ASSIGNMENT From: Date: Date: Veh No: JKE 133/L Yr Regn: 1.06 CARLYSIP RESIOD RESIEVALINIMY To lassed Vehicle No: AC. Insured Sidi NII NA To lassed Vehicle No: AC. Insured Sidi NII NA Sp. Reading Tradic Insured Sidi NII NA Folky No. Cho: MDD 11 7 3 4 22 N 64 6 25 Colum No. Cho: MDD 11 7 3 4 22 N 64 6 25 Color Sp. Reading Transport Lesked Flow in or Strake: Ingrise Insured Lesked Stumi or Mod: NB I Stram I STOCKING or Strake: Ingrise Insured Lesked Stumi or Strake: Ingrise Insured Lesked Stumi or Strake: Ingrise Insured Lesked Stumi or Mod: NB I Stram I STOCKING or Strake: Ingrise Insured Lesked Stumi or Mod: NB I Stram I STOCKING or Strake: Ingrise Insured Lesked Stumi or Mod: NB I Stram I STOCKING or Strake: Ingrise Insured Lesked Stumi or Mod: NB I Stram I STOCKING or Strake: Ingrise Insured Lesked Stumi or Mod: NB I Stram I STOCKING or Strake: Ingrise Insured Lesked Stumi or Mod: NB I Stram I STOCKING or Strake: Ingrise Insured Lesked Stumi or Mod: NB I Stram I STOCKING or Strake: Ingrise Insured Lesked Stumi or Mod: NB I Stram	1001	
Truck Trailer or Series (Series EVA INV I	AS	
To hisped Vehicle No: at Workshop mis of thisped Vehicle No: at Workshop mis Opfine Colour An Mark Asc. Mark Colour An Mark Asc. Mark Mark Asc. Mark Asc. Mark Asc. Mark Asc. Mark Mark Asc. Mark Ma	From: Date:	Veh No: SK 5 12.311
Truck Trailler or Make: No. CLA Ido Cc 1583	Estimated Cost:	Type: A Car & Cycle / Pure / Von / I
To inspect Vehicle No: at Workshop m/s of at Workshop m/s of colur	DONTE WS ITP RES I OD RES I EVA I INV I MV	Truck / Trailer or
Insured: Spiriture Spiritu		Makes An
Sp.Reading Tradic insured / Stid / Ni / NA Insured: Insur	at Workshop m/s Clots to a	- Make. 180 c.c 1595
Instance: Policy to Condition Can't Mode of Ven: (Contra Record) Motor of Ven: (Policy Condition) Remark: The veh had commenced its repair at the time of Inspection. Ball or Market Value: Star PRESen: Consistent?: Yea or No Gut I Fell is a Survey Held at Des. of Damages: Frt J Rear I Ols I NIS I UIC I Rochtop or Frt of I Survey Fee: Date / Time Action / Instruction Date / Time / Action / Instruction / Instruction Date / Time / Action / Instruction / Instruction Date / Time / Action / Instruction Date / Time / Action / Instruction / In		
Policy No. Claims No. Sum Insured: Excess: 7507 (Clent's Record) Make of Veh: Steering: Inorge! / Jammed / Leaked / Burnt or Brake: Ingrest / Jammed / Leaked / Burnt or Brake: Ingrest / Jammed / Leaked / Burnt or Mod: NII / SRRm / SRRm or Tyre Steering: Inorge! / Jammed / Leaked / Burnt or Mod: NII / SRRm / SRRm in STQARF in or Tyre Steer. (Policy Condition) Remark: The veh had commenced its repair at the time of Inspection. Bail or Markel Value: 8 / / O/A IDAC Accident Rport: Consistent?: Yes or No Est. Repeals: 0 f days Res.: Yes or No Est. Repeals: 0 f days Res.: Yes or No CAL / EEV/I REP. / 24 HRS Date: Person Contacted: Vehicle: IN / OUT Date / Time Action / Instruction Date / Time Action / Inst	Insured:	- I Solo Insuled I Std / NI / NA
Sum insured: Sum insured: Excess: Fig. (Client's Record) Make of Veh: (Policy Condition) Remark: The veh had commenced its repair at the time of inspection. Bail. or Market Value: (Policy Condition) Remark: The veh had commenced its repair at the time of inspection. Bail. or Market Value: (Policy Condition) Remark: The veh had commenced its repair at the time of inspection. Bail. or Market Value: (Policy Condition) Remark: The veh had commenced its repair at the time of inspection. Bail. or Market Value: (Browl Reser: (Browl Reser	Policy No.	
Sum insured: Excess: 7527 (Clien's Record) Make of Veh: Make of Veh of Vehs of	Claims No.	- Con Cartin 2000 1/7 3 4 22 N 846 25
Brake: Ingr@r / Jammed / Leaked / Burnt or		
Make of Veh: (Policy Condition) Remark: The veh had commenced its repair at the time of inspection. Bail or Markel Value: Bail or Mar	(Client's Record)	
(Policy Condition) Remark: The veh had commenced its repair at the time of inspection. Ball or Market Value:		•
