The repairer has agreed to undertake the repair under a Lump Sum Basis. We have further adjusted the amount to a Lump Sum Repair of:

62,800.00

Fong Kok Heng Qualified Appraiser



Date: 02/07/2019

M/S: Mers C180

ARCHP

PHOTOCOPY

HETSUDO186 ARCHPERFORMANCE SG 000 PIE LIU LIUK @ mMK #01-11 111515436000 51543601 FEF: 10074 OGO 168 HETS PURCHASE DBS BANK

18:35:48 02 JUL, 2019 18 000148 840470

TOTAL

\$480.00

No.	Description			
the state	tall Dechrome Gloss Stack Teck			
	Front Grill And Chrome Part			
	Fog Light Chrome Port			
	Rear Damper Chrone Part			
	Front Bunger Chan Part			
	10. that Chrome Part			

Car Plate No.: SFH 9090S

APPROVED NETB

80.00

50.00

30.00 50.00

50.00

TOTAL

DEPOSIT PAID (if any)

BALANCE PAYABLE (if any)

Terms & Conditions:

- 1. Warranty will be voided if parts have been operated unwisely or tampered with.
- 2. Advise to follow up with the follow up appointments arranged by our staffs.
- 3. Should there be any issues faced with product or quality problem please contact our staffs directly to resolve it.
- 4. Social media flaming will not be accepted.

Payment Received

INSTY19013096 / Stytech Auto Pte Ltd - HQ ENTRY DATE & TIME: 28/01/2019 14:46 SUBMITTED BY: Teo CHoon Kiat Winston

SINGAPORE ACCIDENT STATEMENT

1910-7500 1910 - 750\$A

AASA

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	28/01/2019 14:46
Date Of Accident	26/01/2019 15:45
Exact Location Of Accident	ALONG CTE TOWARDS SLE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SFH9090S
Insured/Policyholder	
Name Of Registered Owner	HO WAN SING
NRIC No	S1301150H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98163867
Alternative Phone No	OFFICE-98163867
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	C200-1.8 SPORTS COUPE (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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P28959017DMA
Cover Note Number	
Driver	
	A STATE OF THE STA

HO SHEN AN CHRISTOPHER Name of Driver

S9490463C NRIC No 14/11/1994 Date Of Birth **INDOOR** Occupation 27/03/2015 **Date Of Driving Pass**

3 YEARS AND 9 MONTHS **Driving Experience**

MALE Gender

(LOCAL) +65-98163867 Mobile Number

Fax Number Contact Number

NOEMAIL **EMail Address**

Address

452 SIN MING AVENUE #01-541

Postcode

570452

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

CHILDREN

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

4

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

YES

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance. Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

YES

If Yes. Please state which Police Station

Police Station Name

10 UBI AVENUE 3

Police Station Address

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

Refer to police report

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

SKD6724D

Vehicle Make/Model/Colour

TOYOTA ALLION

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

LIM ZHAN KANG

NRIC/Passport Number

S9422751H

Contact Number

91502568

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SHC8919L

Vehicle Make/Model/Colour

HYUNDAI 140

Details Of Properties

Vehicle Category

TAXI

Name of Driver

TAN CHIA WEI

NRIC/Passport Number

S8515623C

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

SLM4539B

Vehicle Make/Model/Colour

TOYOTA PRIUS

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

CHUA MENG LEE

NRIC/Passport Number

S7215489D

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

- I. Please report correctly the details of the ancident 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 as 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)

lunderstand, acknowledge, agree and consent that:

- [4] 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 sol 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] lavestlyating 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 payelopes/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' lavvers/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, regulaturs, 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.

