menimen Eluine Cheory	CTI Dete/Time 6/7/180 4:25pm
ob (T) WS/TP RES/OD RES/EVA/INV/MV fo Inspect Vehicle No: SLT 236 it Workshop m/s 8 Thill Auto of BIK & Sin Ming Ind Est # (mortive card 1542
Policy No. DMCVSN 1800 75 1800	Claim No: SNM 18D 03 342 CO2
Sun Insured Make of Veh Client's Record)	Excess: D.O.A. 30 06 2018
CA / REV / REP. / REV 24 HRS 1497 Date/Time: 9 4 Sam 39 17 18 Person Contacts	ed Michelle Vehicl IN OUT
	<u> </u>
Date/Time Action/Instruction () Estima	ate

To Inspect Vehicle No: Strand Truck / Trailer or Make: Mazda Colour Grey of Blk R Sin Mind Ind Est # 01-64 Sp. Reading ISS31 Insured: Eng/No: Claims No. Sum Insured: Excess: Steering: Ingreer / Jammed / Leak Modi: Nil / Srim / STD Arism / STD Arism / Tyre Size: F: Repairs at the time of inspection. Gla / PR Seen: Consistent?: Yes or No Est. Repairs: G days Res.: Yes or No Lum Sum: Q % 3 Val.: Yes or No Survey held at Wehicle: IN / OUT Date: Person Contacted: Vehicle: IN / OUT Truck / Trailer or Make: Mazda Colour Grey / Make: Mazda Struck / Trailer or Make: Mazda Struck / Trailer or Make: Mazda Struck / Struck / Trailer or Make: Mazda Struck / Trailer or Make: Mazda Struck / Struck	A/C: Insured/Std/NI/NA T/Radio: Insured/Std/NI/NA 1/24A & O186 392 Burnt aked/Burnt or aked/
Estimated Cost: OD TP WS / TP RES / OD RES / EVA / INV / MV To Inspect Vehicle No: ST 2864P at Workshop m/s S + W / Q + W D MO + V C Colour GY / Y Sp. Reading ISS 3 Insured: Policy No. Claims No. Sum Insured: (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 Rport: Consistent?: Yes or No Est. Repairs: Gays Res.: Yes or No Est. Repairs: CA / REV / REP. / 24 HRS W P Date: Date / Time Action / Instruction Veh No: SUT 236 Type: MCab M. Cycle / Bus / Vs Truck / Trailer or Make: Colour Stry Sp. Reading ISS / Dun / Exh / Poor / Bis Remark: Indef / Jammed / Leak Modi: NIS O/S NIS O/	Van / Lorry / Taxi / Prime Mover / Q 3
Estimated Cost: OD TP WS / TP RES / OD RES / EVA / INV / MV To Inspect Vehicle No: at Workshop m/s B - W / D - G - A Insured: Claims No. Sum Insured: (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 Rport: Consistent?: Yes or No Est. Repairs: G days Res.: Yes or No Lum Sum: Date: Person Contacted: Date / Time Action / Instruction Veh No: SUT 236 Type: MCar M. Cycle / Bus / Ve Truck / Trailer or Make: Colour Grly Sp. Reading Est. Steering: Ing/Ber / Jammed / Leak Modi: NIS O/S Bal. 7 mm UBal. 7 mm D.O.A. Survey held at Wehcle: IN / OUT Date / Time Action / Instruction The U/C / Chassis frame / Body	A/C: Insured/Std/NI/NA T/Radio: Insured/Std/NI/NA T/Radio: Insured/Std/NI/NA N24A87 0186 392 Burnt aked/Burnt or
	dy Structure affected due to collision
Date/Time, File Pass to? : Preli. Report Days Of Repair: : Final Report Date/Time, File Return to? : Final Report Add Fee: : Site Insp (\$: Interview (\$: Tech. Invs (\$: Weekend (\$	Survey Fee: Transportation: S+RS_SI Photos Others

(08/11/13)

wef

Due Date

No results.

