ASS. REC. BY: Kenneth | REF: SMO/220104021/KV

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s Connect 3

of 566 Woolands 3887

Insured: GBD 5246E

Policy No. _____

Claims No. CMTD2203796/GPL

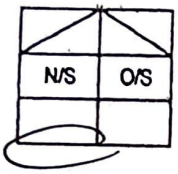
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value: $ 54K

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 04 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: PC5479P Yr Regn: 12/16

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or (A)

Make: Golden Dragon c.c 3759

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

Sp.Reading 226816 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: LL3BDADE6GA002745

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: 215/75R17.5

R: _____ (D)

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	3 3 mm
L/Bal.	6 mm	L/Bal.	3 3 mm
D.O.A.	18/10/22	D.O.I.	20/10/2022

Survey held at _____ 9.55am

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

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

Date / Time	Action / Instruction
7/11/22	Kenneth informed LS $3350 (Red 6380, 65%)

Date/Time, File Pass to? 1) _____ ☐ : Prell. Report ☐ : Final Report

Date/Time, File Return to? 2) 8/11/22-typist

Days Of Repair: 4

Resurvey No. of Trip: 1

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

Survey Fee: _____

Transportation: $ - RS. SI

Others

TOTAL

Report Format : TP

Lump Sum / ~~I.B.I~~ : ($ 3350)

Not Authorised
L/Lamp &
Rearview After Paint
4days

CONNECT3
566 Woodlands Road (Mandai Estate) Singapore 728697
Tel: (65) 9850-9666 Email: Connect3winnie@gmail.com
Roc: 53360061L
GST: 53360061L

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 (S$)	AMOUNT (S$)	
1.	Rear bumper	1	1,350.00	1,350.00	✓
2.	Rear bumper LH bracket	1	380.00	380.00	7R
3.	Rear LH taillamp	1	1,280.00	1,280.00	—
4.	Rear LH end panel outer	1	2,650.00	2,650.00	X
5.	Reverse sensor	1	300.00	300.00	2 col n
6.	Labour to remove & refit rear windscreen to assist repair	1	350.00	350.00	X
7.	Labour to remove & refit Lh chrome casing to assist repair	1	100.00	100.00	X 5 col
8.	Sealant	4	40.00	40.00	X
9.	Check wiring	1	30.00	30.00	2 col
10.	Labour to remove & refit rear seats & trims etc to assist repair	1	300.00	300.00	X
11.	Apply anti rust	1	50.00	50.00	X
12.	Labour charges	1	1,500.00	1,500.00	7 col
13.	Spray painting	1	1,400.00	1,400.00	9 col
			SUB-TOTAL	**S$9,730.00**	

- 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:

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

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 **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 the 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.

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

Policyholder's Signature / Date & Time

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

CONNECT 3

Witnessed by Reporting Centre Personnel

Sketch Plan

PIE exit Toa Payoh.

A - PC 5479P

B - GBD 5246E