

C L Auto Pte Ltd

48 TOH GUAN ROAD EAST #02-125 ENTERPRISE HUB SINGAPORE 608586

TEL: 6795 6125 FAX: 6795 0920 Email: vincent@clauto.com.sg

RCB NO:198800292M

M/S : AIG ASIA PACIFIC INSURANCE PTE LTD
78 SHENTON WAY #07-16
SINGAPORE 079120

TEL: 6419 3000 FAX: 6835 7416
ATTN: Motor Claim Department

Your Ref No: GBF5476Y
Claim Type: Third Party
Accident Date: 30/01/2020

Estimate No: EST1900320
Date: 31 Jan 2020
Policy No: DMCG19011219
Veh Reg No: GBF5476Y
Make/Model: TOYOTA KDY231R-TLMKY DYNA
Chassis No: JTFAT35Y60K206575
Engine No: 1KD-FTV
Reg. Date:

Estimate Repair Cost to Vehicle No :GBF5476Y

Description	Quantity	List Price	Amount
		<u>S\$</u>	<u>S\$</u>
Special Net:			
1 DYNA STICKER	1 PC	20.00	
2 REVERSE SENSOR	1 SET	280.00	
3 REVERSE CAMERA	1 SET	280.00	
4 REAR NUMBER PLATE	1 PC	45.00	
5 BACK DOOR STICKER - 13PAX	1 PC	12.00	
6 BACK DOOR STICKER - 70/KM/H	1 PC	12.00	
		649.00	649.00
List Price:			
7 BACK DOOR	1 PC	-	
8 BACK DOOR TOYOTA STICKER	1 PC	-	
9 BACK DOOR HINGE	2 PC	-	
10 REAR RHS TAIL LAMP WITH BRACKET	1 SET	-	
11 NUMBER PLATE LAMP AND BRACKET	1 SET	-	
12 EXHAUST PIPE	1 PC	-	
13 EXHAUST PIPE REAR MOUNTING	1 SET	-	
14 BACK DOOR LOCK LHS	1 SET	-	
15 BACK DOOR LOCK STOPPER	1 SET	-	
16 REAR FLOOR BOARD STRUT FRAME	1 SET	-	
		0.00	0.00
Labour Charges:			
17 REMOVE & REFIT ACCIDENT DAMAGED PORTON, CUT/WELD REAR SUBFRAME, FLOOR BOARD AND NO. PLATE BRACKET REPA	1 JOB	1,400.00	
18 TO PAINT REAR FLOOR BOARD, BACK DOOR AND SUB FRAME REPA	1 JOB	900.00	
19 RUST PROOFING REPA	1 JOB	130.00	
20 TO CHECK WIRING & LIGHTING, TO FIX REVERSE CAMERA AND REVERSE SENSOR REPA	1 JOB	180.00	
		2,610.00	2,610.00

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Reg. Date:

Estimate Repair Cost to Vehicle No :GBF5476Y

Description	Quantity	List Price	Amount
		S\$	S\$
		Total	S\$ 3,259.00

TOTAL: SINGAPORE DOLLAR THREE THOUSAND TWO HUNDRED FIFTY NINE ONLY

For C L Auto 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 withholding 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	31/01/2020 13:33
Date Of Accident	30/01/2020 17:55
Exact Location Of Accident	KJE TWDS BKE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF5476Y
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Insured/Policyholder

Name Of Registered Owner	ADEPT ENGINEERING & BUILDING SERVICES PTE LTD
Co Reg No	2XXXXX478G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68424957

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150-3.0 D (M)
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	ERGO INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCG19011219
Cover Note Number	

Driver

Name of Driver	ABDULLAH BIN SHAMSUDIN
NRIC No	SXXXX315H
Date Of Birth	04/10/1957
Occupation	OUTDOOR
Date Of Driving Pass	28/09/1978
Driving Experience	41 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96575968
Fax Number	
Contact Number	
EMail Address	ABDSHAM@YAHOO.COM

Address	BLK 635 CHOA CHU KANG NORTH6 #13-275
Postcode	680635
Was driver an employee of the Insured's Company	YES
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

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 (including own vehicle) 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)	1

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 TO SKETCH PLAN

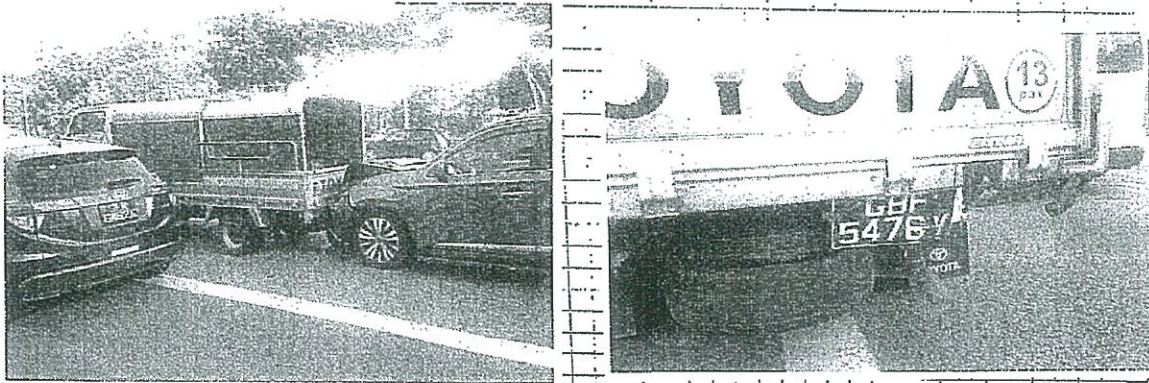
Attachment(s)

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	SMJ6663R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ERIC TEH ZEHONG
NRIC/Passport Number	
Contact Number	96206086
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I Abdullah Bin Shamsudin was driving my company lorry, GBF5476Y on my way back home. I was driving along KJE inner lane. The traffic was heavy and the vehicles are moving slow. I was keeping my safety distance to my front vehicle. Suddenly, SMJ6663R Mr. Teh Zehong, Eric 96206086 hit my lorry at rear centre portion.

Date of accident on 20/11/2020 at 1755 hours.

<input type="checkbox"/> Claim own policy	
<input type="checkbox"/> Claim third party	
<input checked="" type="checkbox"/> Claim OD (TP) at other workshop	CL Auto
<input type="checkbox"/> For record purpose only	
Policy No.	DMCG 1011219
Insurer	ERG10
Veh No.	GBF5476Y

DECLARATION

I 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: *Sham*
NRIC/FIN No.:

Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

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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: SHAWN
NRIC/FIN No.: