

ASS. REC. BY:

REF:

GA21 CS/GAI24070069/Kvp3

C

## ASSIGNMENT

From:

Date:

Estimated Cost:

OD/TP/WS/TP RES/OD RES/EVA/INV/IMV

To Inspect Vehicle No:

at Workshop m/s

of

Insured: SMX 1139Y

Policy No.

Claims No. CLMOMVP000001562

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its  
repair at the time of inspection.

Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

days

Res.: Yes or No

Lum Sum:

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Colour:

Sp. Reading

Eng/No:

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
TOYO / YOKO or

Front

R/Bal.

L/Bal.

D.O.A.

Rear

R/Bal.

L/Bal.

D.O.A.

Survey held at

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

10/7/21 Rm @ 5400 5600. Cash (red 6181.44, 52%)

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 4

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS. \$

Fees

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Report Format :

Lump Sum / I.B.I: (\$

### **Enquire PARF/COE Rebate for Registered Vehicle**

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 29 Jun 2024

1998 CC



Land Transport Authority  
10 Sin Ming Drive  
Singapore 575701  
GST Registration No. : M4-0006529-2

Print Date/Time : 02 Jul 2024 / 16:46:44

Receipt Date/Time : 02 Jul 2024 / 16:46:29

**Tax Invoice/Receipt**

Receipt No. : ITNET-00000-240702-003449

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
	Result of Insurance Enquiry - SMX1139Y As at 29 Jun 2024/09:30:00 Insurance Co: GREAT AMERICAN INSURANCE COMPANY			
1	Insurance Enquiry - SMX1139Y			
	Enquiry Fee	25.00	2.25	27.25
	20240702164458256792			
	<b>Sub-Total</b>	25.00	2.25	27.25
	<b>Total Before Rounding</b>	25.00	2.25	27.25
	<b>Rounding Difference</b>			0.00
	<b>Total Amount Payable</b>			27.25
	<b>Paid By</b>			
	409636XXXXXX1335		eNETS Credit Card	27.25
	<b>Total</b>			27.25
	<b>Cash Change</b>			0.00
	<b>Tendered Amount</b>			27.25
	<b>Excess Refundable Amount</b>			0.00

TP Search for SMW5469Z

ACC-84-0046

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.

It pays to choose

**Budget  
Direct  
insurance**

## Certificate of Insurance

Comprehensive Car Policy  
Policy Number: P10651106R02

Motor Vehicles (Third-Party Risks And Compensation) Act 1960 of Singapore, Motor Vehicles (Third-Party Risks And Compensation) Rules of Singapore, Road Transport Act 1987 of Malaysia, Road Transport (Amendment) Act 2019 of Malaysia, Motor Vehicles (Third-Party Risks) Rules, 1959 of Malaysia, or any Amendment, Act or Acts passed in substitution thereof.

**Certificate Number P10651106R02 (Comprehensive / Named Driver Plan)**

- |  |   |                     |
|--|---|---------------------|
| 1) Vehicle Registration Number   | : | SMW5469Z            |
| Chassis Number   | : | -                   |
| 2) Effective Date / Time of Commencement of Insurance for the Purpose of the Act | : | 01/12/2023 (00:00)  |
| 3) Date / Time of Expiry of Insurance  | : | 30/11/2024 (23:59)  |
| 4) Excess (i) Policy   | : | S\$ 600.00          |
| (ii) Windscreen  | : | S\$ 100.00          |
| 5) Policyholder  | : | Audrey Chye Yen Yen |

**6) Persons or Classes of Persons Entitled to Drive\***

Drivers named as a Main / Named Driver in this Certificate of Insurance only.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by any reason of any enactment or regulation in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act 1961 of Singapore and its registration under the said Road Traffic Act has not been cancelled at the time of accident or loss. Please refer to the Product Disclosure Document for full terms and conditions.

