

ASS. REC. BY:

REF: CS/CTI 20002649/ESF3

Special Instruction:

Surveyor: Kenneth ASSIGNMENT (Office)

From (Person): Chung Boun Sen of CTI Date/Time: 14.2.2000 5:31p.m

Estimated Cost: Bill to:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV / CS

To Inspect Vehicle No: SML 4395 S Insured: PA 9726 K

at Workshop m/s Henry YAP Song Tel: 9183308

of D1K 160 SH ming Drive #1 08-13

Policy No: Claim No: SNM 2017 200764 / PA9726K / CBS

Sum Insured: Excess:

Make of Veh: D.O.A 8.2.2000

(Client's Record) CA / REV / REP. / REV 24 HRS H.O.D. Endorsement:

Date/Time: 14/2/2000 1.04p.m Person Contacted: MY cheng Vehicle: IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	SML 4395 S
	PA 9726 K - MN / CTI 19020602103 DCA - 14/11/2019
19/02/20	@ 17:15 pm checked with Mr. Cheng, got estimate and will email to Kenneth

ASS. REC. BY:

REF: CS

KT2/20002649/KSF3

ASSIGNMENT

Kenneth

From: _____ Date: _____

Estimated Cost: _____

OD/TP/WS/TP RES/OD RES/EVA/INV/MV

To Inspect Vehicle No: _____

at Workshop n/s 1 King Yop Sen

Insured: _____

Policy No. _____

Claims No. _____

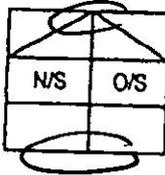
Sum Insured: _____ Excess: _____

(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 Rpt: _____ Consistent?: Yes or No

GIA / PR Seen: _____ Consistent?: Yes or No

Est. Repairs: _____ days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SMZ 4395J Yr Regn: 08, 17

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Honda Vezel c.c. 1496

Colour: M. Red A/C: Insured / Std / NI / NA

Sp. Reading: 94102 TRadio: Insured / Std / NI / NA

EngNo: _____

C/No: R43 1249800

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD / RIM or

Tyre Size: F/APWS 215/60R16

BS: DUR / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front R/Bal. 9 mm Rear R/Bal. 3 mm

L/Bal. 9 mm L/Bal. 3 mm

D.O.A. 8/2/20 D.O.I. 17/2/2020

Survey held at _____

Des. of Damages: Frt Rear / O/S / N/S / UIC / Rooftop or & 1st

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>Est not ready</u>
	<u>1/1 Pay \$8900 / 12 days Kenneth</u>
	<u>(\$14,530.50 Red = 68%)</u>
	<u>Consent with Boss</u>

Date/Time, File Pass to?

23/2/20

1) _____

Date/Time, File Return to?

2) _____

: Prell. Report

: Final Report

Days Of Repair: 12

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S + RS: \$

Fuel

Others

TOTAL

Add Fee: : Site Insp (\$)

: Interview (\$)

: Tech Invs (\$)

: Weekend (\$)

Report Format :

Lump Sum / I.B.I: (\$)

Summer Lee (LKK Auto)

From: Chong Boon Sen <boonsen.chong@sg.cntaiping.com>
Sent: Friday, 14 February, 2020 5:31 PM
To: Nivitha (LKK Auto); 'Boo Moh Cheh'
Cc: 'assignments'
Subject: RE: OU REF: SNM20D200764/PA9726K/CBS - Our Ref : BMC.3468.19.wh
Attachments: 3468.email.11.2.20.pdf

Chong Boon Sen

Claims Executive
Department

China Taiping Insurance (Singapore) Pte. Ltd.

3 Anson Road #16-00 Springleaf Tower Singapore 079909
DID: (65) 63896171 | M: (65) XXXX XXXX | F: (65) 6222 1033

W: www.sg.cntaiping.com | **FB:** www.facebook.com/chinataipingsg/ | **WeChat:** 太平獅城 Taiping SG 3 Anson
Road #16-00 Springleaf Tower Singapore 079909
DID: (65) 63896171 | M: (65) XXXX XXXX | F: (65) 6222 1033

From: Nivitha (LKK Auto) [mailto:admin-d@lkkauto.com]
Sent: Friday, February 14, 2020 5:02 PM
To: Chong Boon Sen <boonsen.chong@sg.cntaiping.com>; 'Boo Moh Cheh' <boo@kurupnboo.com.sg>
Cc: 'assignments' <assignments@lkkauto.com>; Claims Dept of CTI <claimsdept@sg.cntaiping.com>; Irene Tay <irene.tay@sg.cntaiping.com>; Tan Kah Leong <KahLeong.Tan@sg.cntaiping.com>
Subject: RE: OU REF: SNM20D200764/PA9726K/CBS - Our Ref : BMC.3468.19.wh

Dear Sir/Madam,

Kindly provide us the workshop details.