(Policy Condition) Remark: The veh had commenced its repair at the time of inspection. Ball or Markel Value: \$ / / O/C DAC Accident Rport: Consistent?: Yes or No GIA / PR Seen: Consistent?: Yes or No Call Repairs: Of days Res: Yes or No Call Replix: Of days Res: Yes or No Call Res: Of days Res: Yes		
Remark: The veh had commenced its repair at the time of inspection. Bail or Market Value:	(Policy Condition)	
repair at the time of inspection. Ball or Market Value: \$ // O/K Ball or Market Value: \$ // O/K DAC Accident Roort Consistent?: Yes or No SIA / PR Seen: Consistent?: Yes or No Est. Repairs: Of days Res.: Yes or No Survey held at Des. of Damages: Frt / Rear / O/S / N/S / U/C / Roofftop or The U/C / Chassis frame / Body Structure affected due to collision. Date / Time Action / Instruction Date / Time Action / Instruction Of the U/C / Chassis frame / Body Structure affected due to collision. Date / Time Action / Instruction Date / Time Fig. Pass to 7 Person Contacted: Date / Time Action / Instruction Of the U/C / Chassis frame / Body Structure affected due to collision. Date / Time Fig. Pass to 7 Of the U/C / Chassis frame / Body Structure affected due to collision. Add Fee: Stile Insp (5) S-RS g Interview (5) Forts Tech Invs (5) Others	Remark: The web had	R: UIS/40RIS
Ball or Market Value: Ball or Market Value: Ball or Value:	repair at the time of inspection.	LIZA / MIC / OHTSU / PIR / SUMI /
DAC Accident Rport Consistent? : Yes or No GIA / PR Seen: Consistent? : Yes or No Est. Repairs: Of days Res.: Yes or No LUMB J F mm UBal. J mm D.O.A. 2 / / / / / / / / / / / / / / / / / /	Bal. or Market Value: \$ // 0/c	Ernel
Consistent? : Yes or No Est. Repairs:		
Est. Repairs:		mm RVBa. 0 mm
LUM SUM: -B. % 3 Val.: Yes or No Survey held et Des. of Damages: Frt Rear Ols N/S U/C Rooftop or Person Contacted: Des. of Damages: Frt Rear Ols N/S U/C Rooftop or Person Contacted: The U/C Chassis frame Body Structure affected due to collision. Date Time	Est. Repairs: 07 days Res.: Yes or No	mm UBal. mm
Date / Time Person Contacted: Des. of Damages: Frt. Rear O/S N/S U/C Rooftop or Frt. Rooftop of Frt. O/S N/S U/C Rooftop or Frt. Rooftop or Frt. O/S N/S U/C Rooftop or Frt. Frt. O/S N/S U/C Rooftop or Frt. Frt. O/S N/S U/C Rooftop or Frt. Frt. O/S	.um Sum: 1-B-/ % 3 Val.: Yes or No	-11/1/1/102
Date: Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision. Date / Time Action / Instruction Body Structure affected due to collision.	CA / REV// REP. / 24 HRS	
Date / Time Action / Instruction Bothon Flor	Vehicle: IN / OUT	1 177 01.1 0 150
Botton flot Veh lay off, unake to check rear from LTA.		The U/C / Chassis frame / Body Structure affected due to collision
Veh Vay_off , unable to check acan from LTA.	THOUSEN MICHOCON	3333011
te/Time, Fig. Pass to? Prefl. Report Days Of Repair:		
Days Of Repair: Survey Fee: Survey Fee: Survey Fee: Survey Fee: Itansportation: Add Fee: Site Insp (\$) S+RS_SI Interview (\$) Firsts Transportation: Transportation:	1 josta de la valle	read from CTA.
Days Of Repair: Survey Fee: Survey Fee: Survey Fee: Survey Fee: Itansportation: Add Fee: Site Insp (\$) S+RS_SI Interview (\$) Firsts Transportation: Transportation:		
Days Of Repair: Survey Fee: Survey Fee: Survey Fee: Survey Fee: Itansportation: Add Fee: Site Insp (\$) S+RS_SI Interview (\$) Firsts Transportation: Transportation:		
Days Of Repair: Survey Fee: Add Fee: Site insp (\$) _ \$ - RS _ \$! Peport Format: Transportation: Interview (\$) First as		
Days Of Repair: Survey Fee: Add Fee: Site insp (\$) _ \$ - RS _ \$! Peport Format: Transportation: Interview (\$) First as		
Days Of Repair: Survey Fee: Add Fee: Site insp (\$) _ \$ - RS _ \$! Peport Format: Transportation: Interview (\$) First as		
### Resurvey No. of Trip: Survey Fee:		
Add Fee: : Site Insp (\$) _S + RS _SI pport Format :	ste/Time, File Pass to? : Prefil. Report	Days Of Repair:
Add Fee: Site Insp (\$) S-RS_SI : Interview (\$) Fixture : Tech Invs (\$). Others	: Final Report	2000
eport Format :	: Final Report	Resurvey No. of Trip: Survey Fee:
Tech Invs (\$). Others	: Final Report	Resurvey No. of Trip: Survey Fee:
1110 3110 11811	: Final Report cto/Time, File Return to? Add Fee:	Survey Fee: Survey Fee:
	: Final Report cto/Time, File Return to? Add Fee:	Survey Fee: Survey Fee:



