ASS. REC. BY: Tayphi - KEF: CS SMR 24060301 T2h3

<u>ASS</u>	IGNMENT.
From: Date:	Veh No: SM 584364 Yr Regn: 2020, 63
Estimated Cost:	Турв: MCg/ M.Cycle / Bus / Van / Lorry / Taxl / Prime Mover /
OD TPIWS I TP RES I OD RES I EVA I INVIMV	Truck / Traller or
To Inspect Vehicle No:	Make: Toyota Noah Hybrid c.c 1797
at Workshop m/s	Colour Mayoon A/G: Insured/Sta/Ni/NA
of	Sp.Reading 230007 T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	C/No: 2WR 800 411 . 526
Claims No.	Gen. Cond: Good / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake; Interest / Jammed / Leaked / Burnt or
Make of Veh;	Modl: NII /S/Rim / STD A/Rim or
	Tyre Size: F: 205 65815
(Policy Condition)	R: \\ \\
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
Q 1 1 1-1/	TOYO / YORD or
Bal. or Market Value:	Front Rear
IDAC Accident Rport Consistent? : Yes or No	R/Bal. p mm R/Bal. p mm
GIA / PR Seen: Consistent?: Yes or No	L/Bal. L/Bal. L/Bal. L/Bal.
Est Repairs: days Res.: Yes or No Lum Sum: % 3 Val.: Yes or No	D.O.A. D.O.I. (2) 124
	Survey held at Kok Wang
	Des. of Damages : Frt / Rear / O/S / N/S / U/G / Rooftop- or
Date: Person Contacted: Vehicle: IN / OUT	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	The ord of the state of the state of the collision.
Date/Time, File Pass to? : Prell. Report	ays Of Repair:
i) : Final Report	esurvey No. of Trip: Survey Fee:
Dale/Time, File Return to?	Transportation:
2) Add Fee:)S+RS,SI
Save & Same et :	: Interview (\$) Photos
Lump Sun / LE.E. C.	Tech. Invs (\$) Others
——————————————————————————————————————	: Meel:eucl (it
	TOTAL

Kok Wang Car Grooming 1 Soon Lee Street #06-40 Pioneer Centre Singapore 627605

Hp: 91839633 E-mail: vianong@ymail.com

ESTIMATE REPORT

Vehicle Number: SMS8436U

Make And Model: Toyota Noah Hybrid

Date of Accident: 21 June 2024

S/No	Parts	QTY	Unit Price		List Price
1	Front bumper	1		\$	848.30 de
2	Front bumper retainer RH	1		\$	132.20 de
3	Front bumper fog lamp cover RH	1		\$	137.70 ⊀
4	Front bumper sponge	1		\$	101.60 ⊀
5	Front bumper under cover RH	1		\$	165.80⊁
6	Front fender RH	1		\$	1,425.10 <i>b</i> E
7	Front fender bracket RH	.1		\$	60.50 ⊀
8	Front fender inner shield RH	1		\$	232.80×
9	Front fender 'HYBRID' emblem RH	1		\$	81.50 Nec/
10	Front rim RH LKK Auto Consultants hence notify	7 1		\$	2,327.00 ⊀
11	Wing mirror assy RH the Repairer of the following:	1		\$	1,632.40×
12	Wing mirror cover RH • To resurvey before/after spray painting	1		\$	131.90 <i>K</i>
13	Headlamp RH • To display damaged part(s) during resurvey • Parts prices are subject to confirmation	1		\$	4,609.9000
	 Third party survey is on a "Without Prejudice" basis 	j		\$	11,886.70
	No illegal modification(s) is allowed	1	Less 25%	\$	2,971.68
	 Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company 	1	Total	\$	8,915.03
	to ossifeet to man approved from managerice company		A OHILL	<u> </u>	0,713.03
	Special Nett Item Acknowledged by Repairer	1			
1	Front humner cline	1 set		\$	60.00 4 Ouls
2	Front fender inner shield clips RH	l set		\$	60.00 ×
		1 301		<u>Ψ</u>	00.00 X
			Total	\$	120.00
	Labour & Misc Charges				
	To dismantle, replace & panel beating affected portion.	,		\$	800.00 5 w
	To spray paint on affected portion.			\$	/800.00 脅の
	To check wiring.			\$	60.00 30
	To apply anti-rust on affected areas.			\$	ور 80.00
	To conduct computerized wheel alignment.			\$	150.00 ⊀
70	To perform system diagnostic & reset ECU system.			\$	300.00 ⊀
	11. 6246710		(ID. 4 - Y	_	2 100 00
	Tayligh (T19)+11	:	Total	\$	2,190.00
			Cuand Total		11 225 02
	W/ 12/7/24 elle.		Grand Total :		11,225.03
	Mu repair				
	US 105 W ~ 77				
	JL days				
	Taufill 97495749 We 12/7/24 e llan US Resmy affer repair 4 days taufill c/hhardolin				



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

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 aforesald.