Priority Type

Task Group

Subject

...CLAIM SUBFOLDER...(New Assignment)

	FOLDER TRA	1		1			1	1000		
Case	Notified	Est:Submitted:	Adj Assigned	Adj Rot	Adj Sub	mitted	Ins Authled	Status		
Main	06 Jul 2018		06 Jul 2018 16:25 Assign					New A Cancel	ssignme Case	nt
	Main	Re	ference		Claim Details		Documer	nts] [Show All
CLAIM S	JBFOLDER DI	ETAILS		utselell miles		[Create	ed by insurer]			Paris Series
Main Claimant:	WONG SO	DO CHIN								
Vehicle Re No.:	g. SLT236	4P			Date of Loss:	30/06/2	018 00:00 - :59			
Claim Type	E: TP / SNI	TP / SNM18D03342C02			Policy/Cover Note No.:	DMCVSN1800751800				
Vehicle Re No. (Insured):	XD66985				Policy No. (Claimant):					
					Excess:	S\$0.00				
Repairer:		Automotive Reco / 62841575	very Pte Ltd (H	IQ) Blk 8 Sir	Ming Industrial	Estate, #	01-64/66 Sector (C, 575643	Sin Ming ·	Tel:
Handling Insurer:	China Tai	iping Insurance (Singapore) Pt	e. Ltd. (HQ) - Tel: 6389 611	1 [Han	dled by Elaine Cl	neong]		
Adjuster:	LKK Auto	Consultants Pte	Ltd (HQ) - Tel:	6256-3561	[Final Rpt	due 17/	07/2018]			
Adj Asg. Remarks:	NO EST, A	SSIGN BRYAN ANG	AS SJE.							
ASSOCIA	TED MAIL RE	CEIVED						View All	Compos	e Case Mai
There are	no mail for this	case.							177.000	

Handler

Assigned By

Completed On

Created On

Done?

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	0157E
Vehicle Details	
Vehicle No.:	SLT2364P
Vehicle to be Exported:	No
Intended De-registration Date:	12 Jul 2018
Vehicle Make:	MAZDA
Vehicle Model:	MAZDA3 HATCHBACK 1.5 AT DELUXE EU6
Primary Colour:	Grey
Manufacturing Year:	2017
Engine No.:	P520476704
Chassis No.:	JM6BN24A8J0186392
Maximum Power Output:	88.0 kW (118 bhp)
Open Market Value:	\$19,165.00
Original Registration Date:	23 Oct 2017
First Registration Date:	23 Oct 2017
Transfer Count:	0
Actual ARF Paid:	\$14,165.00
Intended PARF Rebate Details	100 (A) 10 (A)
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	22 Oct 2027
PARF Rebate Amount:	\$10,623.00
Intended COE Rebate Details	
COE Expiry Date:	22 Oct 2027
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$41,617.00
COE Rebate Amount:	\$38,607.00
Total Rebate Amount:	\$49,230.00

The information contained herein is correct as at 12 Jul 2018

ОК

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

EMail Address

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be <u>completed by the Policyholder and/or the Authorised Driver.</u>
 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.
- 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

	ACCIDENT STATEMENT
Date Of Report	13/07/2018 10:24
Date Of Accident	30/06/2018 15:30
Exact Location Of Accident	FORT ROAD
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLT2364P
Insured/Policyholder	
Name Of Registered Owner	NATIONAL CAR RENTALS (PRIVATE) LIMITED
Co Reg No	196100157E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97801636
Vehicle Particulars	
Manufacturer	MAZDA
Model	3-1.5 (A)
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5057621347-05
Cover Note Number	
Driver	
Name of Driver	WONG SOO CHIH
NRIC No	S1667696I
Date Of Birth	26/03/1964
Occupation	OUTDOOR
Date Of Driving Pass	03/11/1994
Driving Experience	23 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97801636
Fax Number	

NOEMAIL

BLK 14 CACTUS DRIVE #05-04 Address

SINGAPORE

809689 Postcode

Was driver an employee of the Insured's Company NO

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

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED Type Of Accident

CLEAR Weather Conditions DRY Road Surface

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? 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

YES Was the accident reported to the police?

