From:  Date: Estimated Cost  Typon: (CSpt IM. Cycle / Bus I Van / Lorry / Tau / Prime Mover / Truck / Trailer or  National Profession Professio	ASS. REC. BY: Tayph	ASSIGNMENT
Estimated Coct:  OD (F) WIS ITP RES I OD RES   EVA   INV   INV    To Inspect Vehicle No:  at Workshop m/s  Colour White AC: Insured   Std   NI   NA    Sp. Reading	From: Date:	Veh No: SNV163 G Yr Regn: 2015, 67
To Inspect Vehicle No: al Workshop m/s  od  make:  Colour White Arc: Insured / Std / Ni / NA  Sh. Reading H   2 2   T/Radio: Insured / Std / Ni / NA  Sh. Reading H   2 2   T/Radio: Insured / Std / Ni / NA  Eng/No:  Chairs No.  Sum insured:  Chairs No.  Sum insured:  (Chert's Record)  Make of Vet:  (Policy Condition)  Remark: The veh had commenced its repair at the time of inspection.  Sail or Market Value:  DAC Aradiant Root:  Consistent?: Yes or No  Est Repaire:  days Res:: Yes or No  Est Repaire:  days Res:: Yes or No  Lum Sum:  y 3 Val: Yes or No  Lum Sum:  Person Contacted:  Date:  Person Contacted:  The UiC / Chassis frame / Body Structure affected due to collision.  Down'me, File False for  Down'me, File False for  Add Fee:  Site insp (\$	Estimated Cost:	
To Inspect Vehicle No: al Workshop m/s  od  make:  Colour White Arc: Insured / Std / Ni / NA  Sh. Reading H   2 2   T/Radio: Insured / Std / Ni / NA  Sh. Reading H   2 2   T/Radio: Insured / Std / Ni / NA  Eng/No:  Chairs No.  Sum insured:  Chairs No.  Sum insured:  (Chert's Record)  Make of Vet:  (Policy Condition)  Remark: The veh had commenced its repair at the time of inspection.  Sail or Market Value:  DAC Aradiant Root:  Consistent?: Yes or No  Est Repaire:  days Res:: Yes or No  Est Repaire:  days Res:: Yes or No  Lum Sum:  y 3 Val: Yes or No  Lum Sum:  Person Contacted:  Date:  Person Contacted:  The UiC / Chassis frame / Body Structure affected due to collision.  Down'me, File False for  Down'me, File False for  Add Fee:  Site insp (\$	OD TTPI WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
Sh. Reading		Make: Porsure 911 c.c 3800
Insured: Policy No. Claims No. Sum Insured: Excess: (Check's Record) Make of Veh:  (Policy Condition) Remark: The veh had commenced its repair at the time of inspection.  Sat or Market Value:  (DAC Azadient Roort Consistent?: Yes or No.  Est Repaire: Gays Res.: Yes or No.  Lum Sum:  Action / Instruction  Date:  Person Contacted:  Description, File Pass to?  Description, File Rebern to?  Profile Report  Description, File Rebern to?  Add Fee: Site Insp\()  Survey Fee:  Transportation:  Days Of Repair:  Transportation:  Profile Rebern to?  Add Fee: Site Insp\()  Survey Fee: Transportation:  Add Fee: Site Insp\()  Instruction  Protos  Protos  Protos  Survey Fee: Transportation:  Add Fee: Site Insp\()  Instruction  Protos  P	at Workshop m/s	Colour White AC: Insured / Std / NI / NA
Citains No.	of	Sp.Reading 41021 T/Radio: Insured / Std / NI / NA
Citains No.	Insured:	Eng/No:
Claims No.  Sum insured: Excess:	· · · · · · · · · · · · · · · · · · ·	
Chent's Record)   Make of Veh:   Brake: Ind@r/ Jammed / Leaked / Burnt or     Modi: NII / StD A/Rim or     Tyre Size: F: 2 4 5 3 5 1 2 0     Remark: The veh had commenced its repair at the time of inspection.     Ball or Market Value:   TOYO / YOKO or     TOYO / YOKO or     Bear   R/Ball		
Chents Record   Make of Veh:   Brake: Ind   Indian   In	Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
Tyre Size: F: 245 35 K20  Remark: The veh had commenced its repair at the time of inspection.  Ball or Market Value:  IDAC Accident Rport  Consistent?: Yes or No  GIA / PR Seent  Consistent?: Yes or No  Est. Repairs:  days  Res.: Yes or No  Lizes	(Client's Record)	
Remark: The veh had commenced its repair at the time of inspection.   Remark: The veh had commenced its repair at the time of inspection.   Repair at the time of inspection	Make of Veh:	Modi: NII / S. Riph / STD A/Rim or
Remark: The veh had commenced its repair at the time of inspection.  Ball or Market Value:  IDAC Accident Root:  GIA / PR Seer:  Consistent?: Yes or No  Est Repairs:  days Res.: Yes or No  Lum Sum:  Accon / Instruction  Date:  Descriting, File Pass to7  Descriting, File Return to?  Add Fee:  Site Insp (\$		Tyre Size: F: 245   35 R20
repair at the time of inspection.  Bat. or Market Value:  IDAC Accident Roort  Consistent? : Yes or No  GIA / PR Seer:  Consistent? : Yes or No  Est Repairs:  days Res.: Yes or No  Lum Sum:  A 3 Val: Yes or No  Date:  Person Contacted:  Vehicle: IN / OUT  Date:	(Policy Condition)	R: 2 ^
