

ASS. REC. BY:

REF:

AIS/23002572/kv

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 Connect 3

of \_\_\_\_\_

Insured: \_\_\_\_\_

Policy No. SP2003452035

Claims No. 202332006074

Sum Insured: \_\_\_\_\_ Excess: 4500

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: 8850-950k

IDAC Accident Rpt: \_\_\_\_\_ Consistent?: Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent?: Yes or No

Est. Repairs: 12 days Res.: Yes or No

Lum Sum: 1.B.1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Veh No: PD 778D Yr Regn: 12, 22

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

Truck / Trailer or \_\_\_\_\_

Make: Zheng Tong C.C. \_\_\_\_\_

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

Sp. Reading: \_\_\_\_\_ T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: LOYECS 238N-0026049

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / S/Rlm / STD A/Rlm or

Tyre Size: F: 275/70R22.5

R: \_\_\_\_\_

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. 9/3/23 D.O.I. 13/3/2023

Survey held at \_\_\_\_\_

Des. of Damages: FR / Rear / O/S / N/S / UIC / Rooftop or

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
1	Wksp said spare parts no discount. Battery flat.
15/6	71,596.00 B&A excess centrm (red 6830, 8%)

Date/Time, File Pass to?  : Prel. Report  : Final Report

Days Of Repair: 12  
Resurvey No. of Trip: \_\_\_\_\_

2) 26/6/23-typist

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

Survey Fee:
Transportation
S - RS. \$
Fixing
Others

Report Format: Merimen  
Lump Sum / I.B.I: (\$ 71,596)

## 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	10/03/2023 12:43 (SGT)
Reported by	Driver
Date of Accident	09/03/2023 20:50 (SGT)
Exact Location of Accident	3 Research Link, Singapore 117602
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number PD778D

#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	COMFORTDELGRO BUS PTE LTD
Company Reg No	1XXXXX256W
Email Address	duchun@comfortdelgrobus.com.sg
Mobile Phone No	(Phone) +65-89313694
Alternative Phone No	(Office) +65-64169679

#### VEHICLE PARTICULARS

Manufacturer	Zhongtong
Model	ELECTRIC LCK6126EVG
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?	Yes
Vehicle Category	Bus
Transmission	Auto
CC	0

#### INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2003452035

#### DRIVER

Name of Driver	SHAMRAJ S/O RAMASAMY
NRIC No	SXXXX235A
Date Of Birth	21/06/1999
Occupation	Outdoor

Date Of Driving Pass	07/09/2021
Driving experience	1 YEAR AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-89313694
Alt. Phone Number	-
Email Address	duchun@comfortdelgrobus.com.sg
Address	980B BUJANGKOK CRESCENT #14-81
Address complement	-
Postcode	532980
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	Collided into Parked Vehicle
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 09/03/23 AT ABOUT 2050HRS, I WAS DRIVING VEHICLE A (PD778D) TO PARK ALONG RESEARCH LINK, NUS CARPARK 11. AS I LEFT THE VEHICLE AND CLOSED THE DOOR DIDN'T REALISED THAT I DIDN'T ENGAGE THE HANDBRAKE, WHEN SUDDENLY VEHICLE A ROLLED FORWARD AND COLLIDED INTO STATIONARY PARKED VEHICLE B (PD581D). NO INJURIES

#### 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	PD581D
Vehicle Manufacturer	Zhongtong
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus

Name of Driver	UNKNOWN
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**

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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 lodgment of this report to the insurers, you hereby consent to the archiving of this report at the center 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.

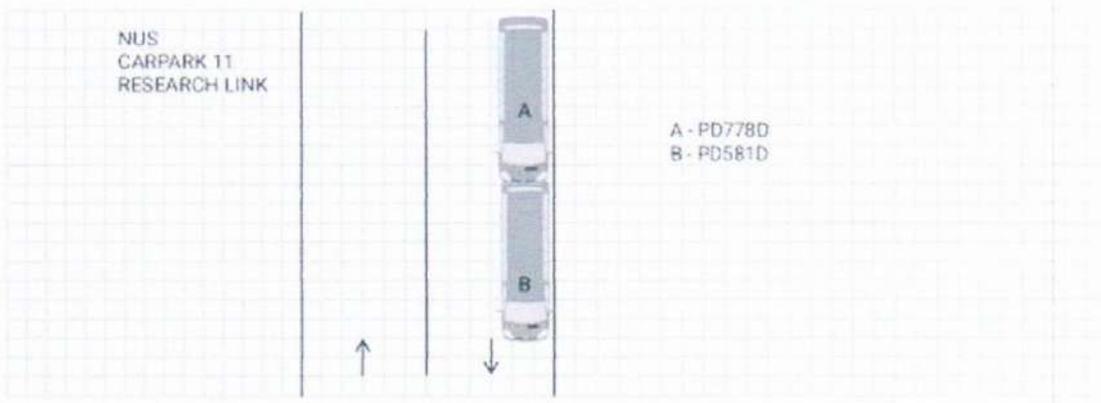
**FLASH ACCIDENT REPORTING OFFICER**  
FRC AMN