Best Regards

G.NIVITHA

LKK Auto Consultants Pte Ltd

Phone: 6841-1972 | email: assignments@lkkauto.com | fax: 6256-4315
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Nivitha (LKK Auto) [mailto:admin-d@lkkauto.com]
Sent: Thursday, 13 February 2020 3:55 PM
To: 'Chong Boon Sen'; 'Boo Moh Cheh'
Cc: 'assignments'; 'Claims Dept of CTI'
Subject: RE: OU REF: SNM20D200764/PA9726K/CBS - Our Ref : BMC.3468.19.wh

Dear Sir/Madam,

Kindly provide us the workshop details.

Best Regards

G.NIVITHA

LKK Auto Consultants Pte Ltd

Phone: 6841-1972 | email: assignments@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Nivitha (LKK Auto) [<mailto:admin-d@lkkauto.com>]

Sent: Wednesday, 12 February 2020 3:58 PM

To: 'Chong Boon Sen'; 'Boo Moh Cheh'

Cc: 'assignments'; 'assignments'

Subject: RE: OU REF: SNM20D200764/PA9726K/CBS - Our Ref : BMC.3468.19.wh

Dear Sir/Madam,

Kindly provide us the workshop details.

Best Regards

SHIAU CHAN

LKK Auto Consultants Pte Ltd

Phone: 6841-1972 | email: assignments@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Chong Boon Sen [<mailto:boonsen.chong@sg.cntaiping.com>]

Sent: Wednesday, 12 February 2020 3:46 PM

To: Boo Moh Cheh

Cc: assignments; assignments; Chong Boon Sen

Subject: RE: OU REF: SNM20D200764/PA9726K/CBS - Our Ref : BMC.3468.19.wh

WITHOUT PREJUDICE

Dear Sir,

We will be assigning M/s **LKK** Auto Consultants Pte Ltd to survey your client's vehicle.

;b

Aside to **LKK**,

Please proceed to survey the third party vehicle on WP basis.

Thank you.

Chong Boon Sen

Claims Executive
Department

China Taiping Insurance (Singapore) Pte. Ltd.

3 Anson Road #16-00 Springleaf Tower Singapore 079909
DID: (65) 63896171 | M: (65) XXXX XXXX | F: (65) 6222 1033

W: www.sg.cntaiping.com | **FB:** www.facebook.com/chinataipingsg/ | **WeChat:** 太平獅城 Taiping SG 3 Anson
Road #16-00 Springleaf Tower Singapore 079909
DID: (65) 63896171 | M: (65) XXXX XXXX | F: (65) 6222 1033

From: Boo Moh Cheh [<mailto:boo@kurupnboo.com.sg>]

Sent: Wednesday, February 12, 2020 3:07 PM

To: Chong Boon Sen <boonsen.chong@sg.cntaiping.com>

Subject: RE: OU REF: SNM20D200758/PA9726K/CBS - Our Ref : BMC.3468.19.wh

12.2.20

Our Ref : BMC.3468.19

China Taiping Insurance (Singapore) Pte. Ltd.
Att : Mr Chong Boon Sen

Dear Mr Chong

Please appoint "LKK" for the pre repair survey/inspection .

Thank you.

B Rgds
Boo Moh Cheh
Kurup & Boo

From: Chong Boon Sen [<mailto:boonsen.chong@sg.cntaiping.com>]

Sent: Wednesday, 12 February, 2020 11:13 AM

To: boo@kurupnboo.com.sg

Subject: RE: OU REF: SNM20D200758/PA9726K/CBS - Our Ref : BMC.3468.19.wh

Without prejudice
Save as to costs

Dear Sir,
LKK
LBS
STA

Chong Boon Sen

Claims Executive
Department

China Taiping Insurance (Singapore) Pte. Ltd.

