

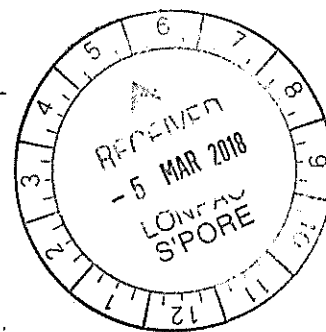
# 威利摩哆

## WEI LEE MOTOR WORKS

BLOCK 9 SIN MING INDUSTRIAL ESTATE #01-32,  
SINGAPORE 675644.

TEL: 456 9830 • FAX: 456 9886

Business Regn No : 289438/00J



08, Mar 2018

Lonpac Insurance Bhd  
100 Beach Road #19-00  
Shaw Tower  
S 189702

**\*\*PLEASE arrange to survey the vehicle-ASAP**

Attn: Motor claim dept-3<sup>rd</sup> party claim

Claiming against your Insured vehicle No: SJH362U

Accident involving vehicle No: SLT731B/SJH362U

DOA: 07/03/2018 AT Buangkok Dr Dlip Rd to Buangkok Green

Dear officer Incharge

Re: Estimate cost of repair of repair for vehicle No: SLT731B

To supply—

Description	Qty	Amount
Lid	1	556.20
Lid lock	1	102.00
Lid-TOYOTA logo	1	50.20
Rear bumper	1	431.90
Bumper retainer,Rh-near fender	1	17.00
Bumper retainer,Rh-near taillamp	1	66.40
Bumper foglamp	1	82.70
Taillamp,Rh	1	656.00
End panel	1	673.60
End panel top garnish	1	213.50
Boot weatherstrip	1	176.00
Bumper clip		38.00
Taillamp gasket	1	26.00
Exhaust tailpipe	1	628.60
	Parts	3,718.10
	Parts less 25%	929.52
		2,788.58

Reverse sensor

220.00

To remove damaged parts and attachments.

Cut n weld damaged panels.

Straighten rear chassis where necessary.

Replace/align all parts into position.

850.00

To spray paint.

900.00

-----  
4,758.58



Karen  
64569830  
64599830

MS118032505 / STA INSPECTION PTE LTD - Sin Ming  
ENTRY DATE & TIME: 08/03/2018 13:25  
SUBMITTED BY: Wong Lip Yong

## 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 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 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 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	08/03/2018 13:25
Date Of Accident	07/03/2018 08:35
Exact Location Of Accident	BUANGKOK DR SLIP ROAD TO BUANGKOK GREEN
Country/State of Loss	SINGAPORE

**DETAILS OF OWN VEHICLE**

Vehicle Registration Number	SLT731B
Insured/Policyholder	
Name Of Registered Owner	KH LEASING PTE. LTD.
Co Reg No	201611813C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90263325
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VIOS-1.5 (A)
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
Are you claiming under your own Insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5090891147
Cover Note Number	
Driver	
Name of Driver	FREDDIE WEE THIAM ANN (FREDDIE HUANG TIAN'AN)
NRIC No	S77048831
Date Of Birth	18/02/1977
Occupation	OUTDOOR
Date Of Driving Pass	20/09/1998
Driving Experience	18 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90263325
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address BLK 470B FERNVALE LINK #07-430  
SINGAPORE

Postcode 792470

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

Vehicle Registration Number of Driver's Own Vehicle -

Insurance Company of Driver's Own Vehicle -

**General Information of the Accident**

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions CLEAR

Road Surface DRY

**Other Information**

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident 2

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by ambulance? NO

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO

Number of Passengers (Including Driver) 2

Passenger 1 NAME: : KAREN  
GENDER: : FEMALE

**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 ATTACHED

**Attachment(s)**

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? NO

Was there any audio recorded? NO

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SJH362U

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver NICHOLAS TAN SHAOQI

NRIC/Passport Number S84179771

Contact Number 91865036

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## Sketch Plan Pg. 1

SKETCH PLANIMPORTANT 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 wilful misrepresentation or withholding of material facts may allow insurance companies to renewdate 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 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)

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.
- (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.



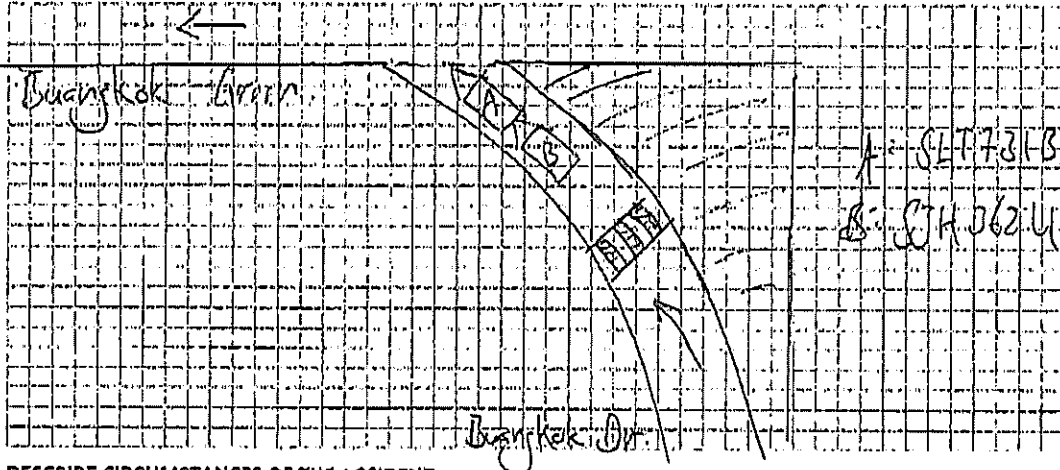
Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

## Sketch Plan #2 Pg. 1

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While stationary at the slip rd Buangkok Dr to Buangkok green  
 waiting the upcoming vehicle pass by. out of sudden. A vehicle  
 hit my vehicle rear.

## DECLARATION

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

Policyholder's Signature  
 Date & Time:

GPSP-001-01-001-001-001

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

Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.: