chrome casing to assist repair	1	100.00	100.00
8.	Sealant	4	40.00	40.00
9.	Check wiring	1	30.00	30.00
10.	Labour to remove & refit rear seats & trims etc to assist repair	1	300.00	300.00
11.	Apply anti rust	1	50.00	50.00
12.	Labour charges	1	1,500.00	1,500.00
13.	Spray painting	1	1,400.00	1,400.00
SUB-TOTAL				SS9,730.00

- Price before GST

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

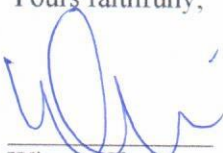
Acknowledged by Repairer

Signature:

Date:

Thank you.

Yours faithfully,



Winnie Chai
HP: 9850-9666