If Yes, Please state which Police Station

MARINE PARADE NEIGHBOURHOOD POLICE CENTRE Police Station Name

NO

NO

ROAD: 300 MARINE PARADE ROAD, POSTCODE: 449296, COUNTRY: Police Station Address

SINGAPORE

TEL NO: 1800-4428999 - FAX NO: 62447678 Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER ATTACHED

Attachment(s)

YES Are accident photos available for attachment? NO Was there any video captured by Car Camera? NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

COMMERCIAL VEHICLE

XD6698S

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Nature Of Damage

Page 2 of 18

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.
- 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.
- 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.
- 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.
- 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:
 - 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 Synature

Name:

NRIC/FIN No.:

Sketch Plan #2 Pg. 1

KON IN	SKETCH PLAN FORT RO	
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	\$ - xP669&S	
	DESCRIBE CIRCUMSTANCES OF THE ACCIDENT	_
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	It was a 3 lane roal. It amont truell on the	+
	Agent doors up & scratched any right side.	+
	tu direr dure off. We will was with me at	
	that time. the trick of reg 1 is X016985.	1
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		-
	DECLARATION	
	I/We declare the foregoing particulars are true in every respect.	
	Policyholder's Signature Driver's Signature Reporting Centre Personnel's Signature Date & Time: (If driver is not the policyholder) Name:	
	Date & Time: NRIC/FIN No.:	

GARME SAKICLES AFORM, VE





Police Station Of Origin: Marine Parade N.P.C 300 Marine Parade Road SINGAPORE 449296 Tel No: 1800-4428999 1 of 3 Report No. T/20160709/2047

REPORT OF A TRAFFIC ACCIDENT Station Diary No.: Vide Report No.: Date/Time Report Made: 24 09/07/2018 12:26 Informant's Particulars **"这些大学会员是对** Address: BLK 14 CACTUS DRIVE #05-04'SINGAPORE 809889 Name of Informant: WONG SOO CHIH ID Type / ID No,: NRIC NO / S1667696I Contact No.: Home/Office: Mobile: 97801636 Nationality: Email: SINGAPORE CITIZEN Sex: Age: Date of Birth: Type of Informant: Female 26/03/1964 Driver Institution / School Name: Race: Language: Chinese Occupation: Driving Licence Information: Lawyer (excluding advocate and Class: 3 Date of Expiry: solicitor)

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 30/06/2018 15:00	Type of Location Straight Road
Location: Along Road 1 FORT ROAD ALONG FORT	FROAD		,	
Weather: Clear	ROAD	Road Surface: Dry	,,,,,,	Road Speed Limit;
Traffic Flow:		Traffic Control:		Traffic Volume: Heavy
Type of Collisi Between Mov	ion: ing Vehicles - Side Sv	vipe - Same Direction	20 15	Anyone conveyed by ambulance: No

法特别的基础的		计算统计算数据	District State of the last	明安學 医新维维	Mandellian I	Neval Passance
SLT2364P	Car	2017日 1918日 1918日	DVIOCE) SPECIAL	<u> </u>	Slightly .	1
XD6698S	TRUCK	manusiates.			-Damaged- No	0

Details of Person involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



Police Station Of Origin: Marine Parade N.P.C 300 Marine Parade Road SINGAPORE 449296 Tel No: 1800-4428999

2 of 3 Report No. T/20180709/2047

CONTINUATION OF REPORT

Name	WONG SOO CHIH			ID No.		S1667696I
Related Vehicle	SLT2364P (Car)			Conta	ct No.	97801636
Hospital/Clinic	NIL			Class Drivin Licent Expiry	9 .	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Disc		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o	f Injury	NIL	7.

Brief Details.

On the above mentioned date place and time, I was travelling along Fort Road with my niece-witness in my vehicle SLT2364P. After passing the traffic light, a large vehicle of XD6698S squeeze into my lane, suddenly I felt an impact. I then drove to side of the road and make a check on my vehicle and discovered that there was a small rip off of the metal part on top on the right rear wheel arch.

I wish to state that the large vehicle did not stop upon hitting on my vehicle.

There is no in car camera in my vehicle.

lodging this for insurance claim.



T/20180709/2047

Police Station Of Origin: Marine Parade N.P.C 300 Marine Parade Road SINGAPORE 449296 Tel No: 1800-4428999 3 of 3 Report No. T/20180709/2047

