ASS. REC. BY: Taypin - | REF: C5 | GA12409002 | TUPS

ASS	IGNMENT
From: Date:	Veh No: SWR 6718 G Yr Regn: 2-15, 11
Estimated Cost:	Type M.Car / M.Cycle / Bus / Van / Lorry / Taxl / Prime Mover /
DD) TP/WS/TP RES/OD RES/EVA/INV/MV	Truck / Traller or
To Inspect Vehicle No:	Make Make Classon
at Workshop m/s	Colour Branz A/C: Insured / Std / NI / NA
of	Sp.Reading 112+75 T/Radio: Insured / Std / NI / NA
Insurext:	Eng/No:
Policy No.	C/No: WYW 222 7N .ZF VO4637:
Claims No. CLMOMVP000001588	Gen. Cond: Od / Fair / Poor / Burnt
Sum Insured: Excess: 700	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh;	Modl: NII / Som / STD A/Rim or ,
	Tyre Size: F: 225 / 50/07
(Policy Condition)	R:
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection. Bal. or Market Value: 443K	TOYO / KOKO or
	Front Rear
IDAC Accident Roort Consistent? : Yes or No	R/Bal. R/Bal. mm
GIA / PR Seen: Consistent? : Yes or No Est Repairs: days Res.: Yes or No	L/Bal. W mm L/Balmm
Est. Repairs: days Res.: Yes or No Lum Sum: % 3 Val.: Yes or No	D.O.A. Survey held at K Kim Hin - 19124
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
CA/I REV I REP. I 24 HRS  Vehicle: IN / OUT	Des. of Damages: Frt / Rear / O/S / N/S / U/G / Rooftop- or
Date:Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	
11/10/24 LS \$5350 confirmed by email (Red 99)	911.30, 64%)
Date/Time, File Pass to? : Prell. Report	lavs Of Repairs 5
	Acumos Na at the
Dale/Time, File Return to?	Resurvey No. of Trip: Survey Fee:
2) Add Fee:	: Site Insp (\$
	Interview /s
Population:	Tech, Invs (\$
Lennip Som / L.B.k: 1'5	: Weel:enci (it
	TOTAL

# > Back to OneMotoring

Enquire PARF/COE Rebate for Registered	Vehicle
venicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:  Vehicle Details	2151
Vehicle No.:	SNR6798G
Vehicle to be Exported:	No
Intended Deregistration Date:	03 Sep 2024
Vehicle Make:	VOLKSWAGEN
Vehicle Model:	SHARAN 2.0 TSI AT 7N14H3 W/O SR
Primary Colour:	Brown
Manufacturing Year:	2015
Engine No.:	CCZ485342
Chassis No.:	WVWZZZ7NZFV046377
Maximum Power Output:	147.0 kW (197 bhp)
Open Market Value:	\$37,716.00
Original Registration Date:	26 Nov 2015
First Registration Date:	26 Nov 2015
Transfer Count:	3
Actual ARF Paid: Intended PARF Rebate Details	\$44,803.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	25 Nov 2025
PARF Rebate Amount: Intended COE Rebate Details	\$24,641.00
COE Expiry Date:	25 Nov 2025
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$61,103.00
COE Rebate Amount:	\$7,502.00
Total Rebate Amount: Message	\$32,143.00

You will not be eligible for any COE rebate from the current COE (including unused COE from any lay-up period/s), if you renew your COE. The information contained herein is correct as at 03 Sep 2024

