

MS FCIL Insured's Veh No : SH9180L Date of Accident : 25 July 2020

1 Defu Lane 6 Singapore 539365 Tel: 68585151 (24 Hours) Fax: 68580877

GST Regn. No.: M2-8922054-2

Messrs BIS Motoring Pte Ltd

Date: 27 July 2020

Estimate To Repair SMG4227X - KIA CARENS 1.7 DCT DIESEL 5DR FWD

Chassis No: KNAHU815VJ7211460

S/No	Quantity	Description		Amount
		LIST ITEMS		
01	1 pc	front bumper	\$	695.0
02	1 pc	front bumper side retainer n/s	\$	23.0
03	1 pc	front bumper centre grille	\$	428.0
04	1 pc	front bumper lower grille	\$	159.0
05	1 pc	front bumper parking sensor - inner	\$	162.0
06	1 pc	front bumper parking sensor holder	\$	23.0
07	1 pc	front bumper top rubber seal	 \$	28.0
80	1 pc	radiator grille	15	428.0
09	1 pc	front bumper reinforcement	\$	389.0
10	1 pc	front bumper foam	\$	68.0
11	2 ps	aircon condenser air guide @ \$24.00	\$	48.0
12	1 pc	n/s headlamp	\$	1,558.0
13	1 pc	n/s headlamp bracket	\$	23.0
14	1 pc	front support panel top garnish	\$	58.0
15	1 pc	n/s front fender	\$	425.0
16	1 pc	n/s front fender inner cowling	\$	75.0
7	6 ps	n/s front fender inner cowling clips @ \$4.50	\$	27.0
18	1 pc	front bumper fog lamp n/s	 \$	206.0
19	1 pc	front bumper fog lamp cover n/s	\$	115.0
			\$	4,938.0
		Less 10 %	\$	493.8
			S	4,444.2
		SPECIAL NETT ITEMS		
20	1 pc	n/s front wheel rim	\$	750.0
21	1 pc	n/s front wheel tyre	\$	250.0
			\$	1,000.0
		LABOUR & MISC. CHARGES	Account 40 Acts Advenues	
)1		To transfer of tyre, rim and on wheel balancing.	\$	50.0
)2		To check steering geometry and computer wheel alignment.	 \$	80.0
)3		To rust-proofing of the affected areas.	\$	150.0
)4		To check electrical lighting concerned.	 \$	80.0
)5		To reinstall of front bumper parking sensor.	\$	80.0
)6		Panel beating, knocking and straighten the necessary portion, remove and renewal of parts, adjust and realign the same.	6	550.0
			ф/чер/00 пефининоликоминимеелик	



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Chassis No: KNAHU815VJ7211460

Quantity	Description	Amount
)7	LABOUR & MISC. CHARGES Putty and spray painting of the affected portion	\$ 750.0
	and opay pointing of the arrested person.	\$ 1,740.0

	Iotal	\$ 7,184.20

	sis No : K Quantity	

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.
- 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.

Branches Professor about the area and a	ACCIDENT STATEMENT
Date Of Report	27/07/2020 11:57
Date Of Accident	25/07/2020 20:40
Exact Location Of Accident	TANJONG PAGAR ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMG4227C

Insured/Policyholder

Name Of Registered Owner BIS MOTORING PTE LTD

2XXXXXX055D Co Reg No

KEIFTAN@BISMOTORING.COM.SG Email Address

Mobile Phone No

OFFICE-62523822 Alternative Phone No

Vehicle Particulars

Manufacturer KIA

CARENS-1.7 D DCT 5DR FWD (A) Model

Exact Purpose for which vehicle was being used at

time of accident

HIRE AND REWARDS

Are you claiming under your own insurance policy

for repair to your vehicle?

NO

THIRD PARTY If No. Please state action to be taken Vehicle Category PRIVATE HIRE

Insurance Company

ETIQA INSURANCE PTE LTD Name of Insurance Company

Type Of Coverage COMPREHENSIVE

Fleet Policy YES

Policy Number M0014509

26,12,2019 TO 25,12,2020 Cover Note Number

Driver

Name of Driver CHEE KUM HING

NRIC No SXXXX731E Date Of Birth 29/06/1963 OUTDOOR Occupation Date Of Driving Pass 30/06/2006

14 YEARS AND 0 MONTHS **Driving Experience**

Gender MALE

Mobile Number (LOCAL) +65-91260733

Fax Number

Contact Number

EMail Address CKUMHING@GMAIL.COM Address BLOCK 47 JALAN TIGA

#15-42

Postcode 390047

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

...