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference,

Signature Of Officer Recording The Report: G / Sgt 2 LIM XI HAO, NICHOLAS	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 09/07/2018 12:26
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt ESTHER CHONG- Contact No:: 65476968	Classification Of Case:
Authorite Fight Editions	3
	GEN 1

admin @ Sthreeautomotive - com. sg

Email: sm@idac.com.sg Tel no: 6555 6888 Fax no: 6454 3279

Exact location of Acci	dent: Fort	1 0 0 1 1 1 1
Policyholder's Name	ICNO .: Nations	al car feutals the tol
Driver's Name / ICN	o.: 51667696/	(As Above)
Driver's Contact No.	. 978.1636	Company Contact No:
Driver's Address:	14 CACTU D	RIVE #0504 SC809(89)
Insurance Company:	NTuc	Email address (if any): SC-NOY @ hulaw- (+2.5)
Relationship betwee Owner / Spouse / Ch		
What do you wish to	claim? (Please TICK	one only)
Own Insurance /	Other Vehicle (The of	ne you want to claim against) / Reporting (For Record Purpose)
Exact purpose for w Was being used at ti	hich the vehicle me of accident?	Occupation (nature of job) Indoor/ Quidoor
Private use /	Work purpose	No. of Passengers (Including Driver);
	& Post conditions? (On t	he day of accident)
Weather condition		
Clear & Dry /	Raining & Wet /	After-Rain & Wet / Drizzling & Wet / Others:
Clear & Dry /	Raining & Wet /	
Clear & Dry / Was there any vide	Raining & Wet /	After-Rain & Wet / Drizzling & Wet / Others:
Clear & Dry / Was there any vide	Raining & Wet /	After-Rain & Wet / Drizzling & Wet / Others:
Clear & Dry / [Was there any vides Any Injuries: Injuries Sustain:	Raining & Wet / captured by your Car C Yes /Mo (If YES)	After-Rain & Wet / Drizzling & Wet / Others:
Clear & Dry / [Was there any vides Any Injuries: Injuries Sustain:	Raining & Wet / captured by your Car C Yes / No (If YES) Yes / No (I	After-Rain & Wet / Drizzling & Wet / Others:
Clear & Dry / [Was there any vides Any Injuries: Injuries Sustain: Police Report filed:	Raining & Wet / o captured by your Car C Yes / No (If YES) Yes / No (I	After-Rain & Wet / Drizzling & Wet / Others: Amera? Yes / No Injured Person' Name: Injured Person in Which Vehicle: Injured Person in Which Vehicle: Che Other Party(s) Details:
Clear & Dry / [Was there any vides Any Injuries: Injuries Sustain: Police Report filed: 1. Driver's Name /	Raining & Wet / Decaptured by your Car Co Yes /No (If YES) Yes /No (If YES) IC No:	After-Rain & Wet / Drizzling & Wet / Others: Camera?
Clear & Dry / [Was there any vides Any Injuries: Injuries Sustain: Police Report filed: 1. Driver's Name / Driver's Contact !	Raining & Wet / Decaptured by your Car Core Yes / No (If YES) Yes / No (If YES) Yes / No (If YES) IC No:	After-Rain & Wet / Drizzling & Wet / Others: Samera? Yes / No Injured Person' Name: Injured Person in Which Vehicle: The Other Party(s) Details: Vehicle No: XD 6698— Insurance Company (If any):
Clear & Dry / [Was there any vides Any Injuries: Injuries Sustain: Police Report filed: 1. Driver's Name / Driver's Contact 1 2. Driver's Name /	Raining & Wet / Decaptured by your Car Conversed by Your Car Conversed by Your Car Conversed by Yes /	After-Rain & Wet / Drizzling & Wet / Others: Samera? Yes / No Injured Person' Name: Injured Person in Which Vehicle: Injured Person in Which Vehicle: Yes) Which Police Station: The Other Party(s) Details: Vehicle No: Vehicle No: Vehicle No:
Clear & Dry / [Was there any vides Any Injuries: Injuries Sustain: Police Report filed: 1. Driver's Name / Driver's Contact 1 2. Driver's Name /	Raining & Wet / Decaptured by your Car Conversed by Your Car Conversed by Your Car Conversed by Yes /	After-Rain & Wet / Drizzling & Wet / Others: Samera? Yes / No Injured Person' Name: Injured Person in Which Vehicle: The Other Party(s) Details: Vehicle No: XD 6698— Insurance Company (If any):
Clear & Dry / [Was there any vides Any Injuries: Injuries Sustain: Police Report filed: 1. Driver's Name / Driver's Contact 1 2. Driver's Contact 1 Driver's Contact 1	Raining & Wet / Decaptured by your Car Conversed by Your Car Conversed by Yes / No (If YES) Yes / No (If YES) Yes / No (If YES) IC No: IC No: IC No: No:	After-Rain & Wet / Drizzling & Wet / Others: Samera? Yes / No Injured Person' Name: Injured Person in Which Vehicle: Injured Person in Which Vehicle: Yes) Which Police Station: Vehicle No: Vehicle No: Insurance Company (If any): Insurance Company (If any):
Clear & Dry / [Was there any vides Any Injuries: Injuries Sustain: Police Report filed: 1. Driver's Name / Driver's Contact ! 2. Driver's Contact ! *Independent With	Raining & Wet / Decaptured by your Car Conversed by Your Car Conversed by Yes / No (If YES) Yes / No (If YES) Yes / No (If YES) IC No: IC No: Sess (If Any):	After-Rain & Wet / Drizzling & Wet / Others: Samera? Yes / No Injured Person' Name: Injured Person in Which Vehicle: Injured Person in Which Vehicle: Yes) Which Police Station: The Other Party(s) Details: Vehicle No: Vehicle No: Vehicle No:

