





16	Front grille	Buc/Wzy	1	3,400.00	3,400.00	✓
17	Front grille hinge		1	530.00	530.00	?
18	Interior roof trim	Bar/Maha	1	8,700.00	8,700.00	✓
19	Wiper motor		1	2,980.00	2,980.00	?
20	Front inner panel structure		1	4,200.00	4,200.00	?
21	Sealant	M <sub>2</sub>	10	40.00	400.00	✓
22	ERP	M <sub>2</sub>	1	26.00	26.00	✓
23	Front grille chrome emblem		1	330.00	330.00	✓
24	Labour to remove from lower windscreen		1	1,200.00	1,200.00	1000
25	Labour to remove from upper windscreen		1	1,000.00	1,000.00	600
26	Labour to remove roof trims, upholders, 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/hr	1	5,600.00	5,600.00	3850
31	Spray painting	(3 times)	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/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:

# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

1. Please report accurately 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 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. 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 wherever.

## 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@comfortdelgrobuss.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  
Are you claiming under your own insurance policy for repair to your vehicle?  
Vehicle Category  
Transmission  
CC  
Employment  
Yes  
Bus  
Auto  
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 SXXXXX235A  
Date Of Birth 21/06/1999  
Occupation Outdoor

 Accident report SJ0G2333A0000

**IMPORTANT NOTICE**

**SKETCH PLAN**

1. Please correctly report the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorized 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 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)
  - 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.

