SME Motor Pte Ltd

1 Kaki Bukit Ave 6, #02-15 Autobay@KakiBukit Singapore 417883 TEL: 67476106 (6 lines) FAX: 67442368 Email: service@smemotor.com.sg GST:201119451E RCB NO:201119451E

M/S: LONPAC INSURANCE BHD

300, Beach Road, #17-04/07

THE CONCOURSE

Singapore 199555

62507388

FAX: 62963767

ATTN: Motor Claim Department Your Ref No: 18/LP/TP-226 (11)

Claim Type:

TEL:

Third Party

Estimate No: EST0004480

Date:

13 Nov 2018 P10094737R00

Policy No:

Veh Reg No: SJT9490K

Make/Model: CHEVROLET CRUZE

Reg. Date:

10/11/2009

Estimate Repair Cost to Vehicle No :SJT9490K

	Description	U/Price Quantity	Cost		Amoun
			S	<u>\$</u>	<u>S</u>
	Parts				
1	REAR BUMPER	1 PC	980.0	0	
2	REAR BUMPER RETAINER	2 PC	32.0	0	
3	REAR BUMPER CLIP	10 PC	20.0	0	
4	REAR BUMPER REINFORCEMENT	1 PC	395.0	0	
			1,427.0	0	
		Add 15%	214.0	5	1,641.0
	Special Net				
5	REVERSE SENSOR	1 PC_	250.0	0	
					250.00
	Labour				
6	WIRE CHECKING	1 UNI	T 30.0	0	
7	LABOUR CHARGE	1 UNI			
8	SPRAY PAINTING	1 UNI	T 500.0	0	
					1,030.00
		Amount Before	e Excess		S\$ 2,921.03
		Add GS	Т @ 7%		204.4
		Total Amount	payable		S\$ 3,125.52

TOTAL: SINGAPORE DOLLAR THREE THOUSAND ONE HUNDRED TWENTY FIVE AND CENTS FIFTY TWO ONLY

For SME Motor Pte Ltd

AUTHORISED SIGNATURE

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 wilful misrepresentation or witholding 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 Report	12/11/2018 16:05	
Date Of Accident	12/11/2018 13:15	
Exact Location Of Accident	ECP	
Country/State of Loss	SINGAPORE	
DETAILS OF OWN VEHICLE		

DETAILS OF OWN VEHICLE	

Vehicle Registration Number

SJT9490K

Insured/Policyholder

Name Of Registered Owner

TONG CHEE KEONG

NRIC No S7019763D

Email Address NOEMAIL

Mobile Phone No (LOCAL) +65-96454418

Alternative Phone No OFFICE-96454418

Vehicle Particulars

Manufacturer CHEVROLET

Model CRUZE-1.6 L (A)

Exact Purpose for which vehicle was being used at time of accident

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

AUTO & GENERAL INSURANCE (SINGAPORE) PTE. LIMITED.

Type Of Coverage

COMPREHENSIVE

Fleet Policy

NO

Policy Number

P10094737R00

Cover Note Number

Driver

Name of Driver TONG CHEE KEONG

 NRIC No
 \$7019763D

 Date Of Birth
 09/02/1970

 Occupation
 INDOOR

 Date Of Driving Pass
 27/03/2000

Driving Experience 18 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96454418

Fax Number

Contact Number OFFICE-96454418

EMail Address NOEMAIL

Address

BLK 125 BEDOK NORTH ROAD #12-127

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

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

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

3

Number of Passengers (Including Driver)

Passenger 1

NAME:

CHUN FOONG SIM

GENDER:

FEMALE

Passenger 2

NAME:

TONG WEI HONG

GENDER:

: MALE

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

FRONT VEHICLE BRAKE AND I FOLLOWED TO BRAKE TO SLOW DOWN. WHEN SUDDENLY, VEHICLE B HIT INTO MY VEHICLE'S REAR PORTION. THERE'S ANOTHER VEHICLE INVOLVED BEHIND VEHICLE B.

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

SJL9475Y

Vehicle Make/Model/Colour

Details Of Properties

VEHICLE B

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SHB8920L

Vehicle Make/Model/Colour

Details Of Properties

VEHICLE C

Vehicle Category

TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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- 5. Any false reporting may be referred to the Police for investigation.
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- 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)
 - (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.
- 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 .:

Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

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

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

EUROCOSINE COMPENSANT

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7019763D



TONG CHEE KEONG

唐志强

Race

CHINESE

Date of Birth 09-02-1970

Country of Birth
SINGAPORE



NRIC No. S7019763D

Blood Group Date of issue

30-06-1997

APT BLK 125 BEDOK NORTH ROAD #12-127

SINGAPORE 460125

NRIC No: \$7019763D

Date: 25-05-2000 No: 3776878

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

Class 2B Motorcycles not exceeding 200 cc Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE

22 Apr 1999 27 Mar 2000

Budget Direct insurance

Certificate of Insurance

Comprehensive Car Policy Policy Number: P10094737R00

Motor Vehicles (Third-Party Risks And Compensation) Act (Chapter 189) (Republic of Singapore), Motor Vehicles (Third-Party Risks And Compensation) Rules, 1996 Edition (Republic of Singapore), Road Transport Act, 1987 (Malaysia), Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia) or any Amendment, Act or Acts passed in substitution thereof.

Certificate Number P10094737R00 (Comprehensive / Named Driver Plan)

1) Vehicle Registration Number

SJT9490K

92

Chassis Number

KL1JF6961AK569330

2) Effective Date / Time of Commencement

10/11/2018 (00:00)

of Insurance for the Purpose of the Act

10/11/2010 (00.00)

3) Date / Time of Expiry of Insurance

09/11/2019 (23:59)

4) Excess

(i) Policy

S\$ 600.00

(ii) Windscreen

S\$ 100.00

5) Policyholder

TONG CHEE KEONG

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 and its registration under the 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

TONG CHEE KEONG (09/02/1970)

Named Driver(s) / Date of Birth

None

7) Limitation as to use*

Use only for social, domestic and pleasure purposes and for the occasional 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 (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

8) Finance Company

Hong Leong Finance Limited

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 (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or any Amendment, Act or Acts passed in substitution thereof.

Issued in Singapore on 24/09/2018

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

Simon Birch



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-18-174791

Date of Request:

12/11/2018

Your Ref No:

Online Purchase

SME Motor Pte Ltd 1 Kaki Bukit Ave 6 #02-15 AutoBay @ Kaki Bukit Singapore 417883

Dear Sir/Madam,

Enquiry Date

12/11/2018

Enquiry By

Gary Seah

TP Vehicle No.

SJL9475Y

Accident Date

12/11/2018

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SJL9475Y	Lonpac Insurance Bhd	19/01/2018-18/01/2019	+65 62507388

Thank You.

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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:

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Date of Request:

12/11/2018

Your Ref No:

Online Purchase

SME Motor Pte Ltd 1 Kaki Bukit Ave 6 #02-15 AutoBay @ Kaki Bukit Singapore 417883

Dear Sir/Madam,

Enquiry Date

12/11/2018

Enquiry By

Gary Seah

TP Vehicle No.

SJL9475Y

Accident Date

12/11/2018

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