MKFS20020691-01 / Kan Fook Sing Motor Workshop - Defu ENTRY DATE & TIME: 15/02/2020 11:08 SUBMITTED BY: Margaret Lee

### 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  $\underline{\text{completed by the Policyholder and/or the Authorised Driver.}}$
- 3. Information provided must be as <u>truthful and accurate</u> 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.

aroresaid.	
	ACCIDENT STATEMENT
Date Of Report	15/02/2020 11:08
Date Of Accident	14/02/2020 13:15
Exact Location Of Accident	44 JLN EUNOS
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLN4958U
Insured/Policyholder	
Name Of Registered Owner	CHAI SIEW YIN
NRIC No	SXXXX847E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90181018
Alternative Phone No	OFFICE-90181018
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HARRIER
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	ALLIANZ GLOBAL CORPORATE & SPECIALTY SE - SINGAPORE BRANCH
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SGV0000373191
Cover Note Number	
Driver	

Name of Driver YAP YI FANG
NRIC No SXXXX144C
Date Of Birth 27/01/1994
Occupation INDOOR
Date Of Driving Pass 29/05/2013

Driving Experience 6 YEARS AND 8 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-81235815

Fax Number Contact Number EMail Address YIFANG.YF@GMAIL.COM

Address B/60 CHESTNUT AVE #22-04 S679517

Postcode

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 HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? N

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?

YES

Was any other material or property damaged? I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

0

NO

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

**Circumstances of Accident** 

REFER TO ATTACHED REPORT

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

YES NO

The more any made capital out by our can

,,,

Was there any audio recorded?

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

SLN7999G

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver HUANG JUN QUAN

NRIC/Passport Number

Contact Number 90216821

Address NA NA

Postcode NA

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### Accident 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 <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 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: \6\\012022 \1:2024

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

## Accident Sketch Plan Pg. 1

SKETCH PLAN		
	AR	
		A. SLN 49584
		A: SLN 49384 B: SLN 7999G.
DESCRIBE CIRCUMSTANCES	OF THE ACCIDENT	
I was parking be		4 Jakn Binos, Hat in front of
		2010. It The car was in fact
with no tent who	n I feft. Wen I con	e to out affe lind, the
helicle that bumo	cor was damaged. The	waiting and surfaced me of
the accident. He		r. and the proceeded to
ast we to claim	against his instance.	, offer the process of the
	-0	
		INSURER: Allionz.
		VEHICLE: SLN4958U
		DOA: 14 2 2020
		CLAIM TYPE: 1 P
		WORKSHOP: Hup Ley Huat .
DECLARATION		motor sprey
I/We declare the foregoing parti	culars are true in every respect.	the training sale
	lifax	- Lill _
Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time:	(If driver is not the policyholder) Date & Time: 15 02 2020 11:	Name: NRIC/FIN No.:

Page 4 of 18







## **Accident Photo**





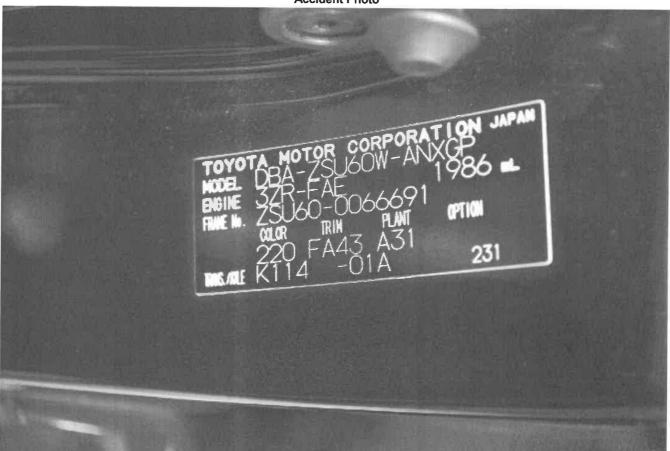








## **Accident Photo**













### Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (55) 6224 0010 Fax (65) 6224 0030 Operating Hours: Monday to Friday, 09:00 – 17:00 UEN: 566550200 / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

