SME Motor Pte Ltd

1 Kaki Bukit Ave 6, #02-15 Autobay@KakiBukit Singapore 4 17883 TEL: 67476106 (6 lines) FAX: 67442368 Email: service@smemotor.com.sg GST:201119451E RCB NO:201119451E

M/S: MS FIRST CAPITAL INSURANCE LIMITED

36 ROBINSON ROAD #16-01 Estimate No: EST0005249

CITY HOUSE Date: 06 Jan 2020

Singapore 068877 Policy No: 10612261
TEL: 65073848 FAX: 65073849 Veh Reg No: **SKC4036A**

TEL: 65073848 FAX: 65073849 Veh Reg No: SKC4036A
ATTN: Motor Claim Department? Make/Model: KIA CERATO

Your Ref No: 20/FC/TP-007(01) Chasis No: 0

Claim Type: Third Party Engine No: Accident Date: 02/01/2020 Reg. Date:

TP Veh Reg No: SHC923B

Estimate Repair Cost to Vehicle No: SKC4036A

	Description	Quantity	List Price	Amount
			<u>S\$</u>	S
	List Price		72	
1	FRT BUMPER	1 PC	562.00	
2	FRT BUMPER RETAINER LH	1 PC	22.00	
3	FRT BUMPER CLIPS	10 PC	50.00	
4	LH HEADLAMP	1 PC	546.00	
5	FRT LH FENDER	1 PC	464.00	
6	FRT LH FENDER INNER COWLING	1 PC	55.00	
7	INNER COWLING CLIPS	10 PC	50.00	
8	FRT LH SHOCK ABSORBER	1 PC	233.00	
9	FRT LH LOWER ARM	1 PC	305.00	
10	FRT LH LOWER ARM BALL JOINT	1 PC	75.00	
11	FRT LH KNUCKLE ARM	1 PC	330.00	
12	FRT LH KNUCKLE BEARING	1 PC	108.00	
13	FRT LH DRIVE SHAFT	1 PC	968.00	
14	STEERING RACK ASSY	1 PC	1,543.00	
			5,311.00	
		Less 10%	531.10	4,779.90
	Special Net			
15	FRT LH SPORTS RIM	1 PC	250.00	
			250.00	250.00
	Labour			
16	WIRE CHECKING	1 UNIT	30.00	
17	REMOVE & REFIX FRT UNDERCARRIAGE	1 UNIT	200.00	
18	WHEEL ALIGNMENT	1 UNIT	65.00	
19	TOWING FEE	1 UNIT	50.00	
20	LABOUR CHARGE	1 UNIT	500.00	
21	SPRAY PAINTING	1 UNIT	700.00	
		÷	1,545.00	1,545.00

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M/S: MS FIRST CAPITAL INSURANCE LIMITED

36 ROBINSON ROAD #16-01

Estimate No:

EST0005249

CITY HOUSE

Date:

06 Jan 2020

Singapore 068877

Policy No:

10612261

FAX: 65073849

SKC4036A

0

65073848

ATTN: Motor Claim Department

Veh Reg No: Make/Model:

KIA CERATO

Your Ref No:

TEL:

20/FC/TP-007(01)

Chasis No:

Claim Type:

Third Party

Engine No:

Accident Date:

02/01/2020

Reg. Date:

TP Veh Reg No:

SHC923B

Estimate Repair Cost to Vehicle No :SKC4036A

Quantity List	t Price Amoun
S	S\$ SS
Total	S\$ 6,574.90
Add GST @ 7%	460.24
Total Amount Payable	S\$ 7,035.14
	` ;

TOTAL: SINGAPORE DOLLAR SEVEN THOUSAND THIRTY FIVE AND CENTS FOURTEEN ONLY

For SME Motor Pte Ltd

AUTHORISED SIGNATURE

Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 06/01/2020 16:40

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	06/01/2020 13:56
Date Of Accident	02/01/2020 05:40
Exact Location Of Accident	KJE SLIP ROAD CHOA CHU KANG WAY.
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKC4036A
Insured/Policyholder	
Name Of Registered Owner	BODESTYNE FRANCIS GHAZALIE
NRIC No	SXXXX966J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98891247
Alternative Phone No	OFFICE-98891247
Vehicle Particulars	
Manufacturer	KIA
Model	CERATO
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	AVIVA LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	10612261
Cover Note Number	
Driver	
Name of Driver	RODESTYNE EDANCIS CHAZALIE