# 金與(獎)汽車私人有限公司

# K. KIM HIN AUTO PTE LTD

160 Sin Ming Drive #02-18/19/20

Siz Mi : AutoCity Sings in the 575 722 Tel: 6452 7018 (5 Lines) Fax: 6458 3895

No. : 33926

Your Reference : MOMVP000005772-00-000

Accident Date : 30-Aug-2024 Date: 05-Sep-2024

Our Ref : 024544 / HANAH PAGE: 1

GREAT AMERICAN INSURANCE COMPANY 3 TEMASEK AVE #16-01 CENTENNIAL TOWER Singapore 039190

# ESTIMATED COST OF REPAIR FOR VOLKSWAGEN SHARAN 2.0 TSI AT (2015) SNR6798G

-	l pc	rear bumper - top				920 00	c the
	l pc	rear bumper - bottom				220.00	c of
2	2 pcs	rear bumper side bracket	ര	S\$	55.00		
		(LH/RH)	۳	O+	33.00	110.00	CRHXLH-?
1	рс	rear bumper centre bracket	/K:			105.00	?
1	рс	rear bumper tow cover				50.00	•
1	рс	rear bumper sponge				110.00	2
1	рс	rear bumper reinforcement				480.00	200
1	рс	rear bumper lower garnish					
2	pcs	rear bumper lower garnish	ര	55	20.00	120.00	
		bracket (LH/RH)	w	J.	20.00	40.00	C
1	рс	rear bumper top step cover				100 00	
1	рс	LH rear bumper reflector					CAL
2	pcs	LH rear bumper parking sensor	a	C\$-	110.00		c cua
1	рс	rear bumper parking sensor	w	<b>υ</b> Ψ	10.00	220.00	
		wireharness				190.00	Cn
6	pcs	rear bumper parking sensor	a	C.¢	20.00		•
	•	bracket	w	<b>3</b> #	20.00	120.00	C NA/
6	pcs	rear bumper parking sensor	<b>a</b>	04	0.00		
	<b>F</b>	seal	w	24	3.00	18.00	c na
1	nc	LH rear fender					_
		LH rear fender inner shield				1,450.00	cXX
	ncs	LH rear fender inner shield				150.00	c/n/
, 0	pes	clip	@	S\$	5.00	50.00	c w/ 30
1		· ·					90
1	pc pc	LH rear fender top glass LH taillamp				290.00	c ×
1	pc	LU toillem					care
4	рс	LH taillamp panel				200.00	

# 金興(龔)汽車私人有限公司

# K. KIM HIN AUTO PTE LTD 160 Sin Ming Drive #02-18/19/20 Sin Ming Drive #02-18/19/20 Sing Sore 575722 Tel: 6452 7018 (5 Lines) Fax: 6458 3895

Your Reference : MOMVP000005772-00 Our Ref : 024544	-000	Page : No. :	2 33926
1 pc LH taillamp securing element 1 pc LH taillamp side cover 1 pc tailgate 2 pcs tailgate hinges (LH/RH) 2 pcs tailgate damper (LH/RH) 1 pc tailgate lock 1 pc tailgate lock cover 1 pc tailgate lock catch 1 pc tailgate weatherstrip 1 pc tailgate inner trim 1 pc tailgate inner trim 1 pc tailgate "SHANRAN" emblem 1 pc tailgate "2.0 TSI" emblem 1 pc LH tailgate lamp assy 1 pc rear end panel - lower 1 pc rear end panel - upper 1 pc rear end panel top garnish	@ S\$ 85.00 @ S\$600.00	80.00 65.00	C CX CX CX CX CX CX CX CX CX CX CX
	Add 10% :	11,483.00 1,148.30	12,631.30
1 pc LH rear fender top glass sealant			⊀40.00 sn
1 pc LH rear fender top glass damping seal			× 20.00 sn
To remove, cut out damaged parts, panel beating, welding, align, refix and to renew affected parts.			600 1,000.00
To focus taillamps. To check rear wiring and lighting operation.			50.00
To remove and refit rear windscreen glass and conduct water leak test			/120.00

## 金與(龔)汽車私人有限公司

## K. KIM HIN AUTO PTE LTD

160 Sin Ming Drive #02-18/19/20 Sin Ming AutoCity Singapore 575722 Tel: 6452 7018 (5 Lines) Fax: 6458 3895

Your Reference : MOMVP000005772-00-000

Our Ref : 024544

Page: 3

No. : 33926

To remove and refit rear upholstery trimming, roof lining, seats, speaker board in order to facilitate repairing works

60 120.00

To remove and refit reverse sensor assy.

≶°. 80.00

To putty and respray on affected portions.

700 1,200.00

Total:

S\$15,261.30

Singapore Dollars FIFTEEN THOUSAND TWO HUNDRED SIXTY ONE AND CENTS THIRTY Only

Note: Amount quoted above is subject to prevailing GST at time of tax invoice.

