VIN'S MOTOR PTE LTD

160 Sin Ming Drive, Sin Ming AutoCity, #03-03, Singapore 575722. Tel: 6453 2121 (4 Lines) Fax: 6459 9795

Accident date: 25/11/2017

MOTOR CLAIM DEPARTMENT

AIG ASIA PACIFIC INSURANCE PTE LTD

AIG Building

78 Shenton Way #07-16

Singapore 079120

Tel: 6419 3000

ESTIMATE COST OF REPAIRS TO TOYOTA CAMRY SJP8504H

1	pc	Front bumper	\$ 486.70
1	pc	Front bumper reinforcement	\$ 421.74
1	pc	Front bumper sponge	\$ 97.16
1	pc	Front bumper LH fog lamp	\$ 248.52
1	pc	Front bumper LH fog lamp moulding	\$ 101.90
1	pc	Front bumper LH fog lamp cover	\$ 48.05
1	pc	Front bumper lower grille	\$ 77.63
1	pc	Front radiator grille	\$ 446.13
1	pc	Front LH headlamp	\$ 737.37
1	pc	Front number plate holder	\$ 71.10
1	pc	Rear bumper	\$ 530.50
1	pc	Rear bumper reinforcement	\$ 420.00
1	pc	Rear bumper LH retainer	\$ 56.90
1	pc	Rear bumper LH reflector	\$ 56.90
1	pc	Rear LH lamp	\$ 501.20
1	pc	Rear LH fender	\$ 911.40
1	pc	Rear LH fender air dust	\$ 135.40
1	pc	Rear LH fender inner trim	\$ 361.60
1	pc	Rear windscreen moulding	\$ 88.20
1	pc	Rear LH door	\$ 950.16
1	pc	Rear LH door protector	\$ 80.10
1	pc	Rear LH door regulator	\$ 218.00
1	pc	Rear LH door regulator motor	\$ 647.80
1	pc	Rear LH door rubber	\$ 175.80
		Balance c/f	\$ 7,870.26

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	Our F	Ref: TP/112017/3476	Page 2	
		Balance b/d		\$ 7,870.26
1	pc	Rear LH door inner trim		\$ 733.20
1	pc	LH rocker garnish		\$ 384.22
1	pc	Rear LH wheel sport rim		\$ 731.30
1	pc	Rear LH wheel tyre		\$ 210.00
1	pc	Rear LH shock absorber		\$ 384.90
1	pc	Rear LH knuckle arm		\$ 479.80
1	pc	Rear LH knuckle arm bearing		\$ 750.00
1	pc	Rear LH lower arm		\$ 212.00
1	pc	Rear LH side control arm (F)		\$ 276.00
1	pc	Rear LH side control arm (R)		\$ 207.00
				\$ 12,238.68
		Less: 25%		\$ (3,059.67)
				\$ 9,179.01
1	pc	Front number plate		\$ 40.00 N
1	pc	Rear windscreen gum		\$ 60.00 N
	To to	wing		\$ 120.00
	To re	move and refix rear glass		\$ 150.00
		move and refix seat cushion & roof lining		\$ 150.00
	To rea	move and refix rear undercarriage		\$ 180.00
	To ch	eck wheel alignment		\$ 90.00
	To re	pair front & side damages		\$ 1,200.00
	To sp	ray painting		\$ 1,200.00
	To sp	ray tuff kote		\$ 250.00
			\$ 12,619.01	

VIN'S MOTOR PTE LTD



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Mobile Number

Fax Number Contact Number

EMail Address

- 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
- 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 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 Report	27/11/2017 13:17	
Date Of Accident	25/11/2017 17:10	
Exact Location Of Accident	CTE TOWARDS AMK (5.1KM)	
Country/State of Loss	SINGAPORE	
D	ETAILS OF OWN VEHICLE	
/ehicle Registration Number	SJP8504H	
nsured/Policyholder		
Name Of Registered Owner	WEE AIK KIAT	
NRIC No	S0129246C	
Email Address	WEEAKDRAGON@GMAIL.COM	
Mobile Phone No	(LOCAL) +65-96637557	
Alternative Phone No	OFFICE-96637557	
Vehicle Particulars		
Manufacturer	TOYOTA	
Model	CAMRY-2.0 (A)	
Exact Purpose for which vehicle was being used at ime of accident	PRIVATE USE	
Are you claiming under your own insurance policy or repair to your vehicle?	YES	
f No, Please state action to be taken		
/ehicle Category	PRIVATE CAR	
nsurance Company		
Name of Insurance Company	ERGO INSURANCE PTE. LTD.	
Type Of Coverage	COMPREHENSIVE	
Fleet Policy	NO	
Policy Number	DMPC17S002998	
Cover Note Number		
Driver		
Name of Driver	WEE AIK KIAT	
NRIC No	S0129246C	
Date Of Birth	03/01/1953	
Occupation	OUTDOOR	
Date Of Driving Pass	10/04/1974	
Oriving Experience	43 YEARS AND 7 MONTHS	
Gender	MALE	

(LOCAL) +65-96637557

WEEAKDRAGON@GMAIL.COM

OFFICE-96637557

BLK 335 ANG MO KIO AVE 1 Address

#08-2001

560335 Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **OWNER**

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident CHAIN COLLISION

RAINING Weather Conditions WET Road Surface

Other Information

NO Was any foreign vehicle involved in this accident? Was any body injured in the Accident? NO Was any other material or property damaged? YES I have been approached by unknown person(s) NO soliciting/offering accident claims assistance.