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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- 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.
- 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.
- 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:
 - 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:
 - 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

LAN

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.;

Nas	dring Rlay Fort Red. Ut was day & sunny.
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1016	- divers use & control and when side
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the	+ time. the track of reg 1 11 X D 1698 C.
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2	

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

GVARME SHELD PLANTORM_VE

S. THREE AUTOMOTIVE RECOVERY PTE LTD

Bik 8 Sin Ming Industrial Estate #01-64/66 Singapore 575643 Tel: 6284 1542 / 6284 1575 Fax: 6487 5315 sthreeautomotive@gmail.com

TO

ATTN : MOTOR CLAIM DEPT.	sthreeautomotive@gmail.com T/P VEH. NO.: XD66988
ATTN STOTON CONTROLLED	
ESTIMATE REPORT ISI QUOTATION	JOB NO :
OWNERS PARTICULAR NAME: NATIONAL CAR RENTALS PTE LTD ADDRESS:	CONTACT:
LICENSE NO.: SLT2364P TRANS.:	CHASSIS NO: JM6BN24A8J0186392
MAKE/MODEL: MAZDA 3	ENGINE NO :
OWNER'S INSURER: NTUC JOB-CODE: TP S/A: JOEY	ACCDENT DATE: 30-Jun-18
Management Man	
CLAIM DETAIL MATERIALS	QTY QUO-PRICE DISC. DISC- SUR REV. PRICE DISP
	20.00 V
T REARTEMBER (3)	1.00 998.00 ^{20.00} 798.40 Y
. 1	1.00 974.00 20.00 779.20 Y 95 0
3 FRONT BUMPER X	1.00 1025.00 ^{20.00} 820.00 Y
4 REAR SHOCK ABSORBER RH	1.00 330.00 ^{20.00} 264.00 Y
5 REAR KNUCKLE ARM RH	\ \(\mathcal{N} \mathcal{N} \) 1.00 620.60 20.00 496.48 Y
6 REAR WHEEL HUP W/BEARING RH X	1.00 349.00 20.00 279.20 Y
7 REAR LOWER ARM RH X	1.00 285.00 20.00 228.00 Y
8 REAR UPPER ARM RH	1.00 224.90 ^{20.00} 179.92 Y
9 REAR WHEEL COVER RH X	1.00 280.00 ^{20.00} 224.00 Y
10 WINDSCREEN MOULDING X	1.00 69.30 ^{20.00} 55.44 Y
11 WING MIRROR ASSY RH / Cat	1.00 786.00 ^{20.00} 628.80 Y 378
12 WING MIRROR COVER RH (on . C	X 1.00 108.00 20.00 86.40 Y
referr	1328
TOTAL (PARTS):	6049.80 4839.84 2e%: 1062.4
SPECIAL NETT ITEM	W.St. D. Seiners Mo.
1 REAR BUMPER CLIPS 2 REAR RIM RH X LEP ONT.	1.00 50.00 0.00 50.00 Y 40
2 REARRIMRH X REPONT.	1.00 450.00 0.00 450.00 Y
3 REAR TYRE RH X	/ 1.00 380.00 0.00 380.00 Y
4 WINDSCREEN SEALANT X	1.00 50.00 0.00 50.00 Y
5 WINDSCREEN PRIMER AND CLEANER	X \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
6 WINDSCREEN INNER SEAL X	1.00 50.00 0.00 50.00 Y
TOTAL (PARTS):	1030.00 1030.00
LABOUR	
1 STRAIGHTEN AND PANEL BEAT ON ACC	IDENT AREA 1.00 1200.00 0.00 1200.00 Y 600