Bal or Market Value:  IDAC Accident Roort  Consistent?: Yes or No  GIA / PR Seer:  Consistent?: Yes or No  Est Repairs:  days Res.: Yes or No  Lum Sum:  % 3 Val.: Yes or No  CA / REV / REP. / 24 HRS  Vehicle: IN/OUT  Date:  Person Contacted:  Person Contacted:  Date / Time Accion / Instruction  Date / Time Acci	Remark: The veh had commenced its	N/S O/S BS / DUN / EXNOVA / GY /-FS / LIZA MIG / OHTSU / PIR / SUMI!
Ball or Market Value:  IDAC Accident Rport  Consistent?: Yes or No  GA / PR Seert  Consistent?: Yes or No  Est Repairs:  days Res.: Yes or No  Lum Sum:  A 3 Val.: Yes or No  CA / REV / REP. / 24 HRS  Vehicle: IN/OUT  Date:  Person Contacted:  Vehicle: IN/OUT  Date:  Person Contacted:  Dete / Time Action / Instruction  Date / Time Action / Instruction  Add Fee:  Survey No. of Trip:  Transportation:  Transportation:  2)  Add Fee:  Site Insp (\$ ) Photes	repair at the time of inspection.	11
GIA / PR Seent Consistent? : Yes or No  Est Repairs: days Res.: Yes or No  Lum Sum: % 3 Val.: Yes or No  CA / REV / REP. / 24 HRS  Vehicle: IN / OUT  Date: Person Contacted: Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or  Date / Time Action / Instruction  Date / Time Action / Instruction  Date / Time Reburn to?  Date/Time, File Pass to? : Final Report Resurvey No. of Trip: Survey Fee: Transportation:  Date/Time, File Reburn to?  Add Fee: Site Insp (\$ Process of Pass Site Insp (\$ Process Site Ins	Sal. or Market Value:	Front
Est Repairs: days Res.: Yes or No Lum Sumt % 3 Val.: Yes or No CA I REV I REP. I 24 HRS  Vehicle: IN / OUT Date: Person Contacted:  Date: Time Action / Instruction  Date: Time Action / Instruction  Date: Prell. Report  Date: Final Report  Date: Survey No. of Trip: Survey Fee: Transportation:  1 Date/Time, File Return to?  Add Fee: Site Insp (\$ ) S+RS_SI Interview (\$ ) Photoe	IDAC Accident Roort Consistent? : Yes or N	lo R/Bal, 6 mm R/Bal. 6 mm
Lum Sum:    Survey held at   Survey Kave   Top Person Contacted:   Des. of Damages : Frt   Rear   O/S   N/S   U/C   Rooftop or	GIA / PR Seen Consistent? : Yes or N	
Date: Person Contacted: Vehicle: IN / OUT  Date: Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision.  Date/Time Action / Instruction  Date/Time, File Pass to? Prell. Report  Days Of Repair:    Date/Time, File Return to?   Survey Fee: Transportation:		
Date: Person Contacted: Vehicle: IN / OUT  Date: Time Action / Instruction  Date: Time Body Structure affected due to collision  Date: Time Action / Instruction  Date: Time Action / Instruction  Date: Time Body Structure affected due to collision  The U/C / Chassis frame / Body Structure affected due to collision  Date: Time Action / Instruction  Date: Time Body Structure affected due to collision  The U/C / Chassis frame / Body Structure affected due to collision  Date: Time Body Structure affected due to colli	Lum Sum: % 3 Val.: Yes or	7)
Date: Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision  Date / Time   Action / Instruction    Cate / Time   Action / Instruction		
Date/Time, File Pass to?    Prell. Report   Days Of Repair:		
Date/Time, File Pass to?    Prell. Report   Days Of Repair:		The O/O / Chassis maine / Body Structure allocations at Comment
Dale/Time, File Pass 107  Prell. Report  Days Of Repair:  1)  Survey Fee:  Transportation:  2)  Add Fea:  Interview (\$ Photos	Sacrification (Control of Control	
Date/Time, File Pass to?    Prell. Report   Days Of Repair:   Survey Fee:   Transportation:   Transportation:   Says Of Repair:   Survey Fee:   Transportation:   Says Of Repair:   Survey Fee:   Transportation:   Says Of Repair:   Survey Fee:   Survey Fee:   Survey Fee:   Survey Fee:   Says Of Repair:   Survey Fee:   Survey Fee:   Survey Fee:   Survey Fee:   Survey Fee:   Says Of Repair:   Survey Fee:   Surv		
1) Resurvey No. of Trip: Survey Fee:    Data/Time, File Return to?   Survey Fee:	1	
1) Resurvey No. of Trip: Survey Fee:    Data/Time, File Return to?   Survey Fee:		
1) Resurvey No. of Trip: Survey Fee:    Data/Time, File Return to?   Survey Fee:		
1) Resurvey No. of Trip: Survey Fee:    Data/Time, File Return to?   Survey Fee:	A F	
1)   Survey Fee:		The Second Control of the Control of
1) Resurvey No. of Trip: Survey Fee:    Data/Time, File Return to?   Survey Fee:	Dale/Time, File Pass 107 : Prell. Report	Days Of Repair:
Data/Time, File Return to?  Add Fee: Site Insp (\$ ) _s+Rs_si  Interview (\$ ) Photos	Fluid Bound	
: Interview (\$ Photos		
	2)	Add Fee: Site Insp (\$ )_s+Rs_si
Per Formed:		: Interview (\$ ) Photos
	Day Formet	: Tech. Invs (\$ ) others



