

ASS. REC. BY:

REF: CS/AG1 20003685/AS-53

Special Instruction:

Surveyor: Adnan

ASSIGNMENT (Office)

From (Person): Jvy Raniha

of: AGI

Date/Time: 6-3-2020 4:15 PM

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SLK 44735

Insured:

SJP 97475

at Workshop m/s

1st Autoworks Me Ltd

Tel: 68441985

of 23 Park Hill Ave 4 104-01 (same wing)

Policy No:

Claim No:

C10005804

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

4-3-2020

CA / REV / REP. / REV 24 HRS

mp

Rohay

H.O.D. Endorsement:

Date/Time: 6/3/2020 4:20 PM

Person Contacted:

Sathana

Vehicle IN/OUT

Date/Time

Action/Instruction (✓) Estimate

SLK 44735 - X

SJP 97475 - X

03/06/20

@ 14:39 pm checked with Rohay, vehicle not yet sent in for repair.

GIA / PR Seen:

Est. Repairs:

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

D.O.A.

D.O.I. 19/03/20

Survey held at

First Autowork

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

Front N/S

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

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Date / Time

Action / Instruction

TP Budget Direct.

MV:

PV:

Nett:

Adnan Estimated P/R \$ 3,364.00 @ 3 days with Boss. (\$ 6,785.40 Red. 67%)

Date/Time, File Pass to?

: Preli. Report

Days Of Repair: 3

1) Typ. sp

: Final Report

Resurvey No. of Trip: /

Date/Time, File Return to?

Add Fee:

: Site Insp (\$)

Survey Fee:

Transportation:

\$ + PS \$

Photos

Others

TOTAL

Report Format:

Lump Sum / L.P.:

\$ 3,364.00 P/R

: Interview (\$)

: Tech. Invs (\$)

: Weekend (\$)

Cc: Suhaimi <suhaimi@firstautoworks.com.sg>
Subject: Re: Firstauto (KB) - Ronnie Tan/ FWD insurance/TP Our insured SLK 4473S / DOA 04/03/2020 || C10005804

Hi Sir

Please kindly arrange Adrian Ling (Lkk) to survey SLK 4473S.

Thank you

Regard

Ronnie

From: Ronnie Tan <ronnie.tan@firstautoworks.com.sg>
Sent: Friday, 6 March 2020 11:28
To: Claims <claims@budgetdirect.com.sg>
Cc: motorclaim@budgetdirect.com.sg <motorclaim@budgetdirect.com.sg>; Customer Care <help@budgetdirect.com.sg>
Subject: Firstauto (KB) - Ronnie Tan/ FWD insurance/TP Our insured SLK 4473S / DOA 04/03/2020

Date: 6/03/2020

Notice of accident

Firstauto (KB) - Ronnie Tan/ FWD insurance/TP Our insured SLK 4473S / DOA 04/03/2020

To: Auto & General Insurance (Singapore) Pte. Ltd.

Dear Sir

We are instructed by YEO POH HWA to notify you of a road traffic accident on 04/03/2020 at about 19.35 pm at PIE/ JUNCTION OF MACHPHERSON involving our client's/customer's vehicle registration number SLK 4473S and vehicle registration number SJP 9747S driven by you at the material time. A copy of the Singapore accident statement/traffic police report filed is enclosed.

As a result of the accident, our client's/customer's vehicle has been damaged. Before our client/we proceed to repair the damaged vehicle, please let us know within 2 working days of your receipt of this notice whether you or your insurer would like to conduct a pre-repair survey of the vehicle. If we do not receive any reply from you within the stipulated timeline, our client/we shall proceed to repair the vehicle without further reference to you.

Yours faithfully,

Ronnie Tan
1st Autoworks Pte Ltd
23 Kaki Bukit Ave 4
#04-01 (South Wing)

This email is sent by Auto & General Insurance (Singapore) Pte. Limited, Auto & General (SEA) Services Pte. Limited, Easy Compare (Thailand) Co., Ltd or a related body corporate (Auto & General) and is for the intended addressee. The views expressed in this email and attachments (email) reflect the views of the stated author but may not reflect views of Auto & General. This email is confidential and subject to copyright. It may be privileged. If you are not the intended addressee, confidentiality and privilege have not been waived and any use, interference with, or disclosure of this email is unauthorised. If you are not the intended addressee, please immediately notify the sender and then delete the email. Auto & General does not warrant that this email is error or virus free.

This email is sent by Auto & General Insurance (Singapore) Pte. Limited, Auto & General (SEA) Services Pte. Limited, Easy Compare (Thailand) Co., Ltd or a related body corporate (Auto & General) and is for the intended addressee. The views expressed in this email and attachments (email) reflect the views of the stated

author but may not reflect views of Auto & General. This email is confidential and subject to copyright. It may be privileged. If you are not the intended addressee, confidentiality and privilege have not been waived and any use, interference with, or disclosure of this email is unauthorised. If you are not the intended addressee, please immediately notify the sender and then delete the email. Auto & General does not warrant that this email is error or virus free.