2	SPRAY PAINTING ON ACCIDENT AREA	1.00	1600.00	0.00	1600.00	Y	1100	-12ac
3 .	CHECK & REPAIR WIRING SYSTEM	1.00	120.00	0.00	120,00	Y	_X_	NW
4	R&R REAR DOOR COMPONENTS	1.00	120.00	0.00	120.00	Y	60	
5	R&R REAR UNDERCARRIAGE SYSTEM	1.00	280.00	0.00	280.00	Y	_X	- 1
6	RESPRAY TUFF KOTE ON ACCIDENT AREA	1.00	120.00	0.00	120,00	Υ	_X	./
7	R&R FRONT DOOR COMPARTMENT	1.00	120.00	0.00	120.00	Y	X) NN
8	TYRES BALANCING	1.00	100,00	0.00	100.00	Υ	_×	1
9	COMDUCT FULL WHEEL ALIGNMENT	1.00	100.00	0.00	100.00	Y	_X	
10	R&R IINER TRIM, CRAPET AND BOARD TO ASSIST REPAIR	1.00	120.00	0.00	120.00	Υ	×	
11	R&R WINDSCREEN ASSY	1.00	180.00	0.00	180.00	Υ	_X /	
							/	86 c
	TOTAL (LABOUR):		4060.00		4060.00			0100
	TOTAL PARTS & LABOUR		11139.80		9929.84			

2962.4

EXCESS:

NO. OF DAY

RE-SURVEY : BEFORE / AFTER PARTING

PART-BY-PART OR LUMP-SUM

DATE OF SURVEY

SURVEY BY

CONTACT NO :

FAX NO

NOTE: LUMP-SUM AMOUNT WOULD BE REVISED IF SUPPLEMENT REPAIR IS REQUIRED.

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:

LKK Auto Consultants Pte Ltd (Co.Reg. No:199607198R)

51 Ubi Ave 1 #01-25, Paya Ubi Industrial Park

Singapore 408933

Tel: 6256-3561 Fax: 6844-8805 Email: sur@lkkauto.com;assignments@lkkauto.com

VEHICLE DAMAGE INSPECTION REPORT

Our File No:

CS/CTI18012414/GRD3N2

Date:

25/09/2018

REFERENCE

Handling Insurer:

China Taiping Insurance

(Singapore) Pte. Ltd.

DMCVSN1800751800

Claimant Vehicle No:

SLT2364P

No:

Insured Vehicle XD6698S

TP

Policy No:

30/06/2018 Date of Loss:

Nature of Claim:

Claim No:

SNM18D03342C02

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:

SLT2364P

Make & Model:

MAZDA 3, 1.5 (A)

23/10/2017 (Man. Year: 2017)

Engine No: Chassis No:

Odometer:

P520476704 JM6BN24A8J0186392

15537 km

Reg. Date: Colour:

Grey

Engine Capacity: Market Value/New Car 1496 cc N/A

Price:

Sum Insured (S\$):

Market Value/New Car Price

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:

Steering (Serviceable):

Yes Engine Modification:

Yes Footbrake (Serviceable):

Pre-accident Condition:

Yes

Handbrake (Serviceable): CONDITION OF TYRES

Front Tyre Size:

205/60R16 Toyo 7 mm Rear Tyre Size:

205/60R16

Front Left Side: Front Right Side:

Toyo 7 mm

Rear Left Side: Rear Right Side: Toyo 7 mm Toyo 7 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's 5,869.84	Adjuster's 1,102,40	Difference 4,767,44	Diff % 81.22
Parts Miscellaneous Items	0.00	0.00	0.00	
Labour	4,060.00	1,860.00	2,200.00	54.19
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	9,929.84	2,962.40	6,967.44	70.17
Approved Total (Overridden) (S\$)		2,350.00	54	
(S\$)	9,929.84	2,350.00	7,579.84	76.33
+ GST 7.00/7.00% (S\$)	695.09	164.50	530.59	76.33
Nett Amount (S\$)	10.624.93	2,514.50	8,110.43	76.33

INSPECTION

Date of Assignment:

06/07/2018

Date Inspected:

09/07/2018 Inspected At:

S Three Automotive Recovery Pte Ltd

Blk 8 Sin Ming Industrial Estate, #01-

64/66 Sector C Singapore 575643

Estimated Period of Repair:

6.0 days

Adjuster: XING GUO QIANG

Manager: Janice Lee Si Hua

NOTE: This report represents our findings at the time and place of inspection stated herein. Such inspection has been carried out to the best of our knowledge and ability but any other liability under any other circumstances is hereby expressly excluded.