## QUOTATION

CODE:

C0011

CUSTOMER:

CHINA TAIPING INSURANCE (SINGAPO

ADDRESS:

3 ANSON ROAD

#16-00 SPRINGLEAF TOWER

SINGAPORE 079909

ATTN: MOTOR CLAIM DEPT

CONTACT NO.: 2222366

MODEL: CHASSIS NO .:

ENGINE NO .: REG NO .:

REGN DATE:

911 Turbo S Coupe WP0ZZZ99ZFS161645

SF05533 **SNV163G** 

DESCRIPTION: Body & Upholstery

PAGE NO .:

DOCUMENT NO .: DOCUMENT DATE: 812 23/12/2024

POS ID:ES

PRINTED BY: SERVICE ADV:

MILEAGE:

CSP/OP CODE: DEPT:

Eric Paul W

32506

Eric Paul

WIP NO .: REF. NO .: DATE IN: EXT. WTY:

0

Item	Description	Qty.	Unit Price	Stk/Status	Gross amount	David Co.
NOTES	TD OLLUW		SGD		SGD	
INS-PB-(L)	TP CLAIM - CHINA TAIPING TO REMOVE /REPLACE REAR BUMPER, REINFORCEMENT & ALL ACCIDENT DAMAGED BODY PARTS. TO REPAIR REAR	1720 0.00 5,160.00	0.00 1.00	3440	0.00 5,160.00	o s
INS-PAINT-(L)	END PANEL & ALL AREAS AFFECTED BY THE ACCIDENT. TO RESPRAY REAR BUMPER, REAR BUMPER LOWER SPOILER, REAR END PANEL.?	4,200.00	1.00	2800	4,200.00	s
INS-PB-(L) INS-PB-(L) INS-PB-(L) INS-PB-(L)	TO CARRY-OUT BODY CAVITY PRESERVATION. TO REMOVE & REPLACE THE REAR EXHAUST ASSY. TO TRANSFER THE REAR BUMPER SENSORS. TO CHECK ELECTRICAL SYSTEM FOR PROPER FUNCTIONING.	250.00 1,720.00 500.00 250.00	1.00 1.00 1.00 1.00	25 . fail	250.00 1,720.00 500.00 250.00	s s s
INS-PB-(L) INS-PB-(L)	TO REPROGRAMME AFTER THE ACCIDENT REPAIR WORKS. TO TOW THE VEHICLE FROM THE ACCIDENT SITE TO THE WORKSHOP.	600.00 300.00	1.00 1.00	inovia e	600.00	s s
991-505-651-01-1E(	SUNDRIES. REAR BUMPER XTOWING COVER XREAR BUMPER LOWER SPOILER D EXHAUST TRIM LH D EXHAUST TRIM RH	50.00 1.00 1.00 1.00 1.00 1.00	1.00 2,722.90 30.90 1,618.10 449.00 449.00	de	25.50.00 2,722.90 30.90 1,618.10 449.00 449.00	888888