Taufilm 97495749

Not 12 Morise 6/9/24 e 12 pm

faufilen o /khanto.cm

Ex: to be advise

2/5 Mosun after us poir

5days

# 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

edged by Repairer

millie:

SK0J24930006-01 / K. KIM HIN AUTO PTE LTD ENTRY DATE & TIME: 03/09/2024 18:38 (SGT) SUBMITTED BY: Sandra Khong VERSION: 2 (05/09/2024 12:06 (SGT))

# 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 witholding of material facts may allow insurance companies to repudiate
- 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 03/09/2024 18:38 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 30/08/2024 15:55 (SGT) Exact Location of Accident ..... Malaysia Additional Location Information NORTH SOUTH HIGHWAY TOWARDS KL Country/State of Loss Malaysia

Vehicle Registration Number **SNR6798G** 

INSURED/POLICYHOLDER

Is company? ..... Name Of Registered Owner WEE HOCK SOON NRIC No ..... SXXXX215I Email Address ..... WINSON.WEE@GMAIL.COM Mobile Phone No (Phone) +65-97467511 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer ..... Volkswagen Model Sharan 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? Yes 

Vehicle Category Private car Transmission Auto CC .... Vehicle Fuel

First Regisration Date 26/11/2015

WVWZZZ7NZFV046377 Effective Date/Time of Ownership

INSURANCE COMPANY

Name of Insurance Company Great American Insurance Company Policy Number / Cover Note Number MOMVP000005772-00-000

DRIVER

Name of Driver	WEE HOCK SOON
- AND 100 Hz =	SXXXX215I
The second secon	02/08/1968
Date Of Birth	Indoor
Occupation Occupation	04/02/1986
Driving Pass Date	3
Driving License Pass Class	
Driving License Validity	Valid
Driving experience	38 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97467511
Alt. Phone Number	-:
Email Address	WINSON.WEE@GMAIL.COM
Address	67 HUME AVENUE #02-04
Address complement	-
Postcode	598744
Postcode	Yes
Is the driver the policyholder?	163
If No, Relationship of the Driver with the Insured	NIa:
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	
the second constitution was a second constitution of the second constitutio	-
Insurance Company of Other Vehicle Owned by Driver	<del>''</del>
GENERAL INFORMATION OF THE ACCIDENT	
GENERAL IN CHIEF TOTAL	
Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface 1	Dry
OTHER INFORMATION	
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?  Number of vehicles involved in the accident  Was anybody injured in the Accident?	Yes 2 No
was anybody injured in the Accidents	140
Was any injured conveyed to hospital by ambulance?	Yes
Was any other vehicle or property damaged?	
Number of Passengers (Including Driver)	6
Has the driver been approached by unknown person(s)	No
soliciting/offering accident claims assistance?	NO
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	<del>2</del>
Original language used in the statement	-
FOREIGN VEHICLE 1	
Vehicle Registration Number	JTY424
Vehicle Category	Private car
Vollicia Catagory International Control of the Cont	
PASSENGER 1	
*1	LIM BOON SAN
Name	
Gender	Female
PASSENGER 2	
PASSENGEN 2	
Name	WEE YONG REN
Gender	Male
PASSENGER 3	
M	MEE MAN OIN
Name	WEE WAN QIN
Gender	Female
PASSENGER 4	
Name	WEE WAN QI
Gender,	Female
PASSENCED E	

PASSENGER 5

Name	ALBERT Male
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Police Station Name Was notice of intended Prosecution given? If yes, against whom?	Yes MALAYSIA POLICE STATION No
CIRCUMSTANCES OF ACCIDENT	
REFER TO 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	ITMADA
Vehicle Manufacturer	JTY424
Vehicle Model	-
Vehicle Variant	•
Make to Control of the control of th	•
M. Et al. O.	SN.
**	Private car
Occasion No. 1	· ·
• • •	*
	•
Address complement	<b>-</b>
Postcode	•
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	•
No. Of Passenger (Including Driver)	_
	AN CONTRACTOR OF THE CONTRACTO

## 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.
- 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 Traffic Police Department for investigation.
- 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.
- 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 aforesald.
- 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.

2 (Q S To S To Signature / Date & Time Actual Driver's Signature (if driver is not the policyholder) / Date & Time (Narrie a

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

scribe Circumstance of the Accident	
. 1 . 0 0 0 1/2 . 1/2	min an 20th Mun 2016
Driving at North South Highway in Wald	A SOIN HOUSELY
around 1550 hrs at 34 to 35 km	Marke 400 and 5 KT.
Vehicle in front of the brake sudden	ily. I wantaged to broke
in time. But the volude behind	the conject at the
Vehicle in front of me brake rudder in time. But the valide behind	U
~	
OD CLAIM: K. Kin Hin An	do 1
	+
	<u></u>
	Water Parker
	2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
A CONTRACTOR OF THE CONTRACTOR	
Declaration	-1-
I/We declare the foregoing particulars are true in every respect.	APO.
We .	(5) /5: No
	74.2%
$\mathcal{A}$	///
Pollogioider's Signature / Date & Time Actual Driver's Signature (if driver is not the	policyholder) Witnessed by Reporting Centre Personne
/ Date & Time	(Name as in NRIC/ID card)
	, /