OPTIMA WERKZ PTE LTD Co. Reg. No. 201212455W

www.ow.sg

6 /OptimaWerkz

/optimaWerkz

Date:

12.12.2020

Vehicle No: SKE1231L

Model:

MERCEDES BENZ CLA180

Chassis:

WDD1173422N646259-2018

Reg.Year:

2018

Own Damage insurer: UOI

Third Party Veh No:

Date of Accident:

21.11.2019

in dis

Not Arthoris Runny BEPRING EX87501

ESTIMATE

NO.	DESCRIPTION	QTY	UNIT S\$	AMOUNT S\$
1	FRONT BUMPER	1	Ru	etem \$1,045.00
2	FRONT BUMPER SIDE BRACKET RH	1		P11 \$82.50
3	FRONT GRILLE ASSY FULL SET	1		CM \$550.00
4	FRONT BUMPER LOWER GRILLE	1		m \$209.00
5	FRONT TOW COVER	1		Mil \$50.60
6	BONNET (///minson)	1		Ne \$880.00
7	FRONT LOCK ASSY	1		₹ \$192.50
8	FRONT REINFORCEMENT BEAM	1		\$220.00
9	FRONT SPONGE ABSORBER	1		\$110.00
10	FRONT BUMPER FOG LAMP COVER RH	1		\$82.50
11	FRONT BUMPER LICENSE PLATE BASE	1		Md \$110.00
12	HEADLAMP RH	1		CM \$1,595.00
13	HEADLAMP BRACKET RH	1	e succession to the second	\$77.00
14	FRONT WINDSCREEN WITH MOULDING	1		CM \$495.00
15	FRONT FENDER RH	1	2	N \$385.00
16	FRONT AIR GUIDE	1	or an age of the second	\$396.00
17	CONDENSER	11	A Section of the second section of the	/m \$643.50
18	RADIATOR	1		/m \$495.00
19	A-PILLAR RH OUTER	1		↑ \$275.00
20	A-PILLAR RH INNER	1	1 8	R \$220.00
	10	1		24.3
			SUB TOTAL	\$8,113.60
			PLUS 15%	\$1,217.04
			PARTS TOTAL	\$9,330.64

	SPECIAL NETT	QTY	UNIT S\$	AMOUNT S\$	
. 1	FRONT SENSORS	4	\$150.00	\$600.00	7
2	FRONT BUMPER GROMMETS	1		Ma \$120.00	_
3	FRONT GRILLE CLIPS	1		Ma \$70.00	-
4	FRONT LICENSE PLATE WITH HOLDER	1		Nes \$55.00	4
			S/N TOTAL	¢500.00	
			DIAL	\$590.00	

6 Kung Chong Road Singapore 159143 Tel: (+85) 6472 1313 | Fax: (+85) 6472 2112

Branch

9A Serangoon North Ave 5 Singapore 554500 Tel: (+85) 6484 9919 | Fax: (+65) 6481 1993

Branch (Motor Insurance Claims) Bik 10 Ang Mo Kio Ind. Park 2A #01-05 Singapore 568047 Tel: (+85) 6481 1522 | Fax: (+85) 6481 1011





OPTIMA WERKZ PTE LTD Co. Reg. No. 201212455W

www.ow.sg

7 /OptimaWerkz

/OptimaWerkz

Date:

12.12.2020 Vehicle No: SKE1231L

Model:

MERCEDES BENZ CLA180

Chassis:

WDD1173422N646259-2018

Reg.Year:

2018

Own Damage insurer: UOI

Third Party Veh No:

Date of Accident:

21.11.2019

LABOUR CHARGES:

LABOUR CHARGES TO REMOVE, REPLACE, REFIT FRONT ACCIDENT AREA.