# **ADDENDUM** (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No : MKFS20020691 \_\_\_\_\_\_Vehicle Registration No: SLN4958U Name(as shownin NRIC): YAP YI FANG \_\_NRIC/FIN/Passport No: \_\_\_\_SXXXX144C (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate Address \_Singapore( ) \_\_\_\_\_Mobile No.:\_\_\_\_ Contact (Tel) 90216821 **Email Address** Date of Accident : \_\_\_\_\_ 14/02/2020 \_\_\_\_\_Time of Accident : \_\_\_\_\_1315 Place of Accident : \_\_\_\_\_ 44 JLN EUNOS Allianz Global Corporate & Specialty SE - Singapore Branch Insurance Company:\_\_\_ (B) ADDITIONALINFORMATION/AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: TYPO ERROER: OWNER'S NAME: CHAI SIEW YIN Policyholder / Driver's Signature Reporting Centre Personnel's Signature Date:

Name: NRIC/FINNo.: Date:

GMPMC add infomform, VS

## Allianz Global Corporate & Specialty SE

Singapore Branch

Company Registration No.: T11FC0131K Address: 12 Marina View, #14-01 Asia Square Tower 2, Singapore 018961 Tel:+65.6297 2529 Fax:+65.6297 1956

Website: http://www.agcs.allianz.com

Allianz Contact Centre

Tel: 1800 222 1818 or 65 6222 1919 Email: customerservice@allianz.com.sg



#### CERTIFICATE OF INSURANCE

FORM

MX1

ROAD TRANSPORT ACT 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1959 (FEDERATION OF MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION) (REPUBLIC OF SINGAPORE)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES 1996 (REPUBLIC OF SINGAPORE)
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF

Certificate Number

Coverage

Policyholder Name

Registration No.

Period of Insurance

: SGV0000373191-0001

: COMPREHENSIVE

: CHAI SIEW YIN

: SLN4958U

: 05 MAY 2019 to 04 MAY 2020

Persons or Classes of Persons Entitled to Drive\*:

- 1. CHAI SIEW YIN
- 2. YAP CHIN CHAI

\*Provided that the person driving is permitted in accordance with the licensing or other laws or regulation to drive the Motor Vehicle or has been permitted and is not disqualified by order of Court of Law or by reason of any enactment or regulations in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act has not been cancelled at the time of accident loss or damage.

#### Limitations as to Use\*:

Used only for social, domestic and pleasure purposes and for the Policyholder's business.

The Policy does not cover:

(a) use for hire or reward (b) use for racing, pace-making, reliability trials or speed testing

(c) use for the carriage of goods (other than samples) in connection with any trade or business (d) use for any purposes in connection with the Motor Trade

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I/WE HEREBY CERTIFY that the Policy to which this certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compansation) Act (Chapter 189) and Part IV of the Road Transport ACT, 1987 (Malaysia) or Amendment, Act or Acts Passed in substitution thereof.

Allianz Global Corporate & Specialty SE Singapore Branch

26 APRIL 2019

Issue Date

Account Code: SCB0000011 Standard Chartered Bank

Mark Mitchell **Chief Executive Officer** 

Excess:

OWN DAMAGE EXCESS WINDSCREEN EXCESS

SGD

600.00

SGD

100.00

# **Hup Ley Huat Motor Spray Painting Services**

No.1 Kaki Bukit Ave 6 #01-35 AutoBay, Singapore 417883 TEL:6746 0674 FAX: 6841 7639 HP:96773832 EMAIL: Hup.ley.huat@gmail.com

**Chai Siew Yin** 

B/60 Chestnut ave #22-04

679517

Date : 05/07/2020

Vehicle No. : SLN4958U

Make : Toyota Harrier

Acc Date : 14/02/2020

**Lump Sum Repair Costs** 

\$ 9000

Singapore Dollars: Nine Thousand Dollars Only.

# **AUTOMAX SURVEY**

Blk 110 Bedok Reservoir Road , #07-280, Singapore 470110 Mobile : 9855 6879 Email : automaxsurvey@gmail.com

Registration No. 53110062J

Billing To: Chai Siew Yin

Invoice no.:

TP20020012

c/o Hup Ley Huat Motor Spray Painting Services

Blk 1, #01- 35

Date:

03 JUL 2020

Kaki Bukit Ave 6 Singapore 417883

Vehicle no: SLN4958U

Model: TOYOTA HARRIER

Date of Inspection : 19 FEB 2020 Copies of the inspection / survey report Correspondence, postages and etc.	\$	680.00
Photography Services Develop photographs Storage of digital photographs		
To submit report by hand.		
Charges on photocopies, posting, faxes and others incidental works entrusted.		
Transportation Charges		
Reinspection Charges		
TOTAL	: \$	680.00
	Copies of the inspection / survey report Correspondence, postages and etc.  Photography Services     Develop photographs     Storage of digital photographs  To submit report by hand.  Charges on photocopies, posting, faxes and others incidental works entrusted.  Transportation Charges  Reinspection Charges	Copies of the inspection / survey report Correspondence, postages and etc.  Photography Services     Develop photographs     Storage of digital photographs  To submit report by hand.  Charges on photocopies, posting, faxes and others incidental works entrusted.  Transportation Charges  Reinspection Charges

### Notes:

- 1. All cheque payment should be "crossed" and made payable to "Automax Survey".
- 2. Please contact us if there are further enquiries on the invoice.