Taufkn 97495749/6256356/ ivpr 26/12/24 & 215 pm plp Resurvey before paint. 5-6days farfilm & Ikhantown.

# 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:

He:

Eurokars Aftersales Centre 27A Tanjong Penjuru, Level 5 Singapore 609042

Tel: (65) 6331 0680 Fax: (65) 6331 0690

Website: www.eurokarsservices.com.sg

<sup>\*</sup>This is only an estimate from our visual inspection and should there be more damages found during the process of works you will then be informed for your approval before proceeding with the repairs.

<sup>\*</sup>Take note that should you decide not to proceed with the repairs "a service quotation fee" with a minimum of \$180.00 will be applied and it will varies depending on the time unit that was taken for the checking and diagnosis of your vehicle.

<sup>\*</sup>This estimate is valid for a period of thirty (30) days only.

<sup>\*</sup>Prices are subject to change without prior notice



## QUOTATION

CODE: CUSTOMER: C0011

CHINA TAIPING INSURANCE (SINGAPO

ADDRESS:

3 ANSON ROAD

#16-00 SPRINGLEAF TOWER

SINGAPORE 079909

ATTN: MOTOR CLAIM DEPT

CONTACT NO.: 2222366

MODEL: CHASSIS NO .: 911 Turbo S Coupe

ENGINE NO .: REG NO .:

SF05533

**REGN DATE:** 

WP0ZZZ99ZFS161645

SNV163G

PAGE NO .:

DOCUMENT NO .:

DOCUMENT DATE:

POS ID: PRINTED BY: SERVICE ADV:

CSP/OP CODE: DEPT: WIP NO .:

REF. NO .: DATE IN: EXT. WTY:

MILEAGE:

0

2

812

FS

W

32506

23/12/2024

Eric Paul

Eric Paul

DESCRIPTION: Body & Upholstery

Item	Description	Qty.	Unit Price Stk/Sta	tus Gross amount	
)	* · · · · · · · · · · · · · · · · · · ·		SGD	SGD	
991-505-666-00-1	0 GRILLE FRAME RH	1.00	303.40	M/5/303.40	
991-505-864-00-1	0 DISC FOR FRAME GRILLE RH	1.00	173.00	Mis- 173.00	
991-505-837-00-	RETAINING STRIP LOWER	1.00	78.10	7 78.10	S
991-505-836-02-	TAIL LIGHT BRACKET RH	1.00	382.60	<b>~7</b> 382.60	S
	2XBUMPER SENSOR	2.00	319.80	7' 639.60	S
	9 SENSOR GASKET	4.00	3.90	nei - 15.60	s s
991-505-636-00-	BUMPER RETAINER RH	1.00	261.90	? 261.90	
PAF-008-543	BUMPER CLIPS	8.00	2.80	rec - 22.40	S
999-190-191-30-	BLIND RIVET	8.00	8.10	nei / 64.80	S
991-505-480-01-	HEAT SHIELD RH	1.00	485.40	7 485.40	
991-505-481-00-	HEAT SHIELD LOWER RH	1.00	303.60	7 303.60	S
991-505-471-00-	HEATSHIELD CENTER UPPER	1.00	379.80	7 379 80	
991-505-141-02-	BUMPER REINFORCEMENT	1.00	1,495.40	7 1,495.40	S
991-559-235-00-	LOGO PORSCHE CHROMED	1.00	266.40	nei - 266.40	
991-559-231-02-	LOGO "911" SMALL	1.00	181.30	WU-181.30	
991-559-247-00-	LOGO "TURBO"	1.00	533.80	wg - 533.80	š
991-559-243-01-	LOGO S CHROMED	1.00	132.80	NOI -132.80	s
991-631-144-16-	TAIL LIGHT RH	1.00	1,900.50	cus_1,900.50	s
991-631-496-02-	REFELCTOR RH	1.00	103.00	Mi 5 103.00	
991-111-762-62-	TAIL PIPE RH	1.00	3,687.40	? 3,687.40	

Tel:

Fax:

<sup>\*</sup>This is only an estimate from our visual inspection and should there be more damages found during the process of works you will then be informed for your approval before proceeding with the repairs.