General Information of the Accident

Type Of Accident COLLISION - CROSS JUNCTION

Weather Conditions CLEAR Road Surface WET

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 3

Number of Passengers (Including Driver)

Passenger 1

Passenger 2

NAME:

: GRAB PASSENGER

GENDER: : MALE

NAME:

: GRAB PASSENGER

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name GEYLANG NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 1 CASSIA LINK, POSTCODE: 397618, COUNTRY: SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes against whom?

NO

Circumstances of Accident

Refer to Police Report:- T/20200725/2135

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons: RETRIEVING

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SH9180L

Vehicle Make/Model/Colour HYUNDAI I40

Details Of Properties COMFORT TAXI

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

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.
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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.
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- 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)

Lunderstand, 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 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: 27/07/2020

Q12304/

Reporting Centre Personnel's Signature

NRIC/FIN No.:

in No.: 3 In L

Page 4 of 18

Sketch Plan Pg. 2

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Police Report Pg. 1





Police Station Of Origin: Geylang N.P.C 1 Cassia Link SINGAPORE 397618

1 of 3 Report No. T/20200725/2135

Tel No: 1800-8486999

REPORT	OF	A	TRAFFIC	ACCIDENT

Date/Time 25/07/202	,	/lade:	Vide Report No.:	Station Diary No.: 79	
Informant	's Partic	ulars			
Name of Ir		and to communicate the first communicate and communicate the c	Address	The first of the content of the cont	
CHEE KU	M HING		APT BLK 47 JALAN TIGA #	15-42 SINGAPORE 390047	
ID Type / I NRIC NO		31E	Contact No.: Home/Office: Mobile: 91260733		
Nationality SINGAPO			Email:	ata Epirita Washadaniigid wa Jahadaya ahahada da dadada da faraya ahada kayan iyo isaniinin anaya da ayaaya ga	
Sex: Age: Date of Birth: Male 57 29/06/1963			Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupatio Grab Drive			Driving Licence Information: Class: 3	Date of Expiry:	

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 25/07/2020 20:4	Type of Location: X-Junction	
Location: Along Road 1 KEE SENG S TANJONG PA	TREET				
Weather:	PRINTER PROPERTY OF STATES PROPERTY OF STATES AND STATES AND STATES AND STATES AND STATES AND STATES AND STATES	Road Surface:	errerere nye etit ogét egyptysyspagugyt rest tu phenjas sjudjamuyen symmun ja ju	Road Speed Limit:	
Clear	tit to the title of the time to the time t	Dry		ne washing	
Traffic Flow:		Traffic Control:		Traffic Volume:	
Two Way		Not Controlled	Not Controlled		
Type of Collis	ion:	r var konnunk kun ner Pemilimiki kili ililini kili ililini ilik ili meni von ngawawayang ap ner ilililini ada minula don de	V A P TO THE SAME AND AND AND A V A PROPERTY PROPERTY VICE SAME VICE SAME SAME SAME SAME SAME SAME SAME SAM	Anyone conveyed by	
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Between Mov	ring Vehicles - Head ⁻	I O 9106		ambulance:	

Vehicle No.	Type	Make	Model:	Color	Condition	No of Passenger
SH9180L	Taxi	HYUNDAI	140 1.7 CRDI	Blue	Slightly	0
	MAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA		F/L AT ABS		Damaged	
			AIRBAG		~	
			4DR			
SMG4227X	Car	KIA	CARENS 1.7	Red	Slightly	2
	Part of the same o		DCT DIESEL		Damaged	
			5DR FWD		, "	

Police Report Pg. 2





Police Station Of Origin: Geylang N.P.C 1 Cassia Link SINGAPORE 397618 Tel No: 1800-8486999 2 of 3 Report No. 7/20200726/2135

CONTINUATION OF REPORT

Details of Perso	in Involved			
Any Pedestrian I				a mang ng ga _n ang pang at at at an at a mang ang at a mang at a mang at a managang ang ang ang ang ang ang ang ang
No. of Pedestriar	ns Injured: NIL	Use of Pa	edestrian Cross	sing: NA
Driver				
Name	Unknown Driver		ID No.	NL
Related Vehicle	SH9180L (Taxi)	kalatusjunini melelih ditulent ushira pi pukana arkut musuk miju ya yaya, mijupu	Contact No.	NIL
Hospital/Clinic	NIL.	e and electron charlest annually along a sound at the electron charlest annual and the electron charlest and the		Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Dis	charge NIL	i languarium 18 primases 1840 - maara na arang na arang Panggarium 18 primases 1840 - maarang na arang
No. of Days gran	ted Medical Leave NIL	Degree o	f Injury NIL	
Driver				
Name	CHEE KUM HING		ID No.	\$1585731E
Related Vehicle	SMG4227X (Car)	emeterelm und in demokrat de historiel het of und belan describellijke sammer van	Contact No.	91260733
Hospital/Clinic	NIL	and the first and the second s	Class of Driving Licence & Explry Date	Class: 3 Date of Expiry: NIL
Date Treatment	the state of the same and the same and the same and the same of the same and the same same state of the same and the same	Date Disc	tharge NIL	administration and the summer of the summer of the state
No. of Days gran	ted Medical Leave NIL	Degree o	f Injury NIL	

