| ASS. REC. BY: REF: TU/ | 20012642 KV |
|--|--|
| Menneth | |
| From: | SIGNMENT |
| Estimated Cost: | Veh No: 6x 182814 Yr Regn: 02, 04 |
| | Type: M.Car / M.Cycle / Bus / Yan, / Lorry / Taxi / Prime Mover / |
| OD TP LWS I TP RES / OD RES / EVA / INV / MY | Truck / Trailer or |
| To Inspect Vehicle No: | Make: Toy litera . c.c 2/84 |
| at Workshop m/s Chain I-lack | Colour Silve AC: Insured / Std / NI / NA |
| of | Sp.Reading 376615 T/Radio: Insured / Std / NI / NA |
| Insured: | Eng/No: |
| Policy No. | CNO: CR42 . 500 8418 |
| Claims No. | Gen. Cond. Good Fair / Poor / Burnt |
| Sum Insured: Excess: | Steering: Inorder / Jammed / Leaked / Burnt or |
| (Client's Record) | Brake: Inorder / Jammed / Leaked / Burnt or |
| Make of Veh: | Modi: MII/ S/Rim / STD A/Rim or Tyre Size: F: /5/13x8 |
| | |
| (Policy Condition) Remark: The year had commenced its N/S 0/S | R: |
| Remark: The veh had commenced its repair at the time of inspection. | BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or |
| 9.01 | |
| | Fron! Rear R/Bal. 7 mm R/Bal. 9 mm |
| | L/Bal. 7 mm L/Bal. 9 mm |
| OF THE SEED OF THE | D.O.A. 13/11/20 D.O.I. 17/11/2020 |
| | Survey held at |
| Editi Suit. | Des. of Damages: Frt / Rear) O/S / N/S / U/C / Rooftop or |
| CA / REV / REP. / 24 HRS Vehicle: IN / OUT | ous. of burninges . The Process of t |
| Date:Person Contacted: | The U/C / Chassis frame / Body Structure affected due to collision. |
| Date / Time Action / Instruction | |
| / Toilfou james | |
| | |
| | |
| | |
| \ ' | |
| | |
| | |
| 4.5.5. | |
| | s Of Repair: 5 |
| | urvey No. of Trip: 1 Survey Fee: |
| Outa/Time, File Return to? | Transportation: |
| n 10/12/20-Typist Add Fee: | : Site insp (\$)s + Rssi |
| | : Interview (\$); Farths |
| Report Format: Merimen | Tech Invs (\$). Others |
| Lump Sum / I.B.I: (\$ 2900 | Weekend (\$ |
| | TOTAL |
| | |
| | |

CHOON HOCK MOTOR TRADING CO

Not Notherial

1/Sup &

Pervay After Paint

4-5days

17 November 2020

ESTIMATE BILL TO REPAIR GX 1928 H TOYOTA LITEACE 5 DR VAN

| ESTIMATE BIL | L TO KEITHIC CL | | 1 | | | • |
|---------------------|---|-----------------|-------|------------|-------|----|
| | | /: | 4 8 | 1,240.50 | | |
| 1 pce tailgate | | | in s | 144.90 | × _ | |
| 1 pce tailgate inr | ner trimboard | 100 100 100 | Jus | 288.50 | | |
| 1 nce tailgate int | ner lock assy. | | \$ | 160.50 | 7 | |
| 1 nce tailgate inr | ner lock actuator assy. | | \$ | 88.10 | | |
| 1 pce tailgate inr | ner lock catch | J. | ns | 632.00 | X | |
| 2 pcs tailgate dar | mpers | N | ec \$ | 51.90 | | |
| 1 nce tailgate em | blem sticker | 1 | n \$ | 36.20 | _ | |
| 1 pce tailgate "L | ITEACE" sticker | | \$ | 513.80 | ? | |
| 1 nce rear panel | | Rul! | W1 \$ | 442.50 | | |
| 1 nce rear bumpe | er fascia | MIS C | M \$ | 114.20 | 4 | |
| 2 pcs rear bumpe | er reflectors | | ms | 48.80 | X | |
| 2 pcs rear bumpe | r side retainers | | \$ | 3,761.90 | | |
| | | less 25% | \$ | 940.50 | | |
| | | 1033 2570 | | 2,821.40 | | |
| | | | | -,- | | |
| S/NETT | | 1 | ka s | 45.00 | | - |
| 1 set tailgate inne | er trim board clips | 1 | re s | 20.00 | 125n | |
| 1 pce tailgate "70 | Okm/h" sticker | Sci | 1 8 | 300.00 | 200 | sa |
| 1 set reverse sens | ors | | Ψ | 200.00 | | |
| , | 1 6. | | \$ | 120.00 | _ | |
| Transfer tailgate g | glass assy. and refit | | \$ | 120.00 | 601 | |
| Remove tailgate f | ittings to new tailgate ass | sy. | \$ | 80.00 | 201 | |
| Winings | | | Φ | 180.00 | | |
| Danew reverse set | nsors, transfer to new bu | mper assy. | ~ \$ | 100.00 | X | |
| Remove spare who | eel and rack assy. Felli | Repeat | 2 | 200.00 | X | |
| Remove rear wind | screen | 1 47-141 | | 1,000.00 | ~7 | |
| Panel beating | | | | • | 450 | 1 |
| Painting | | | | 1,000.00 | 7 | • |
| Rustproof | LKK Auto Consultants hence | e notify | \$ | 200.00 | • | |
| Total amount: | the Repairer of the following | 1: | \$ | 6,186.40 | | |
| Total anno | To resurvey before/after spray pa | | == | ===== | | |
| | To display damaged part(s) during | | | | | |
| | Parts prices are subject to confirm Third party survey is on a "Withou | | | | | |
| | No illegal modification(s) is allower | | | | | |
| | Supplementary item(s) must be re | | | | | |
| | is subject to final approval from In | surance Company | | | | |
| | Acknowledged by Repairer | | | | | |
| | Signature: | | | | | |
| | 1 !!! 0 00 | 0. 2077 | (2 D. | - NI- 2056 | 10000 | |