Official Stamp

# **AUTOMAX SURVEY**

Blk 110 Bedok Reservoir Road , #07-280, Singapore 470110 Mobile : 9855 6879 Email : automaxsurvey@gmail.com

Registration No. 53110062J

Report Ref: TP20020012

Date:

03 JUL 2020

Chai Siew Yin c/o Hup Ley Huat Motor Spray Painting Services Blk 1, #01- 35 Kaki Bukit Ave 6 Singapore 417883

THIRD PARTY SURVEY
ACCIDENT OCCCURED ON 14 Feb 2020

Workshop Name and Address

Hup Ley Huat Motor Spray Painting Services

Blk 1, #01- 35 Kaki Bukit Ave 6 Singapore 417883

As per your instruction dated

19 FEB 2020

with regard to the above matter.

We have carried out a physicial inspection on the said

We enclosed herewith our report and findings as follows:

SLN4958U

## 1. <u>VEHICLE PARTICULARS</u>

Registration No: SLN4958U

Model: TOYOTA HARRIER Year / Capacity: May 2017 / 1998 cc

Chassis No : ZSU600066691

Engine No: 3ZRB687681 Mileage: 102 397km

Colour: Metallic black

## 2. TYRES CONDITION

	<u>Size</u>	Made	Balance	Rim
FRONT O/S:	215/50/R16	Bridgestone	9.00 mm	Sport
REAR O/S:	215/50/R16	Bridgestone	9.00 mm	Sport
FRONT N/S:	215/50/R16	Bridgestone	9.00 mm	Sport
REAR N/S:	215/50/R16	Bridgestone	9.00 mm	Sport



Blk 110 Bedok Reservoir Road , #07-280, Singapore 470110 Mobile : 9855 6879 Email : automaxsurvey@gmail.com Registration No. 53110062J

### 3. DESCRIPTION OF DAMAGES

At the time of inspection, we noted that the vehicle has sustained an impact damages on the <u>rear</u> portion(s). For more detail of the damages, please see photograph attached.

- 4. Estimated normal period of repair: 07 working days to complete
- In accordance to your instruction, we have <u>Not Authorised</u> repair to the vehicle and the survey done on a <u>"Without Prejudice"</u> basis. We hope that this report will be of assistance to you in dealing with the matter.
- 6. Should you discover any discrepancy in the report, please kindly notify us <u>within 1 week</u>, or the report will be treated as correct.

### Disclaimer

The rates and assessment of damages as stated in this report is to be used solely for legal proceedings in relation to the surveyed vehicle and the accident in which the surveyed vehicle was involved in. The rates and assessment of damages must not be used in any circumstances for comprarison with other vehicles and/or other accidents in other legal proceedings.

Vehicle Number : SLN4958U

## **SPARE PARTS**

QTY	PARTS DESCRIPTION		CONDITION	Workshop Estimation			Our Revised Estimation	
					(S\$)		(S\$)	
	List Items							
1 pc	Tailgate		bent/distorted	\$	1,418.85	ው	4 440 05	
1 pc	Tailgate lock		bend/distorted	\$	561.60	\$ \$	1,418.85	
1 pc	Tailgate lock striker		damaged	\$	43.70	\$	561.60	
1 pc	Tailgate weather strip		wraped/deformed	\$	271.75	\$	43.70	
1 pc	Tailgate badge		necessary	\$	271.75		271.75	
1 pc	Tailgate emblum " HARRIER"		necessary	\$	28.90	\$	27.25	
1 pc	Tailgate reflactor		bend/distorted	\$	479.95	\$	28.90	
4 pcs	Tailgate reflactor clips		necessary	\$		\$	479.95	
•	Tailgate relactor sealant		wraped/deformed	э \$	51.60 100.00	\$	51.60	
	Rear number plate lamp		electronically shocked	\$	262.70	\$	100.00	
	Tail lamp		electronically shocked	\$		\$	262.70	
-	Tail lamp sealant		-		525.73	\$	525.73	
•	Tail lamp clips		necessary	\$	65.00	\$	65.00	
	Rear bumper		necessary bend/deformed	\$	30.00	\$	30.00	
	Rear bumper side retainer			\$	1,218.25	\$	1,218.25	
2 pcs	Rear bumper side attachment		distorted	\$	244.20	\$	244.20	
	Rear bumper lower cover		bent/distorted	\$	264.70	\$	264.70	
•	Rear bumper sponge		deformed	\$	328.90	\$	328.90	
	Rear bumper reflactors		deformed	\$	222.70	\$	222.70	
-	Rear bumper clips		deformed	\$	120.00	\$	120.00	
	Rear end panel		necessary	\$	50.00	\$	50.00	
-	Rear floor panel		dent/distorted	\$	591.80	\$	591.80	
i pc	rvear moor parier		distorted - repair	\$	472.70	\$	-	
			Parts Sub-Total	\$	7,380.28	\$	6,907.58	
		Discount	25.00%	\$	1,845.07	\$	1,726.90	
				\$	•		•	
/objele	Number: CLNIAGEOU			\$	5,535.21	\$	5,180.6	