3 Anson Road #16-00 Springleaf Tower Singapore 079909

DID: (65) 63896171 | M: (65) XXXX XXXX | F: (65) 6222 1033

W: www.sg.cntaiping.com | **FB:** www.facebook.com/chinataipingsg/ | **WeChat:** 太平獅城 Taiping SG 3 Anson Road #16-00 Springleaf Tower Singapore 079909
DID: (65) 63896171 | M: (65) XXXX XXXX | F: (65) 6222 1033

From: Claims Dept of CTI

Sent: Wednesday, February 12, 2020 11:02 AM

To: Chong Boon Sen <boonsen.chong@sg.cntaiping.com>; boo@kurupnboo.com.sg

Cc: Claims Dept of CTI <claimsdept@sg.cntaiping.com>

Subject: OU REF: SNM20D200758/PA9726K/CBS - Our Ref : BMC.3468.19.wh

Dear Boon Sen,

Please conduct PRS for SML4395S.

Note : officer in charge – Boon Sen 63896171.

***** Kindly quote our reference number when replying.**

Thank you,
Claims Department

China Taiping Insurance (Singapore) Pte. Ltd.
3 Anson Road #15-00 Springleaf Tower Singapore 079909
DID: (65) 63896116 | F: (65) 62247175

W: www.sg.cntaiping.com | **FB:** www.facebook.com/chinataipingsg/ | **WeChat:** 太平獅城 Taiping SG

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From: Boo Moh Cheh <boo@kurupnboo.com.sg>

Sent: Tuesday, February 11, 2020 3:38 PM

To: Claims Dept of CTI <claimsdept@sg.cntaiping.com>

Subject: Our Ref : BMC.3468.19.wh

Our Ref : BMC.3468.19.wh

Your Ref : Insured vehicle no. PA 9726K

11 February 2020

China Taiping Insurance Singapore Pte Ltd

Dear Sirs

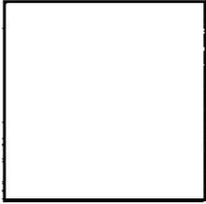
**REQUEST FOR PRE REPAIR INSPECTION
ACCIDENT INVOLVING VEHICLE NO. SML 4395S AND PA 9726K
AT JURONG LAKE LINK ON 8 FEBRUARY 2020**

We attach our letter today for your attention.

Regards

Boo Moh Cheh

Kurup & Boo
111 North Bridge Road
#15-03 Peninsula Plaza
Singapore 179098
Tel : 6223 3343
Fax : 6225 7248



This email has been checked for viruses by AVG antivirus software.
www.avg.com

KURUP & BOO

UEN 53130914B
ADVOCATE & SOLICITOR
COMMISSIONER FOR OATHS
NOTARY PUBLIC

111 North Bridge Road
#15-03 Peninsula Plaza
Singapore 179098
Tel. No. 6223 3343
6221 8623
Fax. No. 6225 7248
Writer's e-mail :
boo@kurupnboo.com.sg

Our Ref : BMC.3468.19.wh
Your Ref : Insured vehicle no. PA 9726K

11 February 2020

URGENT

China Taiping Insurance Singapore Pte Ltd
3 Anson Road
#15-00 Springleaf Tower
Singapore 079909

Via Email:
claimsdept@sg.cntaiping.com
and BY HAND

Dear Sirs

**ACCIDENT INVOLVING VEHICLE NO. SML 4395S AND PA 9726K
AT JURONG LAKE LINK ON 8 FEBRUARY 2020**

We act for Atan Leasing Pte Ltd, the owner of the vehicle no. SML 4395S which was involved in the above accident.

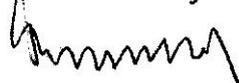
For your immediate attention, we attach a copy of the Singapore Accident Statement lodged by or on behalf of our client.

By way of notice, we inform you that our client damaged vehicle is now in the workshop named below:

Heng Yap Seng Auto Services
Block 160, Sin Ming Drive
#08-13 Sin Ming AutoCity
Singapore 575722
Contact : Mr Chong Han Meng
HP No. : 9183 3008 Fax : 6873 2017

We hereby give you **two days'** notice for your representative to go the above workshop to inspect our client's damaged vehicle. Kindly contact Mr Chong Han Meng prior to going to the workshop for the survey.