Brief Details.

On the 25/07/2020 at about 2040hrs, I was driving along Kee Seng Street. I then turned right into Tanjong Pagar Road after checking that the traffic was clear. I then felt a slight impact on the left side of my vehicle I then realized that my vehicle hit by a taxi driver (SH9180L).

I then made a check on my passengers and they informed me that they are alright. I then made a check on the taxi driver who informed me that he is ok. The taxi driver inform me that he will lodge a police report with regards to the issue and left. We did not exchange our particulars during the incident. I would like to state that there were no visible injuries on any of the parties during the incident.

Police Report Pg. 3





Police Station Of Origin: Geylang N.P.C 1 Cassia Link SINGAPORE 397618 Tel No: 1800-8486999 3 of 3 Report No. T/20200725/2135

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Red G / Sgt 3 ANG YI FENG, EI		The second secon	Signature Of Informant:
Signature Of Interpreter Not applicable	interior de la companya de la compa En la companya de la En la companya de la		Date/Time; 25/07/2020 23:29
Officer In Charge Of Ca TP / GIA / Staff Sgt WONG SIEU L Contact No.; 65476151			Classification Of Case:
Authentication Stamp NP168			

eTiQa Insurance

INTERVIEW FORM

Name (Driver)	: Chee Kum Him
•	m 00/14509
Policy No	5m G 4227X
Vehicle No	
Place of Accident	: Tanjung Pagah Road
Insured Driver's relationship wit	th Insured: History
Drink Driving of Insured and/or	
No of passenger(s) in Insured ve	biole: 2 (ine male une lemale)
	driver, please indicate which hospital: ${\cal NO}$
Third Party Vehicle No (if any)	: 5/49/801
No of passenger(s) in Third Part	y Vehicle:
Injury to Third Party driver and/	or passenger(s), please indicate which hospital:
	veness of the damages to all vehicles involved:
200 h	Star - Cross Durch
	es, please indicate Name, Contact No and a copy of the statement):
Traffic Police report (enclosed)	: Red 1 No
Please obtain a copy of the driv worker is involved)	ring licence of Insured driver and/or work permit (where foreign
<u> An</u>	# 8010m Jam (a)
Driver (Name & Signature)	Attended by (Name & Signature)
I, affirmed the above informati my best knowledge	Workshop Name: Ten Lin Advi Pte Ut

Etiga Insurance Berhad (Company Reg. No. Tog(Coog4K) i North Bridge Road, #68-01 High Street Centre, Singapore 179094 I: +65 6336-0477 f: +65 6339-2109

Page 9 of 18

Alternative Statesylveniae con

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Company
Owner ID: 055D

Vehicle Details

Vehicle No.: SMG4227X

Vehicle to be Exported: No

Intended Deregistration Date: 27 Jul 2020

Vehicle Make: KIA

Vehicle Model: CARENS 1.7 DCT DIESEL 5DR FWD

Primary Colour: Red
Manufacturing Year: 2018

 Engine No.:
 D4FDJD025917

 Chassis No.:
 KNAHU815VJ7211460

 Maximum Power Output:
 104.0 kW (139 bhp)

Open Market Value:\$20,088.00Original Registration Date:19 Dec 2018First Registration Date:19 Dec 2018

Transfer Count: 0

Actual ARF Paid: \$20,124.00

Intended PARF Rebate Details

PARF Eligibility: Yes

PARF Eligibility Expiry Date: 18 Dec 2028
PARF Rebate Amount: \$15,093.00

Intended COE Rebate Details

COE Expiry Date: 18 Dec 2028

COE Category: B - Car above 1600cc or 97kW (130bhp)

 COE Period(Years):
 10

 QP Paid:
 \$32,001.00

 COE Rebate Amount:
 \$26,849.00

 Total Rebate Amount:
 \$41,942.00

The information contained herein is correct as at 27 Jul 2020

OK