REPAIR DETAILS

Reference

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 25 Sep 2018)

Parts: 144 MAZDA 3 1.5 (A) (Catalogue:Merimen Singapore 1.0)

Labour: Repairer's (Price-denominated Standard List)

Print Code: (Unsubmitted, no print-code for SLT2364P)

Validity: These estimates are valid only if they contain the print code (above) on all estimate pages, running page

numbers with the END OF ESTIMATES marker on the last estimate page

Further Info: Items/values not in reference catalogue are prefixed with an asterisk *.

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*REAR FENDER LH	Repair	998.00 FL	*-FL
2	1		*REAR BUMPER	Torn	974.00 FL	*950.00 FL
3	1		*FRONT BUMPER *REAR SHOCK ABSORBER RH	Not Necessary Not Necessary	1,025.00 FL 330.00 FL	*- FL *- FL
5	1		*REAR KNUCKLE ARM RH *REAR WHEEL HUP W/BEARING RH	Not Necessary Not Necessary	620.60 FL 349.00 FL	*-FL *-FL
7	1		*REAR LOWER ARM RH *REAR UPPER ARM RH	Not Necessary Not Necessary	285.00 FL 224.90 FL	*-FL
9	1		*REAR WHEEL COVER RH	Not Necessary	280.00 FL 69.30 FL	*- FL *- FL
10 11	1		*WINDSCREEN MOULDING *WING MIRROR ASSY RH	Not Necessary Cut	786.00 FL	*378.00 FL
12	1		*WING MIRROR COVER RH	Repair	108.00 FL	*-FL
13 14	1		*REAR BUMPER CLIPS *REAR RIM RH	Necessary Repair	50.00 FS 450.00 FS	*40.00 FS *- FS
15 16	1		*REAR TYRE RH *WINDSCREEN SEALANT	Not Necessary Not Necessary	380.00 FS 50.00 FS	*- FS *- FS
17 18	1		*WINDSCREEN PRIMER AND CLEANER *WINDSCREEN INNER SEAL	Not Necessary Not Necessary	50.00 FS 50.00 FS	*- FS *- FS
	anchise	part S=SpcN	lett. L=ListItemDisc.			
		Take 30.00, Telefo (1.55)	- List Item Discount on L Iter	Sub Total (S\$) ns 20.00/20.00% (S\$)	7,079.80 1,209.96	1,368.00 265.60
				Total Parts (S\$)	5,869.84	1,102.40

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

		STATE OF STREET	$I \rightarrow I$	00000000
Reco	mmer	nded	ı ar	oour

No	Particulars	Lab.Type	Repairer's	Amount
Labo	our Items			
1	STRAIGHTEN AND PANEL BEAT ON ACCIDENT AREA	New	1,200.00	600.00
2	SPRAY PAINTING ON AFFECTED AREA	New	1,600.00	1,200.00
3	CHECK & REPAIR WIRING SYSTEM	New	120.00	:+
4	R&R REAR DOOR COMPONENTS	New	120.00	60.00
5	R&R REAR UNDERCARRIAGE SYSTEM	New	280.00	
6	RESPRAY TUFF KOTE ON ACCIDENT AREA	New	120.00	12
7	R&R FRONT DOOR COMPARTMENT	New	120.00	
8	TYRES BALANCING	New	100.00	19
9	CONDUCT FULL WHEEL ALIGNMENT	New	100.00	9
10	R&R INNER TRIM, CARPET AND BOARD TO ASSIST REPAIR	New	120.00	-
11	R&R WINDSCREEN ASSY	New	180.00	1.5
	Gross Lab	our Cost (S\$)	4,060.00	1,860.00
	Report was unsubmitted du	ring this print-out.		

< END OF ESTIMATES >