Main Driver / Date of Birth : Audrey Chye Yen Yen(20/10/1976)

Named Driver(s) / Date of Birth : Yip Seng Yiam (04/10/1976)

**7) Limitation as to use\***

Use only for social, domestic and pleasure purposes and for the business purposes of the drivers listed above. The Policy does not cover use for hire or reward, tuition or driving tests, racing, pace-making, reliability trials, speed-testing or the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act 1960 of Singapore and Section 95 of the Road Transport Act 1987 of Malaysia, are not to be included under these headings.

- |                    |   |              |
|--------------------|---|--------------|
| 8) Finance Company | : | DBS Bank Ltd |
|--------------------|---|--------------|

I / We hereby certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act 1960 of Singapore and Part IV of the Road Transport Act 1987 of Malaysia or any Amendment, Act or Acts passed in substitution thereof.

Issued in Singapore on  
16/11/2023


**Auto & General Insurance (Singapore) Pte. Limited**  
Trading as Budget Direct Insurance



**Simon Birch**  
Chief Executive Officer

Owner 1/c

**REPUBLIC OF SINGAPORE**  
IDENTITY CARD NO. S7633269Z





Name  
**AUDREY CHYE YEN YEN**  
(AUDREY CAI EN'EN)  
**蔡恩恩**

Race  
**CHINESE**

Date of Birth  
**20-10-1976**

Sex  
**F**

Country of Birth  
**SINGAPORE**



3028612



NRIC No. S7633269Z



Blood Group  
**A+**

Date of Issue  
**05-06-1998**

21 PUNGGOL FIELD WALK #05-13  
SINGAPORE 828749

NRIC No. S7633269Z

Date: 19/03/2016



Draw 1/c 8 p/L

REPUBLIC OF SINGAPORE DRIVING LICENCE


License Number: **S7631419E**

Name: **YIP SENG YIAM (YE CHENGYIN)**

Birth Date: **04 Oct 1976**

Issue Date: **12 Mar 2018**

002782026F



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S7631419E**




Name: **YIP SENG YIAM (YE CHENGYIN)**  
**叶成荫**

Race: **CHINESE**

Date of birth: **04-10-1976**

Sex: **M**

Country/Place of birth: **SINGAPORE**



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3A Motor cars without clutch pedals (Auto) with unladen weight  $\leq 3000\text{kg}$  with  $\leq 7$  passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight  $\leq 2500\text{kg}$

EFFECTIVE DATE: **12 Mar 2018**

NP 428A

Licence No: **S7631419E**

6618060

NRIC No. **S7631419E**

Date of issue: **15-03-2021**

Address: **21 PUNGGOL FIELD WALK  
#05-13  
SINGAPORE 828749**



## 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 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. 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	01/07/2024 19:22 (SGT)
Reported by	Actual Driver
Date of Accident	29/06/2024 09:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CARPARK AT CHANGI HOSPITAL
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMW5469Z
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	AUDREY CHYE YEN YEN
NRIC No	S7633269Z
Email Address	rainedrey@gmail.com
Mobile Phone No	(Phone) +65-97634342
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Mazda
Model	MAZDA6 SEDAN 2.0 AT STANDARD 2WD
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1998

#### INSURANCE COMPANY

Name of Insurance Company	Auto & General Insurance (Singapore) Pte. Limited.
Policy Number / Cover Note Number	P10651106R02

#### DRIVER

Name of Driver	YIP SENG YIAM
NRIC No	S7631419E
Date Of Birth	04/10/1976
Occupation	Indoor

Driving Pass Date	12/03/2018
Driving experience	6 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97634342
Alt. Phone Number	-
Email Address	rainedrey@gmail.com
Address	21 PUNGGOL FIELD WALK
Address complement	#05-13
Postcode	828749
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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 - Major/Minor Rd
Weather Conditions	Clear
Road Surface	Dry

#### OTHER INFORMATION

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)	3
Has the driver been approached by unknown person(s) 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	-