Fou \$1,000.00

LABOUR CHARGES TO SUPPLY PAINT & FURNISHING MATERIALS FRONT ACCIDENT AREA.

\$1,400.00 1000

LABOUR CHARGES TO REMOVE & REFIX FRONT BUMPER SENSOR.

\$120.00 601

LABOUR CHARGES TO REMOVE AND RE-INSTALL REAR WINDSCREEN.

\$180.00 /20/

TO DIAGNOSE FAULT CODE, RESET MEMORY & HEADLAMP SETTING.

\$250.00

TO APPLY ANTI-RUST.

NZ

\$150.00 🗶

LABOUR CHARGES TO CHECK WIRING & ELECTRICAL SYSTEM & ETC.

\$150.00 201

LABOUR TOTAL

\$3,250.00

TOTAL

\$13,170.64

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 willul misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4 The issue and acceptance of this Form by insurence 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.

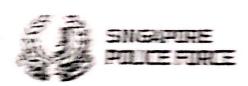
- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of 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.

		Was a second of the second of
	ACCIDENT STATEMENT	
Date Of Report	16/12/2019 09:46	
Date Of Accident	21/11/2019 08:10	63.00 kg 1 cg 2
Exact Location Of Accident	TAMPINES AVE 3 TWDS AVE 4	NEAR BLK 831 AVE 3
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
hicle Registration Number	SKE1231L	Commence of the second
nsured/Policyholder		
Name Of Registered Owner	JOHNSON YAP	S. S
NRIC No	S7209534J	
Email Address	JONSSON_YAP@YAHOO.COM	
Mobile Phone No	(LOCAL) +65-81266072	
Alternative Phone No	OTHERS-81266072	
Vehicle Particulars		
Manufacturer	MERCEDES-BENZ	sale affortance risks secrety
Model	CLA180	Programme and the Professional Profession Pr
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	REPORTING ONLY	
('cle Category	PRIVATE CAR	and the second of the second o
Insurance Company		Some for his service and service and the
Name of Insurance Company	UNITED OVERSEAS INSURANC	ELTD
Type Of Coverage	COMPREHENSIVE	
Fleet Policy	NO	de la constantina de
Policy Number	DHOM120037321800	
Cover Note Number	A CONTRACTOR OF A CONTRACTOR OF THE	
Driver		
Name of Driver	JOHNSON YAP	the second second second
NRIC No	S7209534J	
Date Of Birth	16/03/1972	
Occupation	INDOOR	
Date Of Driving Pass	01/01//1998	
Driving Experience	21 YEARS AND TO MONTHS:	
12. 元元元元元为6.31元元,20.5元元元元元元元元元元元元元元元元元元元元元元元元元元元元元元元元元元元元	MAUE	
。	(LOGAL) 485:81286072	"是我们的一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个
Fax Number		
	Oii#ERS+8)126607/2	
EMail Address	IONSEON ANGWARRONGOM	Party Control of the

3 TAMPINES AVE T8 #14-03 ARC AT TAMPINES Address 529595 Postcode Was driver an employee of the Insured's Company OWNER 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 COLLIDED INTO BICYCLIST Type Of Accident CLEAR Weather Conditions DRY Road Surface Other Information Was any foreign vehicle involved in this accident? NO Number of vehicles (including own vehicle) .wolved in the accident YES Nas any body injured in the Accident? Was any injured conveyed to hospital by YES ambulance? YES Was any other material or properly 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 TRAFFIC POLICE DIVISION HQ Police Station Name ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE Police Station Address TEL NO: 65470000 - FAX NO: **Police Station Contact** Yas notice of intended Prosecution given? If Yes, against whom? ircumstances of Accident PLS REFER TO THE POLICE REPORT:T/20191121/2142 Attachment(s) NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT Are accident photos available for attachment? Was there any video captured by Car Camera? YES WITH TRAFFIC POLICE Remarks/ Reasons: Was there any audio recorded? Details of Witness 1 MR GOH Name 81809669 Phone Number Emall Address DETAILS OF OTHER VEHICLE PROPERTY 1 Vehicle Registration Number CYCLIST Vehicle Make/Model/Colour Details Of Properties NAVUNKNOWN

