

China Tarping
Veh In.
31/08/20
Monday

輝陽汽車有限公司

HUI YANG MOTOR PTE. LTD.

Contact Add : SIN MING AUTOCARE Blk 176 Sin Ming Drive #04-02 Singapore 575721

Tel: 64515752 (2 Lines) . Fax: 64514658

GST & Reg No. 201629438M

28/08/2020

Owner: ACE FLEET MANAGEMENT PTE LTD

ESTIMATE TO REPAIR TOYOTA NOAH 1.8X - SMN9429K

1pc	rear tailgate	\$	1,712.85
1pc	rear tailgate "HYBRID" emblem	\$	132.25
1pc	rear tailgate windscreen glass	\$	1,850.50
1pc	rear tailgate windscreen moulding	\$	172.80
1pc	rear tailgate outer chrome	\$	581.90
1pc	rear tailgate "TOYOTA" logo	\$	121.10
1pc	rear tailgate inner lock	\$	581.90
1pc	rear tailgate inner rubber	\$	371.85
1pc	rear tailgate inner garnish	\$	371.75
2pcs	rear taillamp @\$781.55	\$	1,563.10
2pcs	rear taillamp lower garnish @\$371.85	\$	743.70
2pcs	rear taillamp lower garnish side retainer @\$172.25	\$	344.50
1pc	rear bumper	\$	1,217.45
2pcs	rear bumper side retainer @\$172.10	\$	344.20
1pc	rear bumper RH side reflector	\$	181.90
10pcs	rear bumper clip @\$5.00	\$	50.00
1pc	rear end panel	\$	781.10
1pc	rear end panel inner garnish	\$	378.85
1pc	rear end panel outer sensor	\$	381.50
1pc	rear floor panel inner trim	\$	581.90
1pc	rear floor panel top board trim	\$	1,238.00
1pc	rear fender RH inner garnish	\$	731.35
			\$ 14,434.45
	less 25%		\$ 3,608.61
			\$ 10,825.84
1set	rear parking sensor	s.nett \$	280.00
1set	rear windscreen glass private hire car decal sealant	s.nett \$	20.00
		s.nett \$	80.00
	remove & refit rear windscreen glass	\$	120.00
	wiring	\$	180.00
	tuffkote	\$	180.00
	spray painting	\$	1,400.00
	labour charges	\$	1,400.00
	Total		\$ 14,485.84



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 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	28/08/2020 15:19
Date Of Accident	28/08/2020 07:15
Exact Location Of Accident	SLIP ROAD FROM SEMBAWANG DRIVE TWDS SEMBAWANG AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMN9429K
Insured/Policyholder	
Name Of Registered Owner	ACE FLEET MANAGEMENT PTE LTD
Co Reg No	2XXXXX914N
Email Address	SQUARECAR123@GMAIL.COM
Mobile Phone No	(LOCAL) +65-86667800
Alternative Phone No	OFFICE-86667800

Vehicle Particulars

Manufacturer	TOYOTA
Model	NOAH HYBRID 1.8X CVT
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSES
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 HIRE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	999993781
Cover Note Number	

Driver

Name of Driver	BENEDIX LEE KE YOU
NRIC No	SXXXX871F
Date Of Birth	28/04/1972
Occupation	OUTDOOR
Date Of Driving Pass	23/03/1992
Driving Experience	28 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82380230
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 107A CANBERRA STREET #12-561
Postcode	751107
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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 (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
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?	YES
If Yes, Please state which Police Station	
Police Station Name	SEMBAWANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 4 SEMBAWANG CRESCENT , POSTCODE: 757633 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5549999 - FAX NO: 68522499
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

Please refer to Sketch Plan & Police Report: T/20200828/2045

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	GBK3352H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	RAJA ASHRAF BIN RAJA KHALIF
NRIC/Passport Number	SXXXX309B
Contact Number	96520452
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	BENEDIX LEE KE YOU
Approximate Age	48
Injuries Sustain	
Injured person in which vehicle?	SMN9429K
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	BLK 107A CANBERRA STREET #12-561
Postcode	751107

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 wilful 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:

28 AUG 2020

Driver's Signature

(If driver is not the policyholder)

Date & Time:

28 AUG 2020

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Tracta Leoy

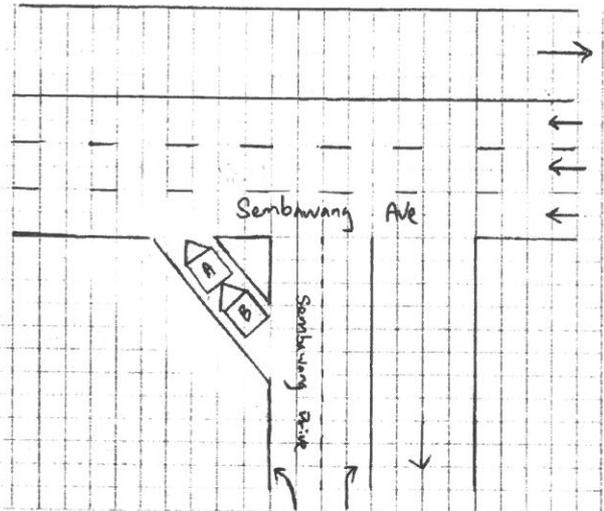
28 AUG 2020

Sketch Plan Pg. 2

SKETCH PLAN

Vehicle A - SMN 9429K

Vehicle B - GBK 3352H



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to attached Police Report.

DECLARATION

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



Policyholder's Signature

Date & Time:

28 AUG 2020

Driver's Signature

(If driver is not the policyholder)

Date & Time:

28 AUG 2020

Reporting Centre Personnel's Signature

Name:

Tracy Cecoy

NRIC/FIN No.:

28 AUG 2020



**SINGAPORE
POLICE FORCE**



T/20200828/2045

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

2 of 3

Report No. T/20200828/2045

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	RAJA ASHRAF BIN RAJA KHALIF	ID No.	S8615309B
Related Vehicle	GBK3352H (Van)	Contact No.	96520452
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	BENEDIX LEE KE YOU	ID No.	S7213871F
Related Vehicle	SMN9429K (Car)	Contact No.	82380230
Hospital/Clinic	FRONTIER HEALTHCARE	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	28/08/2020	Date Discharge	28/08/2020
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 28/08/2020 at about 0715hrs, I was driving my vehicle bearing the registration number SMN9429K along Sembawang Drive, towards Sembawang Avenue.

As I approached the junction of Sembawang Drive and Sembawang Ave, I stopped my vehicle before moving out from the slip road to check for any oncoming vehicle coming from Sembawang. My vehicle came to a stationary stop and as I was about to move off, I suddenly felt a huge impact from the rear of my vehicle. I then parked to the side and went out of the vehicle to make a check. I then noticed that the vehicle behind me bearing the registration number GBK3352H had hit onto the rear portion of my vehicle.

My vehicle suffered a huge dent at the rear and the rear glass was also smashed. We then exchanged particulars.

I then went to a clinic to make a check and was diagnosed with strain of neck muscle. I was given 5 days of MC.



**SINGAPORE
POLICE FORCE**



T/20200828/2045

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

3 of 3

Report No. T/20200828/2045

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 Recording The Report: L / Staff Sgt HAZIQ HAMIZI BIN MAZURI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 28/08/2020 13:45
Officer In Charge Of Case: TP / AEIT / Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED MOHD SAID Contact No.: 65476172	Classification Of Case: SN 130  Signature:
Authentication Stamp NP168	Singapore Police Force