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time  
090323 2300

Witnessed by Reporting Centre Personnel

**Sketch Plan**



Describe Circumstances of the Accident

ON 09/03/23 AT ABOUT 2050HRS, I WAS DRIVING VEHICLE A (PD778D) TO PARK ALONG RESEARCH LINK, NUS CARPARK 11. AS I LEFT THE VEHICLE AND CLOSED THE DOOR DIDN'T REALISED THAT I DIDN'T ENGAGE THE HANDBRAKE, WHEN SUDDENLY VEHICLE A ROLLED FORWARD AND COLLIDED INTO STATIONARY PARKED VEHICLE B (PD581D). NO INJURIES

Declaration

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

\_\_\_\_\_  
Policyholder's Signature / Date &  
Time

  
\_\_\_\_\_  
Driver's Signature (If driver is not the policyholder) / Date  
& Time  
090323 2300

FLASH ACCIDENT  
REPORTING OFFICER  
FRC AMN  
  
\_\_\_\_\_  
Witnessed by Reporting Centre  
Personnel



16.	Front grille	Bucl wip	1		3,400.00	3,400.00	✓
17.	Front grille hinge		1	D/I	530.00	530.00	✓
18.	Interior roof trim	Bucl/Return	1		8,700.00	8,700.00	✓
19.	Wiper motor		1	Sm	2,980.00	2,980.00	✓
20.	Front inner panel structure		1	Bj	4,200.00	4,200.00	✓
21.	Sealant	Mm	10		40.00	400.00	✓
22.	ERP	Mm	1		26.00	26.00	✓
23.	Front grille chrome emblem		1	Red	330.00	330.00	✓
24.	Labour to remove front lower windscreen		1		1,200.00	1,200.00	1000
25.	Labour to remove front upper windscreen		1		1,000.00	1,000.00	600
26.	Labour to remove roof trims, upholstery, seats etc to assist repair		1		600.00	600.00	400
27.	Labour to remove & refit electronic dashboard		1		600.00	600.00	400
28.	Labour to configure new electronic dashboard		1		300.00	300.00	✓
29.	Check wiring for all affected electronics connections		1		500.00	500.00	400
30.	Labour charges	@ 550/-	1		5,600.00	5,600.00	3850
31.	Spray painting	(3 tones)	1		2,800.00	2,800.00	1800
<b>SUB-TOTAL</b>						<b>S\$67,856.00</b>	

• Price before gst

Thank you  
Yours faithfully

*Winnie*

Winnie Chai  
HP: 9850-9666



**LKK Auto Consultants** hence notify the Repairer of the following:

- To resurvey before/alter 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:

**CONNECT3**

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

REG: 33360061L  
GST: 33360061L

QT23/PD778S/ODC

<b>ALLIANZ INSURANCE COMPANY OF S'PORE PTE LTD</b>
3 Temasek Avenue
409-01 Centennial Tower
Singapore 039190

QUOTATION

Dear Sir,  
Cost of Repair to Vehicle PD778S (Sup Items)  
With reference to the above-mentioned, we are pleased to quote as follows:-

No.	DESCRIPTION	QTY	U/PRICE (S\$)	AMOUNT (S\$)
1.	Air ventilation control unit assy <i>Del</i>	1	2,100.00	2,100.00
2.	Interior panel glass <i>Shatterd</i>	1	870.00	870.00
3.	Driver upper overhead casing <i>CM</i>	1	3,300.00	3,300.00
4.	Dashboard lower panel garnish <i>CM</i>	1	4,200.00	4,200.00
5.	Sealant <i>MCC</i>	1	40.00	40.00
6.	Labour to remove & refit interior panel glass	1	60.00	60.00
<b>SUB-TOTAL</b>				<b>S\$10,570.00</b>

115515

\* Price before gst

Thank you  
Yours faithfully,

*Winnie Chai*  
Winnie Chai  
HP: 9850-9666



# PD 778D

4200.00	2100.00	1000.00	52276.00
2900.00	870.00	600.00	10570.00
720.00	3300.00	400.00	8750.00
340.00	4200.00	400.00	71596.00
4900.00	40.00	300.00	
2200.00	60.00	400.00	
4760.00	10570.00	3850.00	
2160.00		1800.00	
2700.00		8750.00	
900.00			
1170.00			
510.00			
230.00			
4100.00			
2900.00			
3400.00			
530.00			
8700.00			
4200.00			
400.00			
26.00			
330.00			
52276.00			