<sup>\*</sup>Take note that should you decide not to proceed with the repairs "a service quotation fee" with a minimum of \$180.00 will be applied and it will varies depending on the time unit that was taken for the checking and diagnosis of your vehicle.

<sup>\*</sup>This estimate is valid for a period of thirty (30) days only.

<sup>\*</sup>Prices are subject to change without prior notice.



## QUOTATION

CODE:

C0011

CUSTOMER:

CHINA TAIPING INSURANCE (SINGAPO

ADDRESS:

3 ANSON ROAD #16-00 SPRINGLEAF TOWER

SINGAPORE 079909

ATTN: MOTOR CLAIM DEPT

CONTACT NO.:

2222366

MODEL: CHASSIS NO .:

911 Turbo S Coupe WP0ZZZ99ZFS161645

ENGINE NO.: REG NO .:

SF05533

**REGN DATE:** 

**SNV163G** 

PAGE NO .: DOCUMENT NO .:

3 812

DOCUMENT DATE:

23/12/2024

POS ID:

PRINTED BY:

ES Eric Paul

SERVICE ADV:

CSP/OP CODE:

Eric Paul

DEPT:

WIP NO .:

W 32506

REF. NO .:

DATE IN: EXT. WTY:

MILEAGE:

0

DESCRIPTION: Body & Upholstery

Item	Description	Qty.	Unit Price Stk/Status	Gross amount	
			SGD	SGD	
991-111-712-71-	EXHAUST MANIFOLD RH	1.00	1,803.70	7 1,803.70	S
997-111-107-31-	GASKET FOR EXHAUST MANIFOLD RH	1.00	59.30	_ 7 59.30	S
997-113-010-AX-	CATALYTIC CONVERTER	1.00	8,452.60	7,8,452.60	S
9A1-606-188-01-	Oxygen sensor	1.00	575.70	575.70	S
991-111-731-71-	EXHAUST SILENCER	1.00	3,339.50	3,339.50	S
997-111-230-81-	CLAMP	2.00	111.10	222.20	S
991-111-371-70-	RESTRAINING STRAP	2.00	181.60	2 363.20	S
991-111-473-01-	SUPPORT BRACKET FOR EXHAUST	1.00	284.50	284.50	S
997-111-240-30-	Clip	2.00	84.30	.?168.60	S
997-111-215-70-	SILENCER GASKET	2.00	44.10	88.20	S
991-504-306-02-	REAR FENDER UNDERSHIELD RH BIG	1.00	565.00	565.00	S
991-504-510-05-	REAR FENDER UNDERSHILED RH SMALL	1.00	518.40	518.40	S

	*	GST Code	Rate	Service/Goods	GST
Parts	33,121.60	0	-		-
Surcharge	0.00	S	9.00%	46,151.60	4,153.64
Labour	13,030.00	-			
Menus	0.00				

		Before GST	GST	Total
Gross	*	46,151.60	4,153.64	50,305.24
Less: Deposit	**	0.00	0.00	0.00
Amount Due		46,151.60	4,153.64	50,305.24

<sup>\*</sup>This is only an estimate from our visual inspection and should there be more damages found during the process of works you will then be informed for your approval before proceeding with the repairs.

\*\* Deposit tax invoice No.:

**Eurokars Services Pte Ltd** 

Customer signature Authorised signature Date:

Co. Regn. No. 198602110Z GST Regn. No. M90364005A Eurokars Aftersales Centre 27A Tanjong Penjuru, Level 5 Singapore 609042

Tel: (65) 6331 0680 (65) 6331 0690

Website: www.eurokarsservices.com.sg

Page 2 of 2

<sup>\*</sup>Take note that should you decide not to proceed with the repairs "a service quotation fee" with a minimum of \$180.00 will be applied and it will varies depending on the time unit that was taken for the checking and diagnosis of your vehicle.

<sup>\*</sup>This estimate is valid for a period of thirty (30) days only.