Vehicle Number: SLN4958U

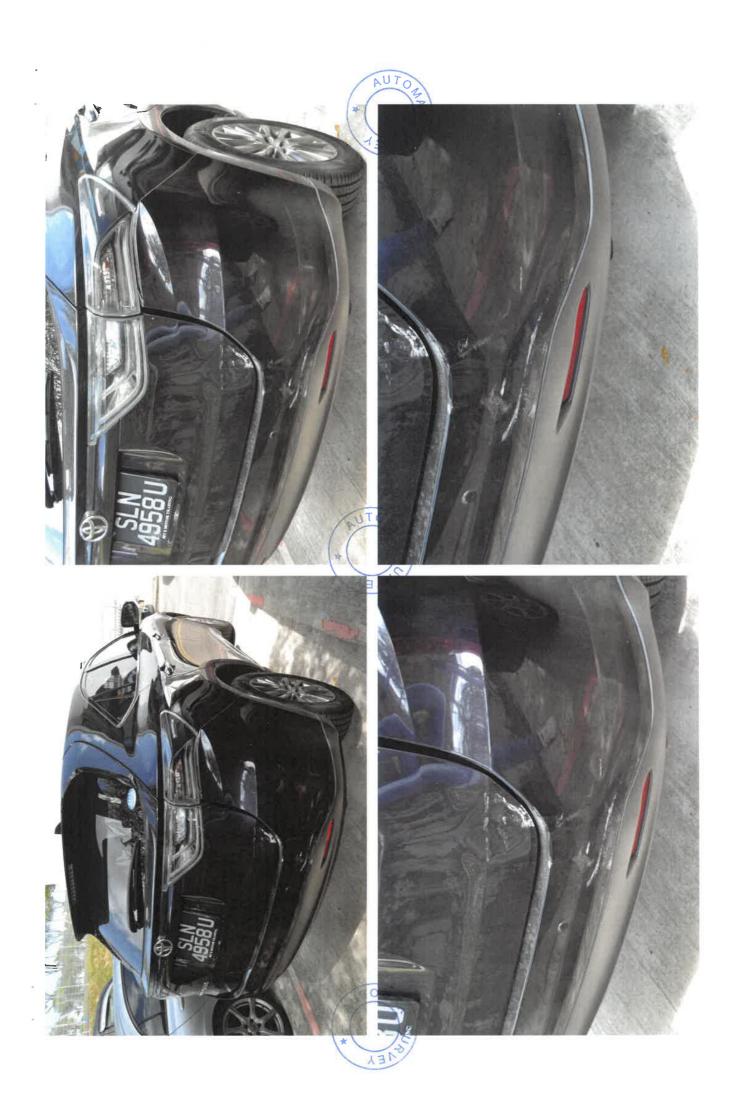
## **SPARE PARTS**

QTY	PARTS DESCRIPTION	CONDITION	Workshop Estimation (S\$)		Our Revised Estimation (S\$)	
1 pc 1 set	Special Nett Items Rear number plate Rear number plate casing Rear bumper parking sensor Rear bumper parking sensor wire	distorted distorted electronically shocked open circuit	\$ \$ \$ \$	65.00 45.00 280.00 180.00	\$ \$ \$	65.00 45.00 250.00 180.00
		Special Nett Sub-Total	\$	570.00	\$	540.00
-		Spare Parts Total	\$	6,105.21	\$	5,720.69

