MSME18063732 / SME Motor Pte Ltd - Kaki Bukit ENTRY DATE & TIME: 16/05/2018 13:05 SUBMITTED BY: Chia Pei Ying

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 ability.
- 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

ACCIDENT STATEMENT

Date Of Report 16/05/2018 13:05 Date Of Accident 15/05/2018 21:45

Exact Location Of Accident TAMPINES MALL B2 CARPARK

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLL9689Z

Insured/Policyholder

Name Of Registered Owner TOH WAI MUN

NRIC No S6900674D

Email Address SPLASH_SWIMSCHOOL@YAHOO.COM

Mobile Phone No (LOCAL) +65-97625459 Alternative Phone No OFFICE-97625459

Vehicle Particulars

Manufacturer SUBARU

Model XV

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 PRIVATE CAR

Vehicle Category Insurance Company

Name of Insurance Company

AUTO & GENERAL INSURANCE (SINGAPORE) PTE. LIMITED.

Type Of Coverage

COMPREHENSIVE

Fleet Policy

NO

Policy Number

P10050173R00

Cover Note Number

Driver

Name of Driver TOH WAI MUN NRIC No S6900674D Date Of Birth 03/01/1969 Occupation INDOOR Date Of Driving Pass 05/01/1994

Driving Experience 24 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97625459

Fax Number

Contact Number OFFICE-97625459

EMail Address SPLASH_SWIMSCHOOL@YAHOO.COM Address

BLK 9 TAMPINES AVE 8 #16-15

Postcode

529598

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

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 involved in the accident

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)

4

Passenger 1

NAME:

: JOYCE SAN SIEW PENG

GENDER:

: FEMALE

Passenger 2

NAME:

: TYRA TOH JIA

GENDER:

: FEMALE

Passenger 3

NAME:

: WYNN TOH JIE

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

MY VEHICLE WAS QUEUING UP TO EXIT TAMPINES MALL. VEHICLE B FROM LEFT SIDE CAN'T WAIT AND HIT ONTO MY VEHICLE LEFT SIDE.

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

SLE7332C

Vehicle Make/Model/Colour

Details Of Properties

VEHICLE B

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Page 2 of 15

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
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- 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.
- 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:
 - 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 Jawyers/Jaw 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.

Bolicyholder's Signature

Driver's Signature

(If driver is not the policyholder)

Date & Time;

Reporting Centre Personnel's Signature
Name:

NRIC/FIN No.:

Sketch Plan #2 Pg. 1

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DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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my verille	USFT SIDE	6	

DECLARATION

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

Politimolder's Signature Date & Time:

entropy terminal values of

Driver's Signature

(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name: NRIC/FIN No :

Thomson Rd Post Office PO Box 029 Singapore 915701. Tel: 645 31173, Fax: 645 36131.

Report No: 0793-18-TCA

03 December 2018

ACCIDENT VEHICLE SURVEY REPORT

Toh Wai Mun Blk 9 Tampines Ave 8 #16-15 Singapore 529598

VEHICLE INFORMATION:

Vehicle Reg No.:

SLL9689Z

17/03/2017

Odometer:

048350km

Make & Model:

Subaru XV 1.6I-S

Colour:

White 15/05/2018

Chassis number: Year of Regn.: JF1GP3KC5HG201079

Date of accident: Date inspected:

04/09/2018

Repairer at:

Twincar Automotive Pte Ltd Date inspected (After Repair):

07/09/2018

2 Kaki Bukit Ave 2 #01-17

Kaki Bukit Auto Hub Singapore 417921

STATIC CHECKS, where applicable:

Steering:

serviceable

Footbrake:

serviceable

Handbrake:

serviceable

Paintwork:

Good

General condition:

Good

TIRE CONDITION:

LH / Make

RH / Make

Size

Front:

5mm/Yokohama

5mm/Yokohama

225/55R17

Rear:

5mm/Yokohama

5mm/Yokohama

225/55R17

POINT OF IMPACT AND DAMAGE, where applicable:

Impact on the rear LH portion.

Please see details as described in the Annex for parts and labour.

REMARKS:

We have inspected the above-mentioned vehicle on a "Without Prejudice" basis.

