Henneth	
ASSIC From: Estimated Cost: OD / IP / WS / TP RES / OD RES / EVA / INV / MV To inspect Vehicle No: at Workshop m/s of Insured: Policy No. Claims No. Sum Insured: (Cflent's Record) Make of Veh:	Veh No: SGY 46735 Yr Regn: C91 07 Type: McGar M.Cycle / Bus / Van / Lorry / Taxl / Prime Mover / Truck / Trailer or Make: Toy Arns C.c. 1598 Colour M. Gray AC: Insured / Std / NI / NA Sp.Reading 156/27 T/Radio: Insured / Std / NI / NA Eng/No: C/No: MRO 537 EC107 15 4729 Gen. Cohd: Good / Fair / Poor / Burnt Steering: Inorder / Jammed / Leaked / Burnt or Brake: Inogder / Jammed / Leaked / Burnt or Modi: NII / S/Rim / STD A/Rim or Tyre Size: F:
(Policy Condition) Remark: The veh had commenced its repair at the time of inspection. Bal. or Market Value: IDAC Accident Rport: GIA / PR Seen: Consistent?: Yes or No Est. Repairs: 4-5 days Res.: Yes or No CA / REV / REP. / 24 HRS Date: Date / Time Action / Instruction Consistent?: Yes or No Consistent?: Yes or No	R: P3/60R15 BS/DUN/EXNOVA/GY/FS/LIZA/MIC/OHTSU/PIR/SUM/I TOYO/YOKO or Nexen Fron! Rear mm R/Ba! mm L/Bal. mm L/Bal. mm L/Bal. mm D.O.A. 30/9/24 D.O.I. 14/10/2024 Survey held at Des. of Damages: Frt Rear / O/S / N/S / U/C / Rooftop or The U/C / Chassis frame / Body Structure affected due to collision.
	Days Of Repair: Resurvey No. of Trip: Survey Fee: Transportative: Site Insp (\$) S - RS SI Interview (\$) Finits Tech Invs (\$) Others

LIM YEW BOO SPRAY PAINT CO.

BLK 10, SIN MING INDUSTRIAL ESTATE, SECTOR C,#01-10 S'575645 NO. 176, SIN MING INDUSTRIAL ESTATE, SECTION 0, WITH STATE TO STATE STATE AND AUTOCARE, S'PORE 575721

Tel No.: 64534177 Fax No.: 64593724 E-Mail : limyewboo@singnet.com.sg Website: www.limyewboo.com.sg Buss. Reg. No. : 20051400L

MS FIRST CAPITAL INSURANCE LIMITED

16 RAFFLES QUAY #42-01
HONG LEONG BUILDING SINGAPORE 048581

Austry All Pary

Chassis/Eng#: MR053ZEC10715412

Contact: 65073848 Fax No.: 65073849

Chassis/Eng#: MR053ZEC107154129/3ZZ4691850

Accident Date: 30/09/2024

Claim No.: D24008620MFCT

Reference: LYB/SGY4673S/FirstCap/TP/sl

Policy No.:

S/N Quantity

Particular

Unit Price

Amount S\$

		No.
1. 1 2. 2 3. 2 4. 1 5. 1 6. 2 7. 1 8. 1 9. 1 10. 2 11. 1 12. 1 SET 13. 1 14. 1 15. 1 16. 1 17. 2 18. 2 19. 1 20. 12 21 1 22. 1 23. 1 24. 1	LIST ITEMS: REAR BUMPER REAR BUMPER BRACKETS REAR BUMPER RETAINER REAR LID REAR LID RUBBER REAR LID HINGES REAR LID LOCK (UPPER) REAR LID LOCK (LOWER) REAR TAILEND PANEL REAR TAILEND PANEL REAR TAILEND INNER GARNISH REAR TAILEND INNER GARNISH CLIPS REAR EMBLEM '1.6E' REAR EMBLEM 'VVTI' REAR EMBLEM 'ALTIS' REAR EMBLEM 'ALTIS' REAR TAILLAMP ASSY REAR TAILLAMP LOWER PANEL REAR REFLECTOR ASSY REAR RIVET REAR SILENCER REAR SPARE TYRE PANEL REAR BUMPER LIP SPOILER REAR BOOT LID OUTER HANDLE List TotalS\$: 25.00% Discount S\$:	70.20 140.40 ? 30.20 27 60.40 30.20

CONTINUE / ...

