卓亚水喷漆公司

TOH AH SWEE SPRAY PAINTING CO.

NO 60 JALAN LAM HUAT #07-33/34 CARROS CENTRE SINGAPORE 737869
TEL: 83660115 (WORKSHOP), 63660286 (OFFICE) FAX: 83685943
EMAIL: claims@tohahswee.com.sg
BUSINESS REG. NO: 099353001. GST REG. NO: 09-935300-L

CHINA TAIPING INSURANCE COMPANY LIMITED

3 ANSON READ #16-00 SPRINGLEAF TOWER SINGAPORE 079909 ATTN: MOTOR CLAIMS DEPT

ESTIMATE REPAIR BILL

YOUR REF	: GP36E
TYPE OF CLAIM	: THIRD PARTY CLAIMS
CLAIMANT	: KOK CHONG YONG
VEHICLE NO.	: SMF1139S
	LITA CEDATO

MAKE/ MODEL : 21/10/24 ACCIDENT DATE

	MATERI	AL COST	
1	1PC	REAR BUMPER / 00	\$ 985.00 753 /
2	1PC	REAR BUMPER LOWER GARISH /	\$ 426.25 278/
3	IPC	REAR BUMPER SIDE COVER 1	\$ 193.75
		LESS: DISCOUNT 20%	\$ 321.00
			\$ 1,284.00
1	S/NETT I	REAR BUMPER PARKING SENSOR SET	\$ 200.00
	LABOUR	CHARGE:	
1	TO SPRAY	PAINTING ON AFFECTED BODY PART (RED PEARL)	\$ 450.00 2 ov
2	TO REPLA	CE BODY PART, PANEL BEATING AND FITTING AND ALIGNMENT	\$ 400.00 200
3	TO CHECK	WIRING FOR PARKING SENSOR	\$ 150.00 30
			\$ 2,484.00
		ADD: GST 9%	\$ 223.56
		TOTAL:	\$ 2,707,56
		- Shirt Shir	 The state of the s

TOH AH SWEE SPRAY PAINTING CO. (TEL: 63660286) WEI SI

Steve (LKK)
11/11/24, 12.00ph

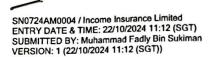
LKK Auto Consultants hence notify the Repairer of the following:

- · 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 correctly the details of the accident to speed up the claims process.

 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 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.

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

22/10/2024 11:12 (SGT)

Both Policyholder and Actual Driver

21/10/2024 14:31 (SGT)

Singapore

PIE TOWARDS TUAS

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMF1139S

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No

Email Address

Mobile Phone No

Alternative Phone No

No

KOK CHONG YONG

S2021443J

kcy1948@hotmail.com

(Phone) +65-90289066

No - Claiming third party

Kia

Cerato

Private use

Private car

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to your vehicle?

Vehicle Category

Transmission

CC

Vehicle Fuel

First Regisration Date

Chassis no

Effective Date/Time of Ownership

Auto 1600

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

Income Insurance Limited

5130582076-01

DRIVER





KOK CHONG YONG Name of Driver S2021443J **NRIC No** 16/01/1948 **Date Of Birth** Indoor Occupation 27/06/1966 **Driving Pass Date Driving License Pass Class Driving License Validity** Valid **58 YEARS AND 4 MONTHS** Driving experience Male Gender (Phone) +65-90289066 **Mobile Number** Alt, Phone Number **Email Address** kcy1948@hotmail.com **422 CHOA CHU KANG AVENUE 4** Address Address complement 14-242 Postcode 680422 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured 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 Collision - Head to Rear Weather Conditions Clear Road Surface Dry

OTHER INFORMATION

No
2
No
_
Yes
4
No
-
-
-
), <u>-</u>
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PASSENGER 1

Name NG KIM LOOI Gender **Female**

PASSENGER 2

Name **KOK PEI SHIH** Gender **Female**

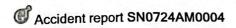
PASSENGER 3

Name **KOK MEI SHIH** Gender **Female**

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





 \mathring{S} DRIVING HOME ON PIE AND THERE WAS TRAFFIC AHEAD SO I SLOWED WAS WHEN VEHICLE GP36E COLLIDED TO MY REAR FEW SECONDS LATER.

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	GP36E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	=
Vehicle Category	Commercial vehicle
Name of Driver	UNKNOWN CHINESE MALE
Contact Number	(Phone) +65-90195651
Address	=
Address complement	_
Postcode	•
Insurance Company Name	
Nature Of Damage	-
Details of property damaged in accident	<u>.</u>
No. Of Passenger (Including Driver)	-



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 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 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 agencylauthority (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:

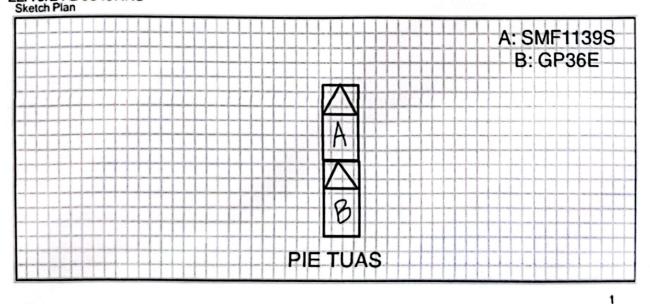
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of 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.

Policyholder's Salvature / Date & Time 22/10/24@0849HRS

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

MUHAMMAD FADLY SUKIMAN

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



Accident report SN0724AM0004

CS CamScanner



Vehicle Details

Vehicle No.

SMF1139S

Make / Model

KIA / CERATO 1.6(A) EX

Vehicle Type:

P10 - Passenger Motor Car

Vehicle Scheme:

Normal

Propellant:

Petrol

Motor No.:

_

Power Rating:

Maximum Laden Weight:

Year Of Manufacture:

Lifespan Expiry Date:

1680 kg

2018

Quota Premium:

\$30,209.00

Road Tax Expiry Date:

28 Oct 2025

Inspection Due Date:

28 Oct 2025

CO2 Emission:

152.00 (g/km)

Vehicle Attachment 1:

No Attachment

Chassis No.:

KNAF3416MK5019167

Engine No.:

G4FGJH710264

Engine Capacity:

1591 cc

Maximum Power Output:

93.8 kW (125 bhp)

Unladen Weight:

1287 kg

Original Registration Date:

29 Oct 2018

COE Category:

A - Car up to 1600cc & 97kW (130bhp)

COE Expiry Date:

28 Oct 2028

PARF Eligibility Expiry Date:

28 Oct 2028

Intended Transfer Date:

25 Oct 2024

CEV/VES Rebate Utilised Amount:

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