Name of Driver BODESTYNE FRANCIS GHAZALIE

NRIC No SXXXX966J
Date Of Birth 24/07/1966
Occupation INDOOR
Date Of Driving Pass 07/11/2000

Driving Experience 19 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-98891247

Fax Number

Contact Number OFFICE-98891247

EMail Address NOEMAIL

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SHC923B

Vehicle Make/Model/Colour

Details Of Properties VEH 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)

DETAILS OF INJURED PERSON 1

Name BODESTYNE FRANCIS GHAZALIE

Approximate Age Injuries Sustain

Injured person in which vehicle? SKC4036A

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

YES

Address Postcode

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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.:

Charles State Annaugum Va

Date & Time:





Γ/20200106/2026

1 of 3

Report No. T/20200106/2026

Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

REPORT	OF A	TRAF	FIC A	CCIDENT

Date/Time Report Made: 06/01/2020 10:20			Vide Report No.:		Station Diary No.:		
Informant'	s Particul	ars					
Name of In	formant:		Address:				
BODESTYNE FRANCIS GHAZALIE			APT BLK 145 TAMPINES STREET 12 #06-340 TAMPINES				
			PARK SINGAPORE 521145				
ID Type / ID No.:			Contact No.:				
NRIC NO / S1780966J			Home/Office: Mobile: 98891247				
Nationality:			Email:				
SINGAPOR	RE CITIZE	N					
Sex:	Age:	Date of Birth:	Type of Informant:				
Male	53	24/07/1966	Driver				
Race:		<i>"</i>	Language:	age: Institution / School Name:			
Eurasian			English				
Occupation	1:		Driving Licence Information:				
SINGAPOR	RE ARMED	FORCES	Class: 3	Date of Exp	piry:		

General Informati	ion of the Accident				TO THE ST	
Type of Accident:	Injury Conveyed By Ambular	nce	Drink Drive: No	Date/Time of Accident: 02/01/2020 17:40)	Type of Location:
Location: Along Road 1 CHOA CHU KAN KJE SLIP ROAD						al a
Weather: Clear		Road S Dry	Surface:		Road	d Speed Limit:
Traffic Flow:		<u> </u>	Control:		Traff	ic Volume:
Type of Collision:						one conveyed by ulance:

Details of V	ehicle Invo	lved				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SHC923B	Car			ř		0
SKC4036A	Car	KIA	CERATO FORTE 1.6 SX 6AT ABS D/AB 2WD 4DR	Black		0
SMP9835K	Car					1





2 of 3

Report No. T/20200106/2026

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Details of V	ehicle Insurance			F . D.
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKC4036A	AVIVA LTD	10612261	24/08/2015	23/08/2020

Brief Details.

ON THE ABOVE MENTIONED DATE, TIME AND LOCATION I WAS TRAVELING ALONG SLIP OF KJE TURNING RIGHT INTO JUNCTION OF CHOA CHU KANG WAY I WAS WAITING FOR THE TRAFFIC LIGHT TO TURN GREEN UPON TURNING GREEN I STARTED TO MOVE FORWARD WITH ANOTHER VEHICLE(SMP9835K) WHILE I WAS MAKING A RIGHT TURN, I SUDDENLY HEARD A LOUD BANG, A RED CAR(SMP9835K) HAD COLLIDED ONTO THE FRONT LEFT PORTION OF MY VEHICLE AFTER IT WAS HIT BY ANOTHER VEHICLE FROM THE OTHER DIRECTION. I WAS THEN CONVEYED TO NG TENG FONG HOPSITAL AND GIVEN 7 DAYS OF HOSPITALIZATION LEAVE FROM 02/01/2020 TO 09/01/2020.





3 of 3 Report No. T/20200106/2026

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

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.

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:	Signature Of Informant:
BERNARD KOH REN JUN	- Alodoste
Signature Of Interpreter: Not applicable	Date/Time: 06/01/2020 10:20
Officer In Charge Of Case: TP / GIT /	Classification Of Case:
SI VILTON HIA WEE SIANG Contact No.: 65476228	SINGAPORE POLICE FORCE
Authentication Stamp NP168	

T/20200106/2047

Report No. T/20200106/2047

1 of 3

Case Summary Form (CSF For NP168)

Manual NP168 Form Serial No

T/2020106/2026

Report Number

T/20200106/2047

Vide Report Number

Date/Time of Report Made

06/01/2020 11:55

Place Report Lodged

Traffic Police

Type of Informant

Driver

Name of Informant

BODESTYNE FRANCIS GHAZALIE

ID Type / ID No.