# LABOUR COST

S/No	JOB DESCRIPTIONS		Workshop Estimation (S\$)		Our Revised Estimation (S\$)	
	Spare PartsTotal c/f	\$	6,105.21	\$	5,720.69	
1	Towing	\$	120.00	\$	120.00	
2	To tuff coat affected areas	\$	180.00	\$	150.00	
3	To remove and refix interior upholstery	\$	180.00	\$	150.00	
4	To remove & transfer tailgate mechanism	\$	180.00	\$	150.00	
5	To respray affected areas	\$	1,600.00	\$	1,400.00	
6	To renew damaged parts, straighten and repair rear fender inner, front and rear chassis member and aligned all parts	\$	1,600.00	\$	1,400.00	
7	To remove and replace reverse sensor.	\$	180.00	\$	150.00	
8	To polish and coating for new paint	\$	1,200.00	\$	1,200.00	
	Total	\$	11,345.21	\$	10,440.69	
	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 :	\$	9,000.00			

Fong Kok Heng Qualified Appraiser

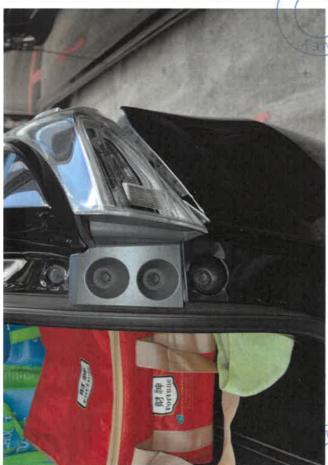














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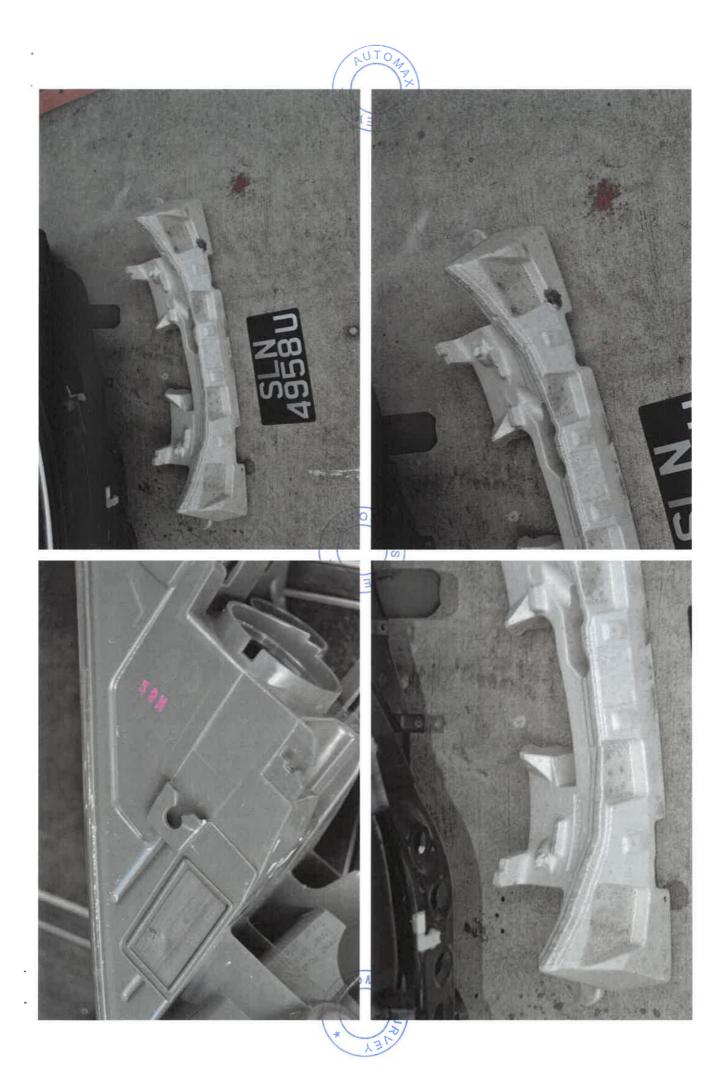




AUTO

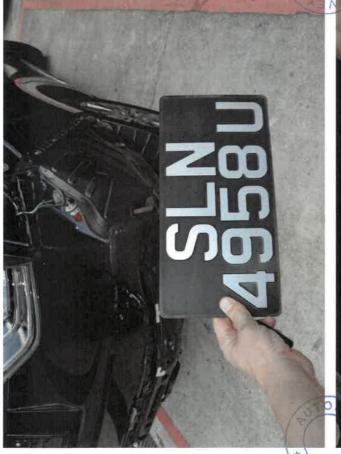


















AUTO