Yours faithfully



BOO MOH CHEH

etc

cc Heng Yap Seng Auto Service

FROM: ABRD GARAGE PTE LTD (MENG)

MSNH20017888 / S & H Motor Pte Ltd - Sin Ming
 ENTRY DATE & TIME: 10/02/2020 10:19
 SUBMITTED BY: Wong Kee Nyuk

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 10/02/2020 10:19
 Date Of Accident 08/02/2020 17:55
 Exact Location Of Accident JURONG LAKE LINK
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SML4395S
 Insured/Policyholder
 Name Of Registered Owner ATAN LEASING PTE LTD
 Co Reg No 2XXXXX250W
 Email Address ANDREW@COSMOAUTOMOBILES.COM.SG
 Mobile Phone No (LOCAL) +65-81803745
 Alternative Phone No OFFICE-81803745
 Vehicle Particulars
 Manufacturer HONDA
 Model VEZEL HYBRID 1.5X AUTO
 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 HIRE
 Insurance Company
 Name of Insurance Company AXA INSURANCE PTE LTD
 Type Of Coverage COMPREHENSIVE
 Fleet Policy NO
 Policy Number VFX/P2357270
 Cover Note Number
 Driver
 Name of Driver NG HOCK HENG
 NRIC No SXXXX110C
 Date Of Birth 22/11/1973
 Occupation OUTDOOR
 Date Of Driving Pass 07/07/1998
 Driving Experience 21 YEARS AND 7 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-81803745
 Fax Number
 Contact Number
 Email Address ANDREW@COSMOAUTOMOBILES.COM.SG

Address BLK 160 SING MING DRIVE AUTOCITY #08-07 S(575722)

Postcode

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 CHAIN COLLISION

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 3

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) 3

Passenger 1 NAME: : PASSENGER

GENDER: : MALE

Passenger 2 NAME: : PASSENGER

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

refer attached reprot.

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 Witness 1

Name AHMAD

Phone Number 90595246

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number PA9726K

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category BUS

Name of Driver SHAHUL HAMEED

NRIC/Passport Number SXXX622H
Contact Number 81381839
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number UNKNOWN
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver RAHMAN
NRIC/Passport Number SXXX292B
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

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.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repeal 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 be 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/or make 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 purposes 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 (some of 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 be 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 and 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:



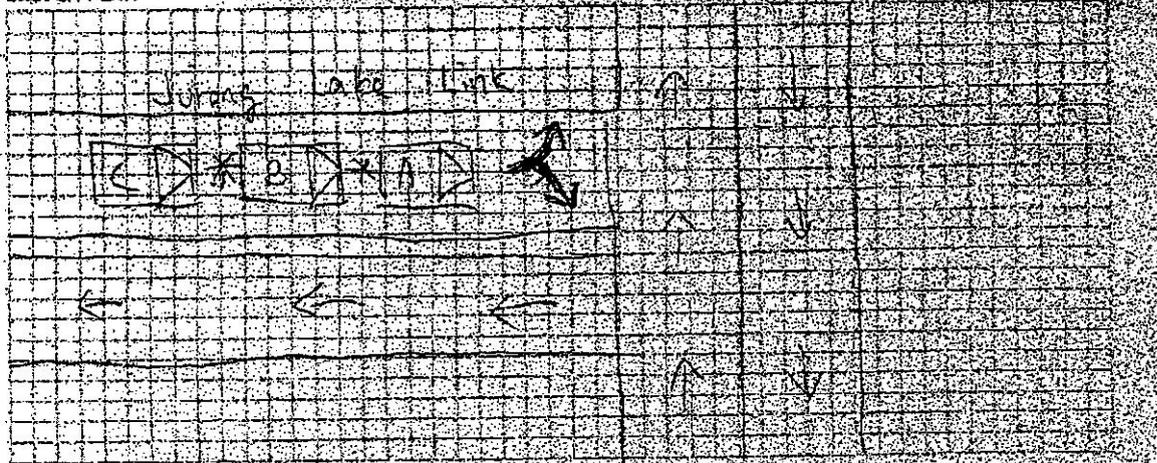
Driver's Signature
(if driver is not the policyholder)
Date & Time:



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

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was fetching passenger to Test School
 # when approaching Lakeside Education (Canadian
 International School on my right), I stopped to
 waiting to turn right suddenly a car from
 behind bang onto my car from behind.