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 05/03/2020 09:06
Date Of Accident 04/03/2020 19:35
Exact Location Of Accident PIE/ JUNCTION OF MACHPHERSON
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLK4473S
Insured/Policyholder
Name Of Registered Owner YEO POH HWA
NRIC No SXXXX528B
Email Address KEITH.YEOPH@GMAIL.COM
Mobile Phone No (LOCAL) +65-96682451
Alternative Phone No OFFICE-96682451

Vehicle Particulars

Manufacturer OPEL
Model ASTRA ST 1.0 AT 999
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 FWD SINGAPORE PTE. LTD.
Type Of Coverage COMPREHENSIVE
Fleet Policy NO
Policy Number PNPV2019-00001923-01
Cover Note Number 17/01/2020-16/01/2021

Driver

Name of Driver YEO POH HWA
NRIC No SXXXX528B
Date Of Birth 01/12/1971
Occupation INDOOR
Date Of Driving Pass 03/03/1994
Driving Experience 26 YEARS AND 0 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-96682451
Fax Number OFFICE-96682451
Contact Number KEITH.YEOPH@GMAIL.COM
EMail Address

Address BLK 535 SERANGOON NORTH AVE 4 #12-173 SINGAPORE 550535
 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 -
 Vehicle -
 Insurance Company of Driver's Own Vehicle -
 -

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE
 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? YES
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJP9747S
 Vehicle Make/Model/Colour MITSUBISHI COLT
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver NG WAI MENG
 NRIC/Passport Number SXXXX851G
 Contact Number 91189921
 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 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. 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: 5/3/20

Driver's Signature

(If driver is not the policyholder)

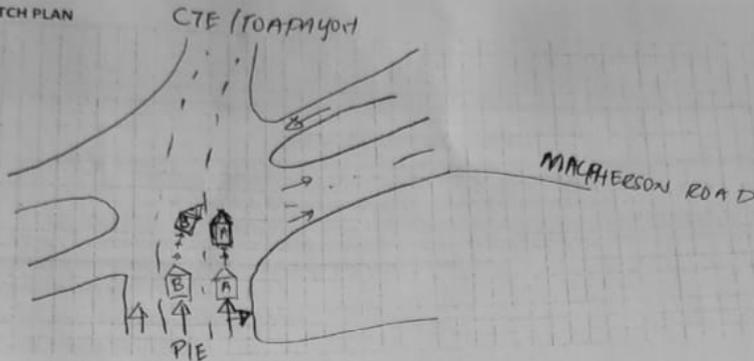
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 4/3/20 AT ABOUT 1935 hrs I WAS DRIVING ALONG PIE SLIP ROAD TOWARDS CTE / TOA PAYOH AT JUNCTION WITH MACPHERSON ROAD WHEN VEHICLE "B" SUDDENLY TURNED INTO MY LANE AND COLLIDED WITH MY VEHICLE. IMPACT TO FRONT LEFT OF MY CAR. I BELIEVE VEHICLE "B" WAS TRYING TO TURN INTO MACPHERSON ROAD.

You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a **Fourteen (14) days clause** whereby the claim must be made within the stipulated timeframe from the day of occurrence.

<input type="checkbox"/>	Reporting Only
<input type="checkbox"/>	Claim OD
<input type="checkbox"/>	Claim TP
<input checked="" type="checkbox"/>	Claim OD / TP At other workshop

DECLARATION

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

Policyholder's Signature
 Date & Time: 5/3/20 0930

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

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

INSURANCE CERT



CERTIFICATE OF INSURANCE

Please call +65-6322-2072 for FWD Emergency Assistance if Your Car breaks down or is involved in an accident.
All accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

POLICY NUMBER: PNPV2019-00001923-01 (Comprehensive - Classic Plan)

Car plate number: SLK4473S

Your name (As the policyholder): YEO POH HWA

Coverage start date: 17/01/2020

Coverage end date: 16/01/2021

Covered geographical area: Singapore, West Malaysia and Southern Thailand

Who is insured to drive:

(a) You; and

(b) Anyone with a valid driving license who You give permission to drive Your Car.

Important things to know:

Your Policy comprises this Certificate of Insurance, the Contract, the Car Insurance Summary and any Endorsements attached by Us. These documents should be read together as one. You must make sure that any person You give permission to drive Your Car understands Your duties under this Policy and complies with its conditions.

Your Policy is only valid if Your Car is being used for non-commercial activities in accordance with Your contract.

We confirm that this Policy complies with the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189).

Issued on: 03/01/2020

Abhishek Bhatia
Chief Executive Officer
FWD Singapore Pte Ltd

Please immediately inform us at +65-6820-8888 or email us at contact.sg@fwd.com if any details in this Certificate of Insurance need to be changed.