Policyholdigr's Signature

Date & Time

Driver's Signature

(if driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Names

NRIC/FIN No.:

Sketch Plan #2

CETCH PLAN	· ·	The second secon
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icyhotyers Signature	Driver's Signature	Reporting Centre Parsonnel's Signature
e & Tith≝	[If driver is not the policyholder]	Neme: NHLC/FIN No.:
NRMC Skinen Jan Com V3	Date & Time:	NRC/TIA NO.:

Report No. T/20190128/2058

Case Summary Form (CSF For NP168)

Manual NP168 Form Serial No T/20190126/2139

Report Number T/20190128/2058

Vide Report Number T/20190126/2139

Date/Time of Report Made 28/01/2019 13:48

Place Report Lodged Traffic Police

Type of Informant Driver

Name of Informant Ho Shen An, Christopher

ID Type / ID No. NRIC NO / S9490463C

Home/Office

Mobile 98163867

Email

Type of Accident Injury / Attended by Police

Drink Drive No

Anyone conveyed by

ambulance

BLK 25 SIN MING KIN

#01-89 SINGAPORE #19/2 ITEL: 1800-4529

Date/Time of Accident 26/01/2019 15:40

Details of V	ehicle Invo	lved				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SFH9090S	Car	MERCEDES	C 180	White	Seriously Damaged	0
SHC8919L	Car	HYUNDAI	I40 1 7 CRDI F/L AT ABS AIRBAG 40R	Blue	Seriously Damaged	1764
SJT5011L	Car	TOYOTA	ALTIS 1.6 AUTO	White	No Damage	0

Officer- In -Charge		Name: Ho Shen An, Christopher	
Investigation Section		NRIC No: \$9490463C	
Traffic Police Department		Add: Blk 452 Sin Ming Ave #01-	
		541	
10 Ubi Avenue 3	pagaling and pagagagagagagagagagagagagagagagagagagag	Singapore 570452	
Singapore 408865		Hp: 98163867	

Dear Sir/Mdm,

Report of an accident involving SFH9090S, SHC8919L, SJT5011L, SKD6724D and SLM4539B along CTE towards SLE on 26/01/2019 at 1540hrs

On 26/01/2019 (date) at 1832hrs (time), I lodged a traffic accident report vide: T/20190126/2139

I wish to make an amendment as follows:

I have lodged a report reference T/20190126/2139. In regards to the report, I wish to amend that I am not sure whether I collided with the vehicle in front of me SHC8919L first or my vehicle was pushed forward after SLM4539B collided to my rear. It all happened too fast and I could not recall the sequence. I was too shaken to affirm my first report that did not accurately describe the accident which state that I had collided with the front vehicle prior to the collision of the rear vehicle. I wish to add that the vehicle SJT5011L was driving in a dangerous manner and caused the accident despite it not affected by the accident. Video footage of my allegation towards SJT5011L is captured by SKD6724D in car recording. Appliance also consequed one of the same of the s

Yours faithfully,

THOMSON MID BLK25 SIN MING REAL 401-80 SINGAPORE 57002 S TEL: 1800-4529999

Signature

If a police officer	records this amendmen	nenlease com	plete the follow	ing:
If a police officer records this amendment please complete the following; Name / Rank No: SSGT 16349 Paul Ong Station Diary No. 17				
Signature	7			
	MPC FOU			
0	60.00 (1 E A70024) (15) (16) (15) (16)			

Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 29/01/2019 16:04

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.
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- 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 S	TATEMENT
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 Date Of Report
 29/01/2019 14:41

 Date Of Accident
 26/01/2019 15:30

Exact Location Of Accident CENTRAL EXPRESSWAY & ANG MO KIO

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLM4539B

Insured/Policyholder

Name Of Registered Owner LCRF PTE LTD

Vehicle Particulars

Manufacturer TOYOTA

Model PRIUS HYBRID-1.8 (A)

Vehicle Category PRIVATE HIRE

Insurance Company

Name of Insurance Company AIG ASIA PACIFIC INSURANCE PTE. LTD.

Type Of Coverage COMPREHENSIVE

Fleet Policy YES

Policy Number 999994977

Cover Note Number

Driver

 Name of Driver
 CHUA MENG LEE

 NRIC No
 \$7215489D

 Address
 NOADDRESS

General Information of the Accident

Type Of Accident CHAIN COLLISION

Weather Conditions CLEAR

Other Information

Was any foreign vehicle involved in this accident? NO
Was any body injured in the Accident?
Was any other material or property damaged?
YES
Number of Passengers (Including Driver)

Circumstances of Accident

PLEASE SEE ATTACHED SKETCH

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: VIDEO OVERWRITTEN

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1