Mailing address: 28 Surrey Road #18-03 Singapore 307762 Reg No: 30568200L Tel: (65) 64530778 Email: choonhockmotor@gmail.com

SINGAPORE ACCIDENT STATEMENT

Contact Number

EMail Address

- IMPORTANT NOTICE

 1. Please report correctly the details of the accident to speed up the claims process.

 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 will'd misrepresentation or witholding of material facts may allow insurance companies to 3. Information provided must be as truthful and accurate as possible. Any willul misrepresentation or withouring or instance companies.
 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 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 6. This report will be forwarded by the insurers of the GIA Records Management of this report of this report being made available upon application by interested parties.
 7. By the Asspensent 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 aforesest.

| THE RESERVE OF THE PROPERTY OF THE PARTY OF | ACCIDENT STATEMENT | |
|---|--|--|
| Date Of Report | 16/11/2020 10:54 | |
| Date Of Accident | 13/11/2020 16:45 | |
| Exact Location Of Accident | PIE TOWARDS TUAS | 7.0 |
| On man /State of Love | SINGAPORE | |
| | DETAILS OF OWN VEHICLE | |
| Vehicle Registration Number | GX1928H | |
| Insured/Policyholder | | And heavy a service to a service to the service to |
| Name Of Registered Owner | TAN KIANG LIP | |
| NRIC No | SXXXX668I | |
| Email Address | NOEMAIL | |
| Mobile Phone No | (LOCAL) +65-91181754 | |
| Alternative Phone No | OFFICE-91181754 | |
| Vehicle Particulars | | The same of the sa |
| Manufacturer | TOYOTA | |
| Model | LITEACE | |
| Exact Purpose for which vehicle was being used at time of accident | PRIVATE USE | |
| 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 | COMMERCIAL VEHICLE | AND THE PERSON NAMED IN COLUMN TWO IS NOT |
| Insurance Company | The second secon | DATIVE LTD |
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPE | ERATIVE LID |
| Type Of Coverage | THIRD PARTY FIRE AND/OR THEFT | |
| Fleet Policy | NO | |
| Policy Number | 5010172563-14 | |
| Cover Note Number | and the state of t | |
| Oriver | | |
| lame of Driver | YEO POH GEK | |
| IRIC No | SXXXX112J | |
| Date Of Birth | 07/01/1965 | |
| occupation | INDOOR | |
| ate Of Driving Pass | 08/10/2004 | |
| | 16 YEARS AND 1 MONTH | |
| | FEMALE | |
| obile Number | (LOCAL) +65-91181754 | |
| ax Number | | |

NOEMAIL

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BLK 685A #08-155 JURONG WEST STREET 64 Address SINGAPORE 641685 Postcode Was driver an employee of the Insured's Company NO SPOUSE 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 COLLISION - HEAD TO REAR Type Of Accident CLEAR Weather Conditions DRY Road Surface Other Information NO Was any foreign vehicle involved in this accident? Number of vehicles (including own vehicle) involved in the accident YES Was any body injured in the Accident? Was any injured conveyed to hospital by NO ambulance? YES Was any other material or property damaged? I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. Number of Passengers (Including Driver) **Details of Police Action** YES Was the accident reported to the police? If Yes, Please state which Police Station BUKIT MERAH WEST NPC ROAD: 500 BUKIT MERAH VIEW #01-01 , POSTCODE: 159682 , Police Station Name **COUNTRY: SINGAPORE** Police Station Address TEL NO: - FAX NO: Police Station Contact NO Was notice of intended Prosecution given? If Yes, against whom? Circumstances of Accident REFER TO ATTACHED AND POLICE REPORT; REMARKS:TYPE OF ACCIDENT PLEASE REFER TO ATTACHED AND POLICE REPORT Attachment(s) Are accident photos available for attachment? YES

Was there any video captured by Car Camera? NO NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SHD2578X Vehicle Registration Number

Vehicle Make/Model/Colour

REFER TO POLICE REPORT AND ATTACHED **Details Of Properties**

TAXI Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

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| SKETCH PLAN GX 1928 H GX 1928 H GX 1928 H DESCRIBE CIRCUMSTANCES OF THE ACCIDENT 3 2 Refer to Police Report: T/2020 1114 12034 | Sketch Plan Pg. 1 | | | | |
|--|----------------------------------|---|--|--|--|
| DESCRIBE CIRCUMSTANCES OF THE ACCIDENT 3 2 | | Tusc | | | |
| | DESCRIBE CIRCUMSTANCE | A GX 1928 H | | | |
| DECLARATION //We declare the foregoing particulars are true in every respect. Policyholder's Signature Driver's Signature (If driver is not the policyholder) Name: | /We declare the foregoing partic | Driver's Signature Reporting Centre Personnel's Signature | | | |

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