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:

LIM YEW BOO SPRAY PAINT CO.

BLK 10, SIN MING INDUSTRIAL ESTATE, SECTOR C,#01-10 S'575645 NO. 176, SIN MING INDUSTRIAL ESTATE, SECTION 0,#01-10 00:00 176, SIN MING DRIVE, #03-05, SIN MING AUTOCARE, S'PORE 575721

Tel No.: 64534177 Fax No.: 64593724 E-Mail: limyewboo@singnet.com.sg Website: www.limyewboo.com.sg Buss. Reg. No. : 20051400L

MS FIRST CAPITAL INSURANCE LIMITED 16 RAFFLES QUAY #42-01 HONG LEONG BUILDING SINGAPORE 048581

Attention : Motor Claim Department Contact: 65073848 Fax No.: 65073849 Estimate: TP24/028

Date: 04/10/2024 Vehicle Num.: SGY 4673S Make/Model: TOYOTA ALTIS-2007 Chassis/Eng#: MR053ZEC107154129/3ZZ4691850

Accident Date : 30/09/2024 Claim No. : D24008620MFCT

Reference: LYB/SGY4673S/FirstCap/TP/sl

Policy No.:

S/N	Quantity	Particular	Unit Price	Amount S\$
1.	1 set	NETT ITEMS: REAR REVERSE SENSOR Nett Total S\$: 10.00% Discount S\$:		220.00 7
				198.00
1. 2. 3. 4. 5.	1 5 5 5 1	SPECIAL NETT ITEMS: REAR BUMPER LIP SPOILER SEALANT REAR BUMPER FASTER REAR BUMPER EXTENSION FASTER REAR BUMPER EXTENSION GROMMET SCREW REAR SPARE TYRE PANEL TELOSANT SEALANT	10.00 10.00 10.00	12. 54.20 2. 50.00 × 3. 50.00 × 3. 50.00 × 4. 54.20 ×
		Special Nett Total S\$:		250.40
		LABOUR : TO REMOVE,CHECK & REPAIR/REPLACE EXHAUST SILENCER		~~ _{180.00} X
		LABOUR TO REPLACE THE SENSOR & CHECK WIRING FUNCTIONS		120.00
		TO APPLY RUST-PROOFING ON REPAIRED/ REPLACED PANELS		150.00 7
		TO TRANSFER BOOT LID PARTS & FITTING TO NEW BOOT LID		80.00 <i>5 %</i>

CONTINUE / ...

SINGAPORE ACCIDENT STATEMENT

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of

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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. 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.

The issue and acceptance of this Form by insurance companies is not an admission of policy πability on the part of the insurance companies.
 Any falsa reporting may be referred to the Police for investigation.
 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.
 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	30/09/2024 15:17 (SGT)
Reported by	Actual Driver
Date of Accident	30/09/2024 08:00 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TOWARDS CHANGI
Additional Location Information Ountry/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Toyota

Vehicle Registration Number		SGY4673S
t office i togica addition i tallibor	***************************************	30140/33

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SEAH JIE-WEI, SHAUN (XIE JIEWEI)
NRIC No	SXXXX442I
Email Address	shaun_seah@yahoo.com.sg
Mobile Phone No	(Phone) +65-90923102
Alternative Phone No.	4

VEHICLE PARTICULARS

11-----

Manufacturer	Toyota
Model	ALTIS
Variant	-
Exact purpose for which vehicle was being used at time of	
accident	-
Are you claiming under your own insurance policy for repair to	No - Claiming third party
your vehicle?	
Vehicle Category	Private hire
Transmission	Auto
cc	1600
Vehicle Fuel	-
First Regisration Date	-
Chassis no	-
Effective Date/Time of Ownership	•

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5148313192

DRIVER

THE STATE OF THE S

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 Oriver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or wilhholding 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 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, acknowledge, agree and consent that :

- (a) My insurer . my w orkshop 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' law yers/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;
- (i) 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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &

Time

Driver's Signature (If driver is not the policyholder) / Date

& Time

Witnessed by Reporting Centre Personnel

Sketch Plan