vJun2022



## POLIS DIRAJA MALAYSIA REPOT POLIS



Balal

: TRAFIK KULAIJAYA

Pegawai Penylasat

: G27126

Dacrah

: KULAIJAYA

Kontinjen

: JOHOR

No. Repot

: TRAFIK KULAIJAYA/011592/24

Tarikh

Nama

: 30/08/2024

Waktu Bahasa Ditorima

: 1656 PM : B. Malaysia

Butir-butir Penerlma Repot:

; MUHD AZMI BIN SEMAN No. Badan

: R169289

: Cina

Pangkat

: KPL

Butir-butir Jurubahasa (Jika Ada):

Nama

No. K/P (Baru) :--

No. Polis/Tentera

No. Pasport : --

Bahasa Asal :--

Alamat :---

Butir-butir Pongadu:

Nama

: WEE HOCK SOON

No. KP (Baru)

No. Polis/Tentera

No. Pasport

: S68312151

No. Sijil Beranak :--

: 56 Tahun 0 Bulan

Jantina Lalaki Keturunan

Tarikh Lahir Warganegara : 02/08/1968 : SINGAPORE

Umur Pekerjaan

: SWASTA

: APT 67 HUME AVE #02-04, 598744 SINGAPORE

Alamat Tinggal Alamat IbuBapa

....

Alamat Pejabat No. Tel (Rumah)

No. Tol (Pojatias)

No. Tel (Bimbit) : 97467511

Emel

## Pengadu Menyatakan:

PADA 30/08/2024 JAM LEBIH KURANG 1555HRS SAYA MEMANDU M/MPV NO:SNR6798G JENIS VW/SHARAN DARI SINGAPORE HENDAK KE KUALA LUMPUR SEMASA MEMANDU DENGAN BERGERAK TERUS DILORONG KANAN DALAM KEADAAN LALULINTAS BERGERAK PERLAHAN DAN SAMPAI DI KM32.1 LEBUHRAYA UTARA SELATAN ARAH UTARA TIBA - TIBA SAYA TERDENGAR BUNYI DENTUMAN DARI ARAH BELAKANG MIKAR SAYA.SAYA TURUN DAN LIHAT DAPATI 1MUIP NO:JTY424 JENIS M'OUTLANDER TELAH MELANGGAR BAHAGIAN BELAKANG MIMPY SAYA SAYA TIDAK MENGALAMI KECEDERAAN KEROSAKAN MIMPY SAYA PADA BAHAGIAN LAMPU BELAKANG KIRI,BUMPER BELAKANG,SENSOR,FENDER BELAKANG KIRI DAN LAIN - LAIN KEROSAKAN BELUM PASTI SAYA DATANG BUAT REPOT UNTUK RUJUKAN PIHAK INSURAN DAN PIHAK YANG BERKENAAN SEKIAN LAPORAN SAYA.

Tandatangan Rengadu:

Tandalangan Jurubahasa(Jika ada):

Tandatangan Penerima Repot:

ID Pencetak | Tarikh @ Masa Cetak

; R190840 | 30/08/2024 05:14:16 PM



IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Accident Reporting Centre with whom you submitted the Original Report.

	ADDENDU	M
(A)	PARTICULARS OF PERSON MAKING THE AMENDMENTS	;
	Original Report No: SKØ.T24930006	Vehicle Registration No: SNR 6798G
	Name (as shown in NRIC): WEE HOCK SOON	NRIC/FIN/Passport No: 215I
	(*Vehicle Driver/Policyholder) (*) Please delete as appro	
	Address:	Singapore ( — )
	Contact (Tel):	Mobile No.: 97467511
	Email Address:	
	Date of Accident: 30 · 08 · 2024	Time of Accident: 15:55hrs
	Place of Accident: NOATH SOUTH HIGHW	
	Insurance Company: GREAT AMERICAN	
<b>(8)</b>	ADDITIONAL INFORMATION / AMENDMENTS:	
. ,	I have made a report on the above-mentioned accident a make the following amendments:	and would like to include additional information or
	country: m'sIA	
	FOREIGN VEH: YES	
		5\(\)\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	Policyholder / Actual Driver's Signature Date:	Reporting Centre Personnel's Signature Name (as in NRIC/ID card): Date:

s.Jun.2022