<sup>\*</sup>Prices are subject to change without prior notice.

# 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

Vehicle Registration Number

- 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.

- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy making of the part of the making of the formation of Singapore (GIA) for archiving and that copies of 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 21/12/2024 12:07 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident ... 20/12/2024 22:05 (SGT) Exact Location of Accident Singapore Additional Location Information **BEACH ROAD** Country/State of Loss Singapore

### ☑ DETAILS OF OWN VEHICLES

SNV163G

이렇게 하시는 걸 다 사자 그는 그에서는 살 경험 만든데 하나? INSURED/POLICYHOLDER Is company? ..... Name Of Registered Owner MELVIN CHNG CHOON HIN NRIC No. SXXXXX139A Email Address MELVINCHNG@YAHOO.COM.SG Mobile Phone No (Phone) +65-81983393 Alternative Phone No

#### VEHICLE PARTICULARS

Manufacturer 911 TURBO S COUPE (991) PDK E5 S/R 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? No - Claiming third party Vehicle Category Private car Transmission Auto CC 3800 Vehicle Fuel Petrol First Regisration Date 24/07/2015 Chassis no WP0ZZZ99ZFS161645 Effective Date/Time of Ownership 24/07/2015 09:07 (SGT)

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Policy Number / Cover Note Number

DRIVER



Name of Driver	MELVIN CHNG CHOON HIN
NRIC No	SXXXX139A
Date Of Birth	08/02/1974
Occupation	Indoor
Driving Pass Date	12/11/1993
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	31 YEARS AND 1 MONTH
Gender Mobile Number	Male
Alt. Phone Number	(Phone) +65-81983393
Email Address	MELVINOUNG OVALIOO COM CC
Address	MELVINCHNG@YAHOO.COM.SG BLK 127 BRANKSOME ROAD - SINGAPORE 439643
Address complement	BLK 127 BRANKSOWIE ROAD - SINGAFORE 453040
Postcode	• 
Is the driver the policyholder?	- Yes
If No, Relationship of the Driver with the Insured	163
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	110
CONTROL OF CONTROL ENGINEERING AND	<b>→</b>
Insurance Company of Other Vehicle Owned by Driver	₩
GENERAL INFORMATION OF THE ACCIDENT	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
Type of Accident	2 We 2 Well 2 2
Weather Conditions	Collision - Head to Rear
Road Surface	Clear
Mode ourides and the second se	Dry
S in error was	er ee e e e e e e e e e
OTHER INFORMATION	
	no medicale policina de la compania
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	Ť
Has the driver been approached by unknown person(s)	'ev
soliciting/offering accident claims assistance?	No
Translator's name Translator's ID	•
Translator's phone number	
Translator's email	
Original language used in the statement	-
Original language used in the statement	-
	the control of the co
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	
SALES OF MOSIDER!	
DEEED TO ATTICUISME	
REFER TO ATTACHMENT	
ATTACHMENT(S)	
Are accident photos available for attachment?	Voc
Was there any video captured by Car Camera?	Yes
any ties supraise by Call Callicia!	Yes
DETAILS OF OTHER	VEHICLE PROPERTY 1

Vehicle Registration NumberSNQ2264LVehicle ManufacturerBMW

Vehicle Model	-
Vehicle Variant	
Vehicle Colour	=
Vehicle Category	Private car
Name of Driver	-
Contact Number	=
Address	-
Address complement	_
Postcode	ě
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	Æ
No. Of Passenger (Including Driver)	

#### SKETCH PLAN

#### IMPORTANT NOTICE

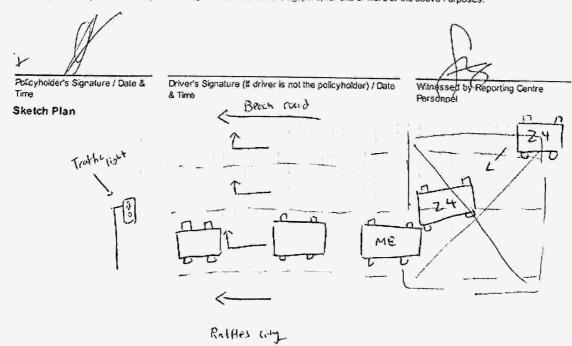
- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts 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 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 ledgement 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 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;
- (a) 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' law yers haw 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.



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## Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &

Driver's Signature (# driver is not the policyholder) / Dato & Timo

Witnessed by Reporting Centre Personnel