NRIC NO / S1780966J

Home/Office

Mobile

98891247

Email

Type of Accident

Injury / Conveyed By Ambulance

Drink Drive

No

Anyone conveyed by

ambulance

Yes

Date/Time of Accident

02/01/2020 05:40

Details of Vo	ehicle Invol	ved				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SHC923B	Car		v v			0
SKC4036A	Car	KIA	CERATO FORTE 1.6 SX 6AT ABS D/AB 2WD 4DR	Black		0
SMP9835K	Car					1



Car Insurance Policy Schedule

POLICYHOLDER

VSURED: AMILY NAME IVEN NAME

Ghazalie Bodestyne Francis

USINESS/PROFESSION:

Armed Forces (Regular)

COVER

LAN TYPE: OVER TYPE: LAN TERM: Motor Lite Comprehensive Annual Plan

EXCESS

Source projection of the closure interesents

IWN DAMAGE POLICY EXCESS 5\$1,000.00
OUNG AND/OR INEXPERIENCED DRIVER EXCESS: \$\$2,500.00
Aged 24 and below or has held a valid driving license for less than 2 years.)
ote: in addition to Own Damage Policy Excess if applicable
VINDSCREEN EXCESS: \$\$100.00
ill excess subject to GST if applicable

USE INSURED AGAINST

lse for social, domestic and pleasure purposes and for use in connection with the olicyholders own business. The policy does not cover use for (i) Hire and rewards, i) Racing, pace making, reliability trial or speed testing, (iii) Driving tuition, (iv) The arriage of goods for hire and reward, (v) Any purpose in connection with the motor rade.

PREMIUM CALCULATION

REMIUM IST @ 7.00% OTAL DUE IATE ISSUED S\$ 720.61 S\$ 50.44 S\$ 771.05

23-Aug-2019 at 05:35hours

POLICY NO :

10612261

PERIOD OF INSURANCE

(both dates inclusive)

FROM:

24-Aug-2019 00:00hours

TO:

23-Aug-2020 23:59hours

AGENT'S DETAILS

CODE:

10000001

NAME:

DIRECT (GEN-INS)

COMPANY NAME:

DIRECT (GEN-INS)

CAR INSURED

MAKE & TYPE OF BODY: REGISTRATION NO.:

KIA CERATO FORTE 1.6 SX 1591cc

SKC4036A

SUM INSURED: Market Value inclusive of COE YEAR OF REGISTRATION: 2011

NIA

OFF-PEAK CAR: No

PERIOD OF OWNERSHIP OF CAR TO BE 7 to <8 years

INSURED:

MODIFICATIONS TO YOUR CAR WHICH DO NOT COMPLY WITH AND/ OR ARE NOT APPROVED BY LTA: No

ADDITIONAL COVERS

Additional Personal Accident

WHO MAY DRIVE YOUR CAR

You and any driver aged 30 or over

NO CLAIMS DISCOUNT

(This NCD amount is specific to your Aviva policy only)

NCD%:

50

Safe Driver Discount%:

5

POLICY OWNERS' PROTECTION SCHEME (PPF)

This policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coveragi for your policy is automatic and no further action is required from you. For mo information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact us or visit the GIA o SDIC web-sites (www.gia.org.sg or www.sdic.org.sg).



SINGAPORE ARMED FORCES **IDENTITY CARD**

BODESTYNE FRANCIS GHAZALIE

NRIC No

S1780966J



DRIVING LICENCE

Licence Number S1780966J

BODESTYNE FRANCIS GHAZALIE

Birth Date: 24 Jul 1966 Issue Date: 16 Oct 2003

1



the property of the Singapore Armed Forces. Any person finding this it without delay to Central Manpower Base or any Police S

MA 1105 00650510YMB

S1780966JI PINK

24/07/1966 Service Status

REGULAR

Address

BIK 145 TAMPINES STREET 12 #06-340 SINGAPORE 521145

00000050004540

Blood Group O (+)

Race EURASIAN Country Of Birth SINGAPORE

Military Rank Status

WARRANT OFFICER



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

Motor Cars and Motor Tractors the weight of

which unladen does not exceed 2500 kil ograms

NP 428A