Parts and Labour Assesment

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PARTS					
Description of part	Qty	Condition	Repairer's	Our	
Description of part	4.7	Condition	estimate	adjustment	
LH SIDE SKIRT GARNISH	1	fratured	280.00	280.00	X SVC
REAR BUMPER	1	reuse	594.20	594.20	X SVC
REAR BUMPER LH END SEAL COVER	1	reuse	25.20	0.00	SVC
REAR BUMPER PROTECTOR	1	abraded	110.00	110.00	x svc
REAR BUMPER SIDE RETAINER L/R	2	necessary	36.00	36.00	X, SVC
REAR LH DOOR	1	buckled	648.30	648.30	V .
REAR LH DOOR BLACK FRAME STICKER (NO:1)	1	necessary	23.40	23.40	V ,
REAR LH DOOR BLACK FRAME STICKER (NO:2)	1	necessary	23.40	23,40	V
REAR LH DOOR BLACK FRAME STICKER (NO:3)	1	necessary	18.50	18.50	9,
REAR LH FENDER ARCH GARNISH	1	abraded	180.00	180.00	V
REAR LH KNUCKLE ARM	1	distorted	324.00	324.00	X SVC
REAR LH KNUCKLE ARM BEARING	1	dislodged	240.00	240.00	216
REAR LH LINKAGE	1	bent	96.00	96.00	X SVC
REAR LH LOWER ARM	1	bent	480.00	480.00	X SVC
REAR LH SPORT RIM	1	abraded	780.00	780.00	X SVC
REAR LH TORSION ARM	1	bent	220.30	220.30	X SVC
REAR LH UPPER ARM	1	bent	200.00	200.00	X SVC
	Subtota	before discount	S\$ 4,279.30	S\$ 4,254.10	1100.1
Percentage discount 20% and 20%	%		S\$ 855.86	S\$ 850.82	000.00
		Sub-total 1	S\$ 3,423.44	S\$ 3,403.28	880.08
LH SIDE SKIRT GARNISH CLIPS - SET	1	necessary	50.00	50.00	X SVC
REAR BUMPER CLIPS - SET	1	necessary	50.00	50.00	X SVC
REAR BUMPER LH END SEAL COVER CLIPS - SET	1	necessary	20.00	20.00	X SVC
REAR LH DOOR INNER TRIM BOARD CLIPS - SET	1	necessary	50.00	50.00	X SVC
REAR LH FENDER ARCH GARNISH CLIPS - SET	1	necessary	30.00	30.00	x svc
	Subtota	before discount	S\$ 200.00	S\$ 200.00	
		Sub-total 2	S\$ 200.00	S\$ 200.00	
		Parts-total	S\$ 3,623.44	S\$ 3,603.28	
LABOUR					
To remove, reinstall electrical wiring harness, check lighting	and rewire	for parking			
sensor.			100.00	60.00	X
To remove, reinstall window glass. (to FR)			100.00	80.00	20
To remove, change rear suspension parts, axle carriage, absorber, lower arm, top arm, trailing arm, knuckle arm, wheel bearing, bearing hub and etc.		400.00	350.00	50	
			180.00	180.00	60
To road test driving, check and resetting wheel alignments system. To remove, reinstall roof top trim upholstery, cushion seat, trim garnish, trim liner		100,00	100.00		
carpet. (to FR)			140.00	0.00	
To transfer door glass, regulator gear, motor, railing, channel, trim board, mechanism		100.00	90.00	40	
lock and handle.		100.00	80.00	40	
To re-spray painting on the change bodyparts, repair portion, the accident.	and where	consistent to	850.00	750,00	200
To provide labour, workmanship to change the above damaged	d bodypart	s, repair, re-			
construct and re-align body structure, body alignments and da					000
accident.			700.00	625.00	200

Annex A: Page 2 Report No: 0793-18-TCA-SLL9689Z

To apply anti-rust chemical on repaired and replaced panel.

	80.00	60.00	X
Labour Total	SS 2,650.00	S\$ 2,185.00	570
Parts & Labour Total	S\$ 6,273.44	S\$ 5,788,28	370

Results of inspection of the accident vehicle are as shown above.

1450

We have taken into consideration the age and condition of the vehicle in our recommendation.

20%: 1150

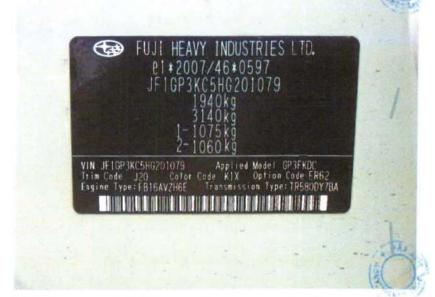
Hence, the recommended cost of repairs based on Lump Sum repairs is; S\$ 4,900.00 and the recommended number of working days for the repairs is within 6 day(s).

4 days

B J Loi (I Eng., MIMI, AIRTE)

Automotive Appraiser























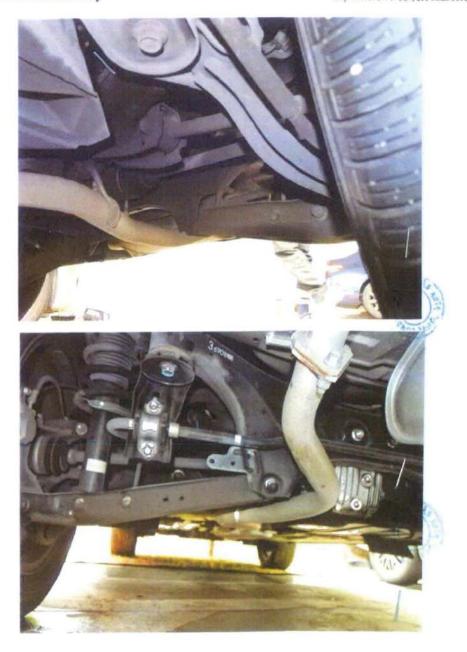












Thomson Rd Post Office PO Box 029 Singapore 915701. Tel: 645 31173, Fax: 645 36131.

Report No: 0793-18-TCA

03 December 2018

ACCIDENT VEHICLE SURVEY REPORT

Regn. No: 52986974L

Toh Wai Mun Blk 9 Tampines Ave 8 #16-15 Singapore 529598

VEHICLE INFORMATION:

Vehicle Reg No .: SLL9689Z Odometer: 048350km Make & Model: Subaru XV 1.6I-S Colour: White Chassis number: JF1GP3KC5HG201079 Date of accident: 15/05/2018 Year of Regn.: 17/03/2017 Date inspected: 04/09/2018

Repairer at: Twincar Automotive Pte Ltd Date inspected (After Repair): 07/09/2018

2 Kaki Bukit Ave 2 #01-17 Kaki Bukit Auto Hub Singapore 417921

RE-INSPECTION

We had carried out re-inspection during works in progress and post repair inspection on the above vehicle. Attached in Annex B are the re-inspection photos, showing the work in progress and our re-inspection to the hidden part that were damaged.

REMARKS:

We have inspected the above-mentioned vehicle on a "Without Prejudice" basis.