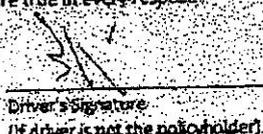
A vehicle - Toyota wish (unknown)
 B vehicle - SA LA3955 HONDA VEZEL
 C vehicle - PA 4726K Toyota Hiace

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/IN No.:

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 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	10/02/2020 10:19
Date Of Accident	08/02/2020 17:55
Exact Location Of Accident	JURONG LAKE LINK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SML4395S
Insured/Policyholder	
Name Of Registered Owner	ATAN LEASING PTE LTD
Co Reg No	2XXXXX250W
Email Address	ANDREW@COSMOAUTOMOBILES.COM.SG
Mobile Phone No	(LOCAL) +65-81803745
Alternative Phone No	OFFICE-81803745

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL HYBRID 1.5X AUTO

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 HIRE

Insurance Company

Name of Insurance Company AXA INSURANCE PTE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number VFX/P2357270

Cover Note Number

Driver

Name of Driver NG HOCK HENG

NRIC No SXXXX110C

Date Of Birth 22/11/1973

Occupation OUTDOOR

Date Of Driving Pass 07/07/1998

Driving Experience 21 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-81803745

Fax Number

Contact Number

EMail Address ANDREW@COSMOAUTOMOBILES.COM.SG

Address BLK 160 SING MING DRIVE AUTOCITY #08-07 S(575722)
 Postcode
 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 CHAIN COLLISION
 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 3
 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) 3
 Passenger 1 NAME: : PASSENGER
 GENDER: : MALE
 Passenger 2 NAME: : PASSENGER
 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

refer attached reprot.

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 Witness 1

Name AHMAD
 Phone Number 90595246
 Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number PA9726K
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category BUS
 Name of Driver SHAHUL HAMEED

NRIC/Passport Number SXXXX622H
Contact Number 81381839
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number UNKNOWN
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver RAHMAN
NRIC/Passport Number SXXXX292B
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

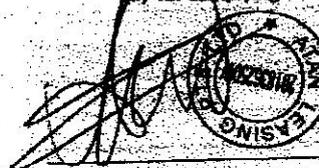
SKETCH PLAN

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 Authorized 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 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 Reports 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 insurers) 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 purposes 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.

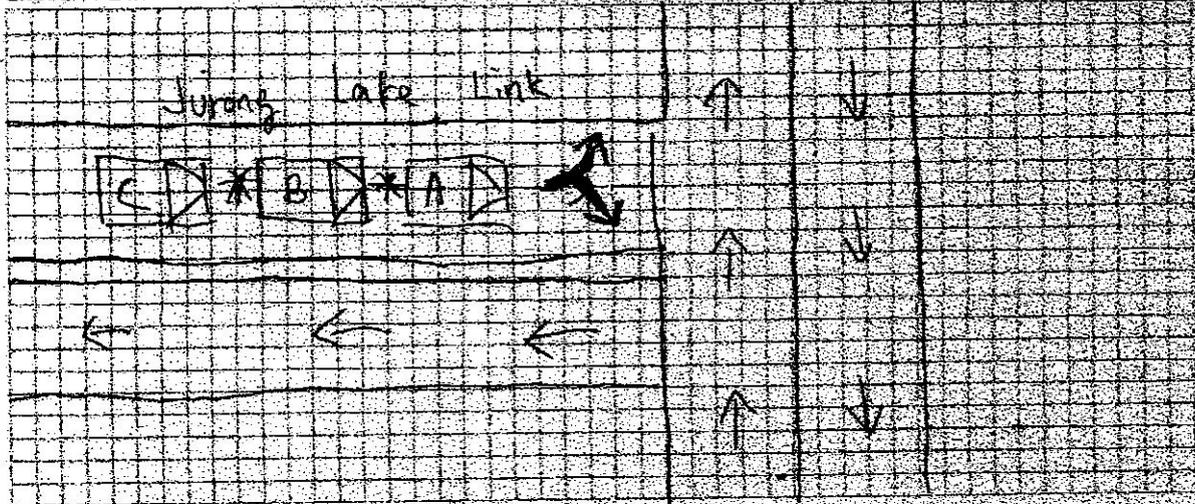


 Policyholder's Signature
 Date & Time:


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


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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was fetching passengers to Teck Whye.
 At when approaching lakeside junction (Canadian International School on my right), I stopped to waiting to turn right. Suddenly a car from behind bared onto my car from behind.