ACCIDE	NT STATEMENT#
Date of First Submission Reported by Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss	24/06/2024 14:03 (SGT) Actual Driver 21/06/2024 17:00 (SGT) Choa Chu Kang Loop, Singapore - Singapore
DETAILS O	F.OWN VEHICLE™
Vehicle Registration Number	SMS8436U
INSURED/POLICYHOLDER	
Is company? Name Of Registered Owner Company Reg No Email Address Mobile Phone No Alternative Phone No	Yes GRAN TORINO PTE. LTD. 2XXXXX383C VIANONG@YMAIL.COM (Phone) +65-88556141
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 Fransmission	Toyota Noah HYBRID 1.8X CVT No - Claiming third party Private hire Auto
INSURANCE COMPANY	1797
lame of Insurance Company Policy Number / Cover Note Number	Allianz Insurance Singapore Pte. Ltd. SP2030218172
lame of Driver IRIC No Date Of Birth	CHIN MIN YEK SXXXX772F 05/09/1977

Indoor

Driving Pass Date	06/08/2002
Driving experience	21 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81138419
Alt. Phone Number	*
Email Address	CMINYEK@YAHOO.COM.SG
Address	BLK 406 CHOA CHU KANG AVE 3 #09-279
Address complement	*
Postcode	680406
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No ·
Vehicle Registration Number of Other Vehicle Owned by Driver	
and the property of the commence of the commen	·-
Insurance Company of Other Vehicle Owned by Driver	~
The second secon	100-8 (c) 1 (28 (c) 111 (4 (c) 0 (c) 8 NI (60) (c) 111 (c)
GENERAL INFORMATION OF THE ACCIDENT	
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Type of Accident	O. H. Charles Annual Land
Weather Conditions	Collision - Change/cross lane
	Clear
Road Surface	Dry
	man mention and accompany section of the contract of the contr
OTHER INFORMATION	
The state of the s	Paris or sink of Millianus Inger Substantion State Committee of the Artifact o
Was any foreign vehicle involved in the accident?	NÎ=
Number of vehicles involved in the accident	No
Was anybody injured in the Accident?	2
Was any injured conveyed to been to by embylance?	No
Was any injured conveyed to hospital by ambulance?	- Visco
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s)	No
soliciting/offering accident claims assistance? Translator's name	No
	-
Translator's ID	* · · · · · · · · · · · · · · · · · · ·
Translator's phone number	-
Translator's email	-
Original language used in the statement	·
	Bringing to a first or the second second second to the second second second second second second second second
DETAILS OF POLICE ACTION	
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Was the accident reported to the police?	No
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	INO
If yes, against whom?	•
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CIRCUMSTANCES OF ACCIDENT	
CIRCUMSTANCES OF ACCIDENT	Geograp, By My vig occini assi as had massimili massimili ministra a construir non con
ON 21/06/2024 5PM, I WAS AT CHOA CHU KANG LOOP. I WAS LIGHT, WHEN TRAFFIC LIGHT TURN GREEN, THE BUS AT R CAR.	S STATION AT THE TRAFFIC JUNCTION WAITING FOR GREEN IGHT SIDE CUT INTO MY LANE AND HIT ON THE FRONT OF MY
	The second secon
ATTACHMENT(S)	
	The second of th
Are accident photos available for attachment?	Yes
Are accident photos available for attachment?	
Was there any video captured by Car Camera?	Yes
DETAILS OF OTHE	R VEHICLE PROPERTY !
And the state of t	
A F. L. J. B. J. A. B. Aller Alleran	SMB1591P
Vehicle Registration Number	OMO 109 IE
Vehicle Manufacturer	-
Vehicle Model	•
Vehicle Variant	•
Vehicle Colour	*
Vehicle Category	Bus

Name of Driver	-
Contact Number	-
Address	-
Address complement	_
Postcode	-
nsurance Company Name	=
Nature Of Damage	-
Details of property damaged in accident	_
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.
- 3. Information provided must be as fruitful and accurate an possible. Any wilful micrepresentation or withholding of material facts may allow
- A. 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 Sugapore (GIA) for archiving and that copies of this report walter a lea 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)

I understand, acknowledge, agree and consent that:

(a) My insuser, 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 as 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' towyers/law firms, the Monetary Authority of Singapore and any referent government agency/sudhority (such as the police), for the purpose(s) of:

(i) processing, handling and/or dealing with my claims including the soldement of the claims and any necessary investigations relating to

- (ii) investigating the accident and/or my claims;
- (in) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (er) administering my claims fincluding the multing of correspondence, statements, invoices, reports or notices to me, which could streak disclosure of deriols personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail nackegas), and/or
- (v) complying with applicable law in administering, processing, handling addler dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers flow times, may lare 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 facturing their Isingers law furns), which may be saled outside of Singapore, for one or more of the above Purposes

16511

Policyhelder's Signature / Oalo & Time

Withdraso by Reporting Centre Personnel (Name as in NRICTIO CARD)

Sketch Plan

N - SMS 8436 W k - smb isaip

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