#### PASSENGER 1

Name	UNKNOWN
Gender	Female

#### PASSENGER 2

Name	UNKNOWN
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

#### REFER TO SKETCH PLAN

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	ACCIDENT VIDEO WITH OWNER WORKSHOP

#### DETAILS OF OTHER VEHICLE PROPERTY 1



Vehicle Registration Number	SMX1139Y
Vehicle Manufacturer	Mercedes
Vehicle Model	E200
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	SHIRLEY MOK SHUIT LAI
NRIC No	S7514493H
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

**SKETCH PLAN**

Insurer: Budget Direct

Vehicle: SMW 5469Z

**IMPORTANT NOTICE**

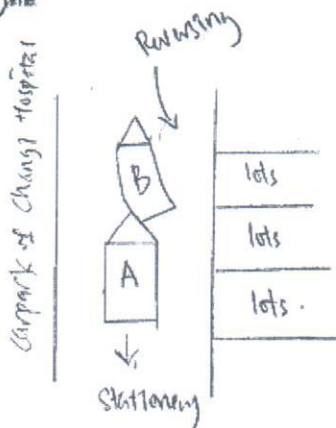
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts 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 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 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.

Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel 1/7/24



Veh A: SMW 5469Z

Veh B: SMX 1139Y

**Describe Circumstance of the Accident**

On 29/6/2024 at around 9.30am, I was at carpark of Changi Hospital stationery when the vehicle in front of me, SMX139Y reversed & hit my front & front right of my car. After the accident, we got down from our cars & Mr. Chong kept an apology to us & to my mum also. We took photos but did not managed to get contact number.

**Declaration**

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

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

1/7/24



**CARWORKZ SG PTE LTD**

10 SIN MING IND EST SECTOR C, #01-06, SINGAPORE 575645  
H/p: 81184734 (Soon Ng) / 98766876 (Anna Chua)  
Co. Reg. No: 202039874Z GST No: 202039874Z  
Email: carworkzws@gmail.com

**ESTIMATED REPAIR COST DETAILS****ACC-24-0046**

**To:** GREAT AMERICAN INSURANCE COMPANY  
3 TEMASEK AVENUE SINGAPORE  
SINGAPORE 039190

**Date:** 03/07/2024**Vehicle No.:** SMW-5469-Z**Make:** MAZDA**Model:** 6 SEDAN 2.0 AT  
STANDARD 2WD**Attention:** Motor Claim Department

*NOT Authorized  
Repair After Paint  
11 Sep @ 5600/-*

QTY	DESCRIPTION	REPAIR AMOUNT	SURVEYOR APP.
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**List Item**

1	BONNET	<i>R</i> \$1,228.90	<i>X</i>
1	HEADLAMP RH	<i>CM</i> \$3,674.90	<i>✓</i>
1	HEADLAMP LOWER BRACKET RH	<i>CM</i> \$48.00	<i>✓</i>
1	FRONT BUMPER <i>1211-90</i>	<i>Bu</i> \$1,477.80	<i>✓</i>
10	FRONT BUMPER CLIPS	<i>CM</i> \$100.00	<i>5012</i>
1	FRONT BUMPER RETAINER RH	<i>D11</i> \$21.80	<i>✓</i>
1	FRONT BUMPER RETAINER LH	<i>SM</i> \$21.80	<i>X</i>
1	FRONT BUMPER REINFORCEMENT	<i>R</i> \$563.30	<i>✓</i>
1	FRONT BUMPER INNER SPONGE	<i>CM</i> \$73.00	<i>✓</i>
1	FRONT BUMPER TOP GARNISH RH	<i>R</i> \$521.00	<i>X</i>
1	FRONT GRILLE	<i>CM</i> \$712.10	<i>✓</i>
1	FRONT GRILL LOGO	-	
1	FRONT GRILLE CHROME RH <i>251-40</i>	<i>CM</i> \$363.80	<i>✓</i>
1	FR4ONT FENDER RH	<i>R</i> \$448.00	<i>X</i>
1	FRONT FENDER INNER SHIELD RH	<i>SM</i> \$143.10	<i>X</i>
10	FRONT FENDER INNER SHIELD CLIPS	<i>CM</i> \$100.00	<i>X</i>
1	FRONT SUPPORT PANEL ASSY	<i>R</i> \$479.30	<i>X</i>
1	FRONT BUMPER BRACKET RH	<i>CM</i> \$45.00	<i>✓</i>
1	FRONT BUMPER LOWER CENTRE GRILLE CHROME	<i>SM</i> \$303.00	<i>X</i>
<b>Sub Total</b>		<b>\$10,324.80</b>	
<b>Discount 20% on Parts</b>		<b>(\$2,064.96)</b>	
		<b>\$8,259.84</b>	