A vehicle - Toyota wish (unknown)
 B vehicle - SA 43955 HONDA VEZEL
 C vehicle - PA 9726K Toyota Hiace

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.:

KS

NOT AUTHORIZED
I.B.I, 11 Sun 86900p

AERO GARAGE PTE LTD

Henry Ateu Paris

Blk 160, Sin Ming Drive, #08-07 Sin Ming AutoCity, Singapore 575722
Tel : 6266 9511 Fax : 6266 9512

12 days

Vehicle No : SML4395S
Vehicle Model : Honda Vezel

Estimate Repair Cost

No.	Qty	Parts List Items			
1	1	Front bumper	762.30		\$ Per 864.20 ✓
2	2	Front bumper retainers			\$ Per 39.00 X
3	2	Front bumper brackets			\$ R 89.80 X
4	1	Front bumper reinforcement			\$ Per 341.30 ✓
5	1	Front bumper lower air grille			\$ Per 360.30 X
6	1 set	Front bumper clips			\$ Per 40.00 ✓
7	1	Front grille			\$ Per 380.30 ✓
8	1	Front emblem			\$ Per 25.40 ✓
9	2	Head lamps			Per \$ 3,847.00 X
10	1	Front support panel			\$ R 521.70 X
11	2	Rear bumper (LH + RH)	n/s Per X	ol's Per X	\$ 346.80 X
12	1	Rear bumper (centre)	762.70		\$ Per 762.70 ✓
13	2	Rear bumper reflectors			\$ Per 296.20 X
14	2	Rear bumper retainers			n/s Per \$ 87.80 ✓
15	1 set	Rear bumper clips			\$ Per 40.00 ✓
16	1	Rear tailgate	1109.00		Per \$ 1,953.30 ✓
17	1	Rear tailgate centre logo			\$ Per 48.40 ✓
18	1	Rear tailgate "VEZEL" emblem			\$ Per 42.90 ✓
19	1	Rear tailgate "HYBRID" emblem			Per \$ Per 40.90 ✓
20	1	Rear tailgate lock			\$ Per 181.70 ✓
21	2	Rear tailgate dampers			\$ Per 192.10 X
22	1	Rear tailgate weatherstrip			Per \$ Per 115.70 ✓
23	2	Rear tailgate reflectors	413.20		Per \$ 906.40 ✓
24	1	Rear tailgate inner trim board			\$ Per 202.40 X
25	1 set	Rear tailgate inner trim clips			\$ Per 60.00 X
26	1	Rear tailgate windscreen moulding			Per \$ 100.60 ✓
27	2	Tail lamps			orig Per \$ 894.40 ✓
28	1	Rear end panel			\$ Per 515.80 ✓
29	1	Rear end panel top garnish			\$ Per 101.60 ✓
30	1	Rear spare tyre top board			\$ Per 192.10 X
31	1	Rear spare tyre compartment			\$ Per 726.90 ✓
32	1	Rear exhaust silencer			\$ R 784.50 X
33	1	Rear exhaust silencer mounting			\$ Per 88.30 X
					Total
					\$ 15,190.50

20%

Parts Special Nett Items

33	1	Rear number plate			\$ Per 60.00 45 Per
34	1 set	Reverse sensor			\$ Per 250.00 200 Per
35	1	Reverse camera			\$ Per 300.00 X
					\$ 610.00

Total Parts \$ 15,800.50

Labour

1	Labour charge to remove, cut out damage portion, jack out, straighten, panel beating, welding, align and renew replaced parts.	\$ 2,500.00	<i>1200</i>
2	To putty and respray painting on affected areas.	\$ 2,000.00	<i>1200</i>
3	To remove, replace front bonnet and rear tailgate fittings to facilitate repair.	\$ 350.00	<i>60</i>
4	To remove, replace rear windscreen glass.	\$ 150.00	<i>120</i>
5	To remove, replace reverse camera.	\$ 150.00	<i>30</i>
6	To remove, replace reverse sensor.	\$ 150.00	<i>50</i>
7	To remove, replace rear exhaust silencer.	<i>nn</i> \$ 250.00	<i>X</i>
8	To check wiring and lightings.	\$ 80.00	<i>40</i>
Total Labour		<u>\$ 5,630.00</u>	
Total Parts and Labour		<u>\$ 21,430.50</u>	

**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: