160 Sin Ming Drive, #05-11, Sin Ming AutoCity

Singapore 575722

(Registration no :095744/008)

Tel: 64533100, Fax 62669932

DATE OF ACCUDENT: 20/12/2017

YOUR JOUGURED

VEHIC-LE NO: SK2 6902C

Epc front bumper	S\$	597.0
Lpc front bumpe n/s retainer	·	23.0
Ipc n/s front headlamp		\$60.0
ipc n/s/f fender		485.0
Lpc n/s/f fender inner shield		73.0
ipc n/s/f shock absorber		338.0
lpc_n/s/f knuckle arm		382.0
tpc n/s/f wheel hub		186.0
tpc n/s/f wheel bearing		159.0
lpc n/s/f lower arm		482.0
ipc n/s/f stabilizer link		86.0
		3371.0
	Less 10%	337.1
		3033.9
Labour & misc charges		
Panel knocking		700.0
Spray painting		800.0
1pc n/s/f sport rim		450.0
Computer wheel alightment		90.0
Labour to remove and refix left under	er carriage	250.0
		5323.9

HWA SENG SPRAY PAINTING COMPANY

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 Authorised Driver.
- 3. Information provided must be as truttiful and accurate as possible. Any writer interpresentation 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

	·		
	ACCIDENT STATEMENT		
Date Of Report	21/12/2017 09:05		
Date Of Accident	20/12/2017 17:40		
Exact Location Of Accident	SGH MULTI-STOREY CARPARK H		
Country/State of Loss	SINGAPORE		

DETAILS OF OWN VEHICLE					
Vehicle Registration Number	SJV9406U	•		Market Aller (1987)	
Insured/Policyholder				建建物的银	

CHONG CHUAN SHYAN DANNY Name Of Registered Owner

S1146674E NRIC No

DANNYCHONGCS@GMAIL.COM Emall Addréss

(LOCAL) +65-96229233 Mobile Phone No Alternative Phone No. OFFICE-96229233

Vehicle Particulars

Manufacturer KIA

CERATO FORTE Model

Exact Purpose for which vehicle was being used at

time of accident

Vehicle Category

PRIVATE USE

Are you claiming under your own insurance policy

for repair to your vehicle?

If No, Please state action to be taken

THIRD PARTY PRIVATE CAR

Insurance Company.

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

COMPREHENSIVE Type Of Coverage

NO Fleet Policy,

5088093819 **Policy Number**

Cover Note Number

Driver

CHONG CHUAN SHYAN DANNY Name of Driver

NRIC No S1146874E Date Of Birth 01/12/1955 INDOOR Occupation 21/09/1976 Date Of Driving Pass

41 YEARS AND 2 MONTHS **Driving Experience**

MALE Gender

(LOCAL) +65-96229233 Mobile Number

Fax Number

Contact Number OFFICE-96229233

EMali Address DANNYCHONGCS@GMAIL.COM Address

BLK 660 #11-132 JALAN TENAGA

Postcode

410660

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

SIDE SWIPE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

NO

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?

Was any other material or properly damaged?

YES

I have been approached by unknown person(s) solletting/offering accident claims assistance.

NO

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

WHEN I CAME UP FROM A SLOPE IN THE MULTI-STOREY CARPARK AT LEVEL 4A, ANTOHER VEHICLE KNOCKED ONTO MY LEFT SIDE. (ATTENDED BY: JAMES NG)

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

CANNOT BE UPLOADED

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SKS6902C

Vehicle Make/Model/Colour

VW

Details Of Properties

PRIVATE CÁR

Vehicle Category Name of Driver

NG CHOR YONG

NRIC/Passport Number

S1743120Z 97320707

Contact Number

2D HONG SAN WALK #16-03

Address

Postcod8

689050

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Orlver)