1 Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police? NO

If Yes, Please state which Police Station

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 NO Was there any video captured by Car Camera? Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

SJV8729U Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

AIG ASIA PACIFIC INSURANCE PTE. LTD.

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

PC9995P

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

Sketch Plan Pg. 1

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 Driver.
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- 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 lodgment 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 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

(ii) for complying with requirements under any regulations, laws or court orders.

Policyholders Signature

Date & Time

Driver's Signature

(If driver is not the policyholder)

Date & Time:

O' M

Reporting Centre Personnel's Signature

NRIC/FIN No.:

Sketch Plan Pg. 2

SKETCH PLAN

CTE towards AMK (5.1 Km)

A SJP8504H

BE SJV8729U

CI PC 9995P

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 25/11/2017, at about 17.09 pm, I was driving along CTE towards
Amk (5.1km). I was at the first lane, out of the sudden, the
Vehicle SJV87294 from the second lane mange to my rane & banged
into my vehicle's rear LH side portion. Hence, causing my vehicle to
Swerve to the left and I lost control of my vehicle and
collided into the bus PC9995P. That's 911.

DECLARATION

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

Policy older's Signature Date & Time:

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature
Name:

NRIC/FIN No.:



CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA) MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

CERTIFICATE NO. DMPC17S002998

C17064565

Type of CI: Private Vehicle

Cover: Comprehensive

A000588 JETTA INSURANCE AGENCY PTE LTD

1) Registration No. of Vehicle:

SJP8504H

2) Name of Policyholder:

WEE AIK KIAT

3) Commencement Date of Insurance:

14/04/2017

4) Expiry Date of Insurance:

13/04/2018

5) Persons or Classes of Persons entitled to drive

1) WEE AIK KIAT

2) Any other person who is driving on the Policyholder's order or permission

Excess (Section 1): S\$700.00

Unnamed Drivers(Section 1): Additional: \$\$500.00 Non-Auth Workshops(Section 1): Additional: \$\$300.00

Windscreen: \$\$100.00

Young & Inexp Drivers(Section 1): \$\$3,000,00

6) Name of Finance Company/Hire Purchase Owner: NA

7) 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 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 and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

- 8) Limitations as to Use
- Use only for social domestic and pleasure purposes
 Use for Policyholder's business
 This Policy does not cover

(1) Use for hire or reward, racing, pace-making, reliability trial or speed-testing

(2) Use for the carriage of goods other than samples in connection with any trade or business (3) 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 (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings (for Items 7 & 8).

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 (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Counter-signed by

JETTA INSURANCE AGENCY PTE LTD

For and on behalf of ERGO Insurance Pte. Ltd.

AUTHORIZED SIGNATURE

a000588/05/04/2017 13:39:44

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars Owner ID Type Singapore NRIC Owner ID 9246C Vehicle Details Vehicle No. SJP8504H Vehicle to be Exported No Intended De-registration Date 27 Nov 2017 Vehicle Make TOYOTA Vehicle Model **CAMRY 2.0 AUTO ABS AIRBAG Primary Colour** Silver Manufacturing Year 2009 Engine No. 1AZE131319 Chassis No. MR053BK4107043362 Maximum Power Output 108.0 kW (144 bhp) Open Market Value \$25,948.00 Original Registration Date 14 Apr 2009 First Registration Date 14 Apr 2009 **Transfer Count Actual ARF Paid** \$25,948.00 Intended PARF Rebate Details PARF Eligibility Yes PARF Eligibility Expiry Date 13 Apr 2019 PARF Rebate Amount \$14,271.00 Intended COE Rebate Details **COE Expiry Date** 13 Apr 2019 **COE Category** B - Car (1601cc & above) COE Period(Years) 10 QP Paid \$7,501.00 **COE Rebate Amount** \$1,035.00 **Total Rebate Amount** \$15,306.00

The information contained herein is correct as at 27 Nov 2017

ОК



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00, Singapore 048580 Phone: +65 6224 0010 Fax: +65 6224 0030 Operating Hours: Monday to Friday 9am to 5pm

GST Registration No: M400017735

Third Party Insurer Enquiry

Our Ref No:

GR-17-177024

Date of Request:

27/11/2017

Your Ref No:

Online Purchase

Vin's Motor Pte Ltd 160 Sin Ming Drive, #03-03 Sin Ming AutoCity Singapore 575722

Dear Sir/Madam,

Enquiry Date

27/11/2017

Enquiry By

VINCENT KHONG

TP Vehicle No.

SJV8729U

Accident Date

25/11/2017

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SJV8729U	AIG Asia Pacific Insurance Pte. Ltd.	28/03/2017-27/03/2018	65-6419-3000

Thank You.

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

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GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00, Singapore 048580 Phone: +65 6224 0010 Fax: +65 6224 0030 Operating Hours: Monday to Friday 9am to 5pm

GST Registration No: M400017735

TAX INVOICE

Our Ref No:

GR-17-177024

Date of Request:

27/11/2017

Your Ref No:

Online Purchase

Vin's Motor Pte Ltd 160 Sin Ming Drive, #03-03 Sin Ming AutoCity Singapore 575722

Dear Sir/Madam,

Enquiry Date

27/11/2017

Enquiry By

VINCENT KHONG

TP Vehicle No.

SJV8729U

Accident Date

25/11/2017

DESCRIPTION	AMOUNT (S\$)
TP Insurer Enquiry	1.87
GST Amount	0.13
Total Amount Due (GST Inclusive)	2.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

[X] GIRO [] Cash [] Cheque