Vehicle Calegory

					Janes B	
A - SKEIJ31L		TOROP.	1. 7		TAMPI	NE.
B-CYCLIST					MEAR	(2)
enter of the second second of the second sec						
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT		A A		. १९७५० ।	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	
Ple repre to the po	· ;	7	T/2000	205.2	/ n (v2)	
Ple refu to the po	he r	port:	7/2019	11211	2142	
Address:			1976			
			18.11			Vernes &
The second of th			องเลือนสาร์สาสสาร์สาร์ส	全国的	STREET,	
		and the second second				
DECLARATION /We declare the voregoing particulars are true in even						
DECLARATION				w	16/12/6	





Friez Station Of Chapter

Little Time Reconstitions 2111/2219 15-27	Nie-Penrike:	Samiler
Información Particulars		l de la companya de
Mane of Informatic	「本」とは、TAIPINES AG	が開発を行うなりた。
Melonally: SMG-PORECITED	Contact No.: Home-Office: Email:	Mathan S LENGTZ
Sec Age Date of Both Water 47 1803/972	Type of Informatic	
Cine	Lagrage English	halling Some Name.
PROGRAMMANAGES	Diving License bykomesiken.	Detail Cont.

Tipeof	find the Acotten	The second second second	The second second	
Accient	Allended by Police	Dries	Date Time to	They live
Lacian.	No.	ACC	जामाकाकाकाका	2000

TAMPNES AVENUE 3

TAMPNE AVE TOPE TOPE	The second of th
TAMPNE AVE 3 TMCS TAMPNES Weather:	WE A VEHICLE WHEN

Weather: Clear Traffic Flow:	Final Surface: Dry	But Thee Tim
Type of Callison:	Traffic Control:	Table variable
Moving Vehicle Against - Cyclist		Salpage 17 month

Towns, and an address of	Details of Vehicle Involved		
the Area separate an advanta	Vertice No. Type Make Mode SKE1231L Car MERCELES DLA180 SENT XMS LNS	200.	Town Jane
	Sicyce .		

Cemils of Venicie Insurance	· · · · · · · · · · · · · · · · · · ·
THE PERSON NAMED IN CO. LEWIS CO. LE	
Ventale No. Insurance Care	
digental of the	
	the first the same





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

2 of 4 Report No. T/20191121/2142

CONTINUATION OF REPORT

Details of Vehi	cle Insurance .		<u> </u>	
Vehicle No. In	surance Company	Insurance No	Effective	Expiry Date
SKE1231L U	NITED OVERSEAS INSURANCE	DHOM1200373218 00	19/10/2018	18/10/2020
		4(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		
Details of Pers	on Involved		<u></u>	
Any Pedestrian				Section 1
No. of Pedestria	ns Injured: NIL	Use of Pedestrian Cros	31119.1147	erick (St. 1981) Courtes Water
Priver	· · · · · · · · · · · · · · · · · · ·		Lesson (d. 166)	
ame	JOHNSON YAP	ID No.	S7209534J	garanak kabupatén (
Related Vehicle	SKE1231L (Car)	Contact No.	81266072	
Hospital/Clinic	NIL	Class of Driving Lipsing & Exploy Date	Date of Exp	ilay INIL
Date Treatmen	t NIL anted Medical Leave NIL	Date Discharge NIL Degree of Injury NIL		
Cyclist		ID No.	NIL	
Name	Unknown Cyclist	ID No.	INIL	
Related Vehicle	(Bicycle)	Contact No.	NIL	
Hospital/Clinic)	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Ex	piry: NIL

Brief Details.

Date Treatment

No. of Days granted Medical Leave

I was driving along Tampines Ave 3 towards Tampines Ave 4 on the left of 2 lanes at stated date and time. As I was approaching the pedestrian crossing hear Block 831 of the above road, a cyclist was at the center divider of the crossing and was moving across the road. The traffic light was green in my favour at the time. As I neared the crossing, I saw the cyclist on the 1st lane and I immediately jamibraked. By this time, the blke was in my lane but I was unable to stop in time and hit conto the cyclist with the front right side of the car. The cyclist flew and landed on my windscreen and eventually landed on illow on the right side of my car. Ambulance arrived in about 5 minutes. Paramedias could detect a pulse from the cyclist and conveyed the cyclist to hospital. Later I was informed that it was a fatal case and was arrested to TP.

NIL

Date Discharge

Degree of Injury | NIL

NIL

There was a witness at the scane by the name of Mr. Goh, Ho. 3(80966) who is willing to provide an account.