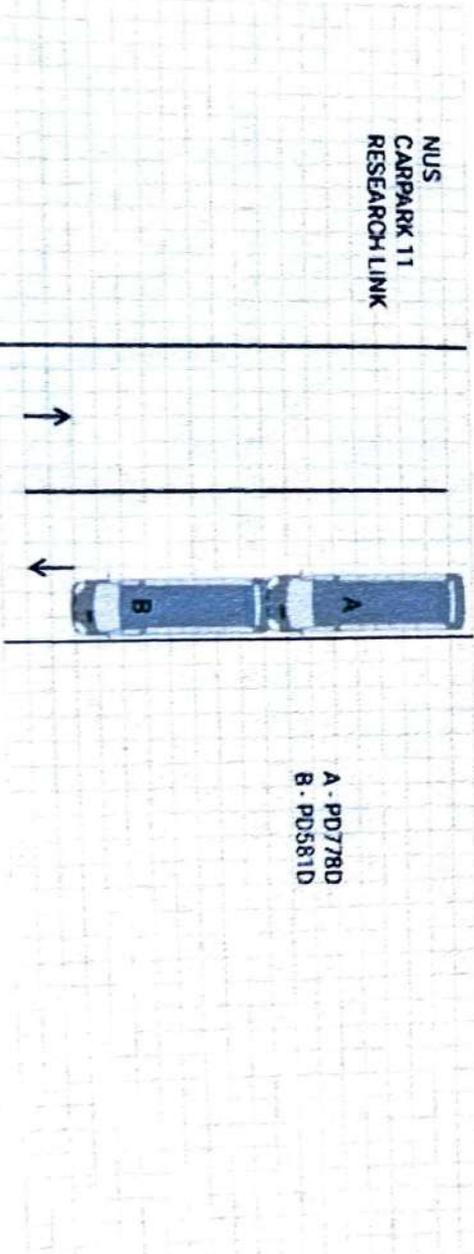
*[Handwritten Signature]*

FLASH ACCIDENT  
REPORTING OFFICER  
FRC AMIN



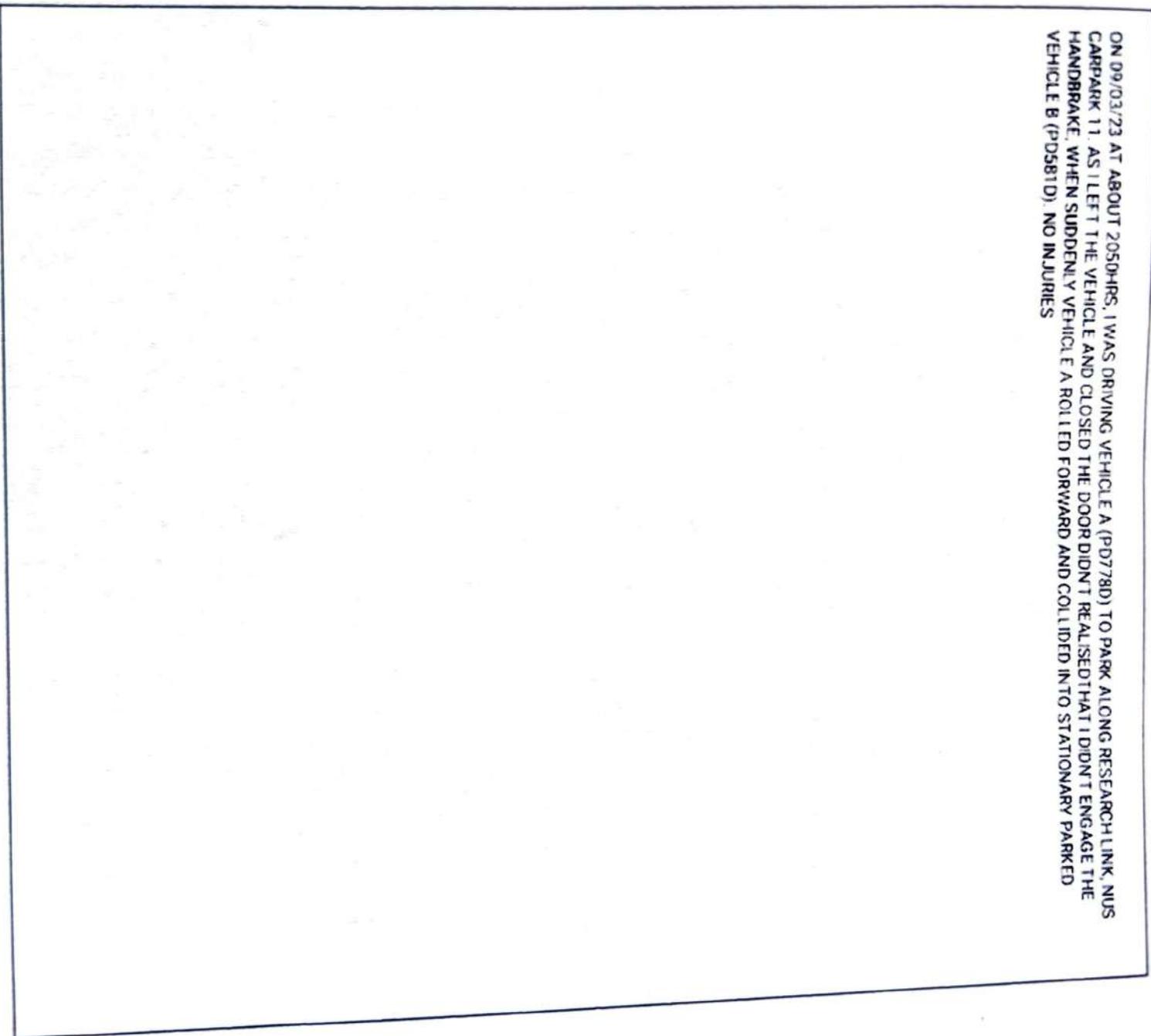
Policyholder's Signature / Date & Time \_\_\_\_\_ Driver's Signature (if driver is not the policyholder) / Date & Time \_\_\_\_\_ 090323 2300 \_\_\_\_\_  
Witnessed by Reporting Centre Personnel \_\_\_\_\_

**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 DIDNT REALISED THAT I DIDNT 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

**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