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Date of Accidat: 14/06/2024 HWA SENG SPRAY PAINTING PTE LTD 160 Sin Ming Drive Your Insured #05-11 Sin Ming Autocity Vehicle No .: SLV3175B SINGAPORE 575722 Not Notherial
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Rearry After Paint
Sday, (COMPANY REGISTRATION NO.: 202017045G) TEL: 64533100 FAX: 62669932 ESTIMATE REPAIR COSTS TO AUDI TT REG. NO.: SME 7807 M Bule M 1462.00 1pc Rear Bumper 1pc Rear Bumper Lower cm 663.00 -Rear Bumper Sponge 1pc 485.00 7 2pcs Rear Bumper Absorber (\$292.00/pc) 584.00 7 1pc Rear Bumper Reinforcement 863.00 7 2pcs **Rear Parking Sensor** (\$231.00/pc) 462.00 7 1pc Rear Bumper Grille CM 985.00 -1pc Rear Bumper Lower Spoiler mi' 1300.00 -Pm 213.00 X 1pc Right Rear Exhaust Shield 1 271.60 X No. Plate Lamp 2pcs (\$135.80/pc) 1- 396.00 X 1pc O/S Exhaust Pipe Cutter (\$733.00/pc) o/s Mic M1466.00 L als cm 2pcs Taillamp Ry 5537.00 -1pc Rear Boot 1 285.00 X 1pc **Upper Lock** N 45.00 X 1pc **Lower Lock** 15017.60 1501.76 Less: 10% 13515.84 **LABOUR & MISC CHARGES** 1300.00 5001 **Panel Knocking** 1400.00 6601 **Spray Painting** 100.00 201 Wire Checking 180.00 1201 Labour to Remove & Install Rear Windscreen 80.00 301~ Inner Seal 60.00 401n Sealant & Clip N~ 200.00 X Labour to Remove Upholstery 100.00 601 Labour to Install Reverse Sensor LKK Auto Consultants hence notify the Repairer of the following: · To resurve to gravalter spray painting 16935.84 To display damaged part(s) during resurvey Parts prices are subject to confirmation Third party survey is on a "Without Prejudice" basis

HWA SENG SPRAY PAINTING PTE LTD

1

Acknowledged by Repairer

No illegal modification(s) is allowed

 Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company SLOM24610002 / Lai Huat (Meng Kee) Motor Ple Ltd ENTRY DATE & TIME: 18/06/2024 14:04 (SGT) SUBMITTED BY: LHMK -3 VERSION: 1 (18/06/2024 14:04 (SGT))

C SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

IMPORTANT NOTICE

1. Please report <u>correctly</u> the details of the accident to speed up the claims process.

2. This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>

3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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.

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 First Submission Reported by **Date of Accident Exact Location of Accident** Additional Location Information Country/State of Loss

18/06/2024 14:04 (SGT) **Actual Driver** 14/06/2024 13:55 (SGT) Sengkang E Rd, Singapore Slip road to TPE Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SME7807M

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

Company Reg No

Email Address

Mobile Phone No

Alternative Phone No

Yes

19E60 PTE LTD

202227575D

farentinong@gmail.com

(Phone) +65-81778748

VEHICLE PARTICULARS

Manufacturer

Model

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

Audi **TTRS**

Employment

No - Claiming third party

Private car

Auto

2480

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

Great Eastern General Insurance Limited 2023-V5019426-VND

DRIVER

Name of Driver

NRIC No

Date Of Birth

Occupation

NG FARENTINO S1754121H 22/09/1966 Indoor

Accident report SL0M246I0002

Driving Pass Date Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address complement

Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

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 Weather Conditions Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

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? Was notice of intended Prosecution given?

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

Please refer to the sketch plan.

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera? Yes No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour

Vehicle Category Name of Driver

NRIC No

SLV3175B Toyota Sienta

Private hire SIM CHOON LENG S7105909Z

12/12/1986

37 YEARS AND 6 MONTHS

Male

(Phone) +65-81778748

farentinong@gmail.com

Collision - Head to Rear

BLK 19 ANCHORVALE CRESCENT #16-19

544653

No

After rain

Wet

No

No

Yes

No

No

No

2

Authorised driver

No

Accident report SL0M246I0002

SKETCH PLAN

IMPORTANT NOTICE

- 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 truthtul and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow
- 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
- 8 Consent under the Personal Data Protection Act (PDPA)

l 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 "Insurera"), 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 tawyers/law lirms), which may be siled outside of Singapore, for one or more of the above Purposes.

g lu 19E	1816	24 2/
folicyholder's Signature / Date & Time	Sinver's Signature (if driver is not the policyholder) / Date & Time	Wildessed by Reporting Centre Personnel (Name as in NRIC/ID card) SOH JIT HOON
Sketch Plan		
pungger ->		Sengkany
	F. 14e, toward	54 V3/751
		5ME 7807M

I was driving car (H) SME7807M from somptong east read fifter founds TR TPE (SLE) . When approaching the gire may found to give may for encoming cars, suddenly the car behind (SLV 3/75b) hit me. Atte the scene of the			
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(360 3/755) hit me	· Atte the scene of the accident, there was		
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Declaration

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

B E 19E60 Policyholder's Biggature / Date & Time

Driver's Signature (if driver units the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel
[Name as in NRICID card] SOH JIT HOON
2