**Special Nett**

1	FRONT BUMPER SENSOR (2 EYE)	\$220.00	<i>X</i>
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# CARWORKZ SG PTE LTD

10 SIN MING IND EST SECTOR C, #01-06, SINGAPORE 575645

H/p: 81184734 (Soon Ng) / 98766876 (Anna Chua)

Co. Reg. No: 202039874Z GST No: 202039874Z

Email: carworkzws@gmail.com

## ESTIMATED REPAIR COST DETAILS

ACC-24-0046

1	TOP UP AIRCON GAS	~ \$60.00	X
1	COOLANT	~ \$40.00	X
	<b>Sub Total</b>	<b>\$320.00</b>	

### Labour & Misc

LABOUR TO FACILIATE REPAIR	\$1,200.00	500
R&R FRONT BUMPER SENSOR	\$60.00	50
R&R RADIATOR & AIRCON CONDENSER	~ \$120.00	X
TO CHECK & RECONNECT ALL WIRINGS	\$60.00	20
TO RUST PROOF AFFECTED AREA	~ \$80.00	X
TO SPRAY PAINT ON AFFECTED AREAS	\$1,200.00	800
<b>Sub Total</b>	<b>\$2,720.00</b>	

<b>Sub Total</b>	<b>\$11,299.84</b>
<b>GST 9%</b>	<b>\$1,016.99</b>
<b>Total</b>	<b>\$12,316.83</b>

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:

**CARWORKZ SG PTE LTD**

10 SIN MING IND EST SECTOR C, #01-06, SINGAPORE 575645  
H/p: 81184734 (Soon Ng) / 98766876 (Anna Chua)  
Co. Reg. No: 202039874Z GST No: 202039874Z  
Email: carworkzws@gmail.com

**1ST SUPPLEMENTARY ESTIMATED REPAIR COST DETAILS****ACC-24-0046**

**To:** GREAT AMERICAN INSURANCE COMPANY  
3 TEMASEK AVENUE SINGAPORE  
SINGAPORE 039190

**Date:** 05/07/2024  
**Vehicle No.:** SMW-5469-Z  
**Make:** MAZDA  
**Model:** 6 SEDAN 2.0 AT  
STANDARD 2WD

**Attention:** Motor Claim Department

QTY	DESCRIPTION	REPAIR AMOUNT	SURVEYOR APP.
<u>List Item</u>			
1	FRONT GRILLE CHROME INNER GARNISH RH	<i>CM</i> \$55.00	—
1	FRONT GRILLE BASE <i>133.70</i>	<i>CM</i> \$172.00	—
1	FRONT BUMPER SENSOR RH	<i>my Re</i> \$185.00	✓
1	FRONT RADIATOR COVER	<i>CM</i> \$190.00	✓
<b>Sub Total</b>		<b>\$602.00</b>	
<b>Discount 20% on Parts</b>		<b>(\$120.40)</b>	
		<b>\$481.60</b>	
<b>Sub Total</b>		<b>\$481.60</b>	
<b>GST 9%</b>		<b>\$43.34</b>	
<b>Total</b>		<b>\$524.94</b>	