Sketch Plan #2 Pg. 1

SKETCH PLAN			
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OF CLARATIONS		187	7
DECLARATION I/We declare the foregoing payticular	s are true in every respect.	\[\frac{4}{2}\])≊:
AME CODE OF THE COLOR OF THE COLOR	•-	MOS A	* **
SOSTIAN		A STATE OF THE PARTY OF THE PAR	
Jes Colon		Reporting Centre P	ersonnel's Signature
Policyholder's Signature	Driver's Signature (If driver is not the policyholder)	Name:	NG WING KIN JAMES
Date & Tame: 21 DEC 2017	Date & Firme:	NRIC/FIN No.:	\$7927881E

Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Oriver.
- 3. Information provided must be as <u>struthful and accurate as possible</u>, Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy flability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
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- 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 contre and to copies of the report being made available aforesaid.
- 8. Corport under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- 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 arms, the Monotary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s)
 - (ii) processing, handling end/or deafing with my claims including the settlement of the claims and any necessary investigations relating to the daims;
 - (A) investigating the accident and/or my daims;
 - (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, jayotess, 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
- 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.
- my Personal information will also be collected and used to compile cialms bistory 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:
 - (f) 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.

PoBovho!der's Date & Times

21 BEC 2011

Driver's Signature

(if driver is not the policyholder)

Date & Time:

Reporting Contre Personnel's Signature

NRIC/FIN No.:

Name:

NG WING KIN JAMES \$7927881E



THE SCHEDULE

Private Car Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Policyholder named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

- any Endorsement specified as operative in the Schedule
- the Conditions and General Exclusions of this Policy, and
- the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document. GST Reg No. M4-0003030-8

Policy Number

5088093819

The Policyholder

CHONG CHUAN SHYAN DANNY

B1K 660 #11-132 JALAN TENAGA SINGAPORE 410660

Period of Insurance

24 Feb 2017 To 23 Feb 2018

Sum Insured

: Market Value of Insured Vehicle at Time of Loss

Premium (inclusive GST)

\$\$667.03

Interest Insured

Cover Type

drivo CLASSIC

Primary Driver Named Orlver (1)

CHONG CHUAN SHYAN DANNY

Named Orlver (2)

N/A

: N/A

: 1591cc

Make/Modef

: KIA/CERATO FORTE

Capacity

Registration Number

: KNAFU411MA5188850

Registration Date Off-peak Car

: 24 Feb 2010

Chassis Number Repair at Owner's Preferred Workshop : No

: \$\$600

Insure with COE NCD Entitlement

: Yes : 50% : Yes(Free)

Excess (Section 1) Excess (Section 2) Windscreen Excess

N/A 5\$100

NCD Protection Loyalty Discount.

Additional Excess

: N/A

: Please refer to Terms and Conditions

Unnamed Driver Excess Hire Purchase Company

N/A

Optional Cover

Transport Allowance

: No : No

Excess Waiver

Memo A : N/A

Endorsement Operative : M4

Agency

: CHONG 5HU HIAN (00000411563)

Date of Issue

: 20 Feb 2017 13:08 hrs

DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors

Chief Executive



Land Transport Authority 10 Sin Ming Orlve Singapore 575701

GST Registration No.: M4-0006529-2

Print Oato/Time: 21 Dec 2017 / 11:31:27

Receipt Oate/Time: 21 Dec 2017 / 11:31:27

Tax Invoice/Receipt

Receipt No.: ITNET-00000-171221-000695

Previous Receipt No. :

Provious 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 - SK\$6902C As at 20 Dec 2017/17:40:00 Insurance Co: FWD SINGAPORE PTE. LTD Insurance Enquiry - SK\$6902C		7.00	0.49	7.49
Enquiry Fee 20171221112932431990		1.00	0.43	1-40
gott izzitizoazioioa	Sub-Total	7.00	0.49	7.49
	Total Before Rounding	7.00	0.49	7.49
	Rounding Difference			0.94
	Total Amount Payable			7.45
	Paid By			
	xxxxxxxxxxxxxx6419	Credit Card: Visa/MasterCard		7.45
	Total			7.45
	Cash Change			0.00
	Tendered Amount			7.45
	Excess Refundable Amount			0.00

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.