(08/11/13) wef  ASS. REC. BY: Marcus  REF: CS/ M	45621000065/4943
AS	SIGNMENT
From: Date:	Veh No: 5CR & 706/0 Yr Regn: 7/4/06
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD / TP WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No: SCR \$7067	7
at Workshop m/s 7 ckhs;	0090(8) 0(0)
of	51.15
Insured: PA 40185	Sp.Reading / 64699 T/Radio: Insured / Std / NI / NA
	Eng/No: MRD53H4 4) 2 4/984, -
Policy No. (00/287724) Claims No. 25/356	C/No: MRUS3HY 420 4198415  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: Nil /S/Rim / STD A/Rim or
(Policy Condition)	Tyre Size: F: 205/4572/6
Remark: The veh had commenced its N/S O/S	R:
repair at the time of inspection.	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Revenue:
Bal. or Market Value:	
IDAC Accident Rport: Consistent? : Yes or No	Front R/Bal. R/Bal. R/Bal.
GIA / PR Seen: Consistent? : Yes or No	L/Pol 6
Est. Repairs: 4 days Res.: Yes or No	D.O.A. 29/12/20 D.O.I. 5/1/21
2 Vol. Vo.	3/1/0/
	Survey held at
CA / REV / REP. / 24 HRS  Vehicle: IN / OUT	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction 6 MM. WHY	47
Cos until 30-6-2011 279	82288
0/1/	
9/1/21 1/5 42200 Confirmed	wth testurf (Red \$4950.62, 69%)
9/1/21 4/5 \$2200 Confirmed 12/01/21 @ 5.16pe ranged to Muhd	Mir has is also see
Mollar & Supple Movinger 10 Maria	war my va weaven.
Date/Time, File Pass to? : Preli. Report	Days Of Repair:
1) 13/01 Hunist : Final Report Date/Time, File Return to?	Resurvey No. of Trip:  Survey Fee:  Transportation:
2) Add Fee	
1 1 11	: Interview (\$ ) Photos
Report Format:	: Tech. Invs (\$ ) Others
Lump Sum / I.B.t. (\$ 2700 )	: Weekend (\$
	TOTAL

## **159 TICK HAI MOTOR**

# 1 KAKI BUKIT AVE 6 #01-20 SINGAPORE 417883

TEL: 6842 9089 FAX: 6841 2869

**REG NO: 53033608A** 

Vehicle Number: SCR8706P

Vehicle Model: Toyota Vios 1.5E M

Manufacturing Year: 2006 Chassis: MR053HY4204198415 Not Arlivand Hale 5/1/21 4/5 # 2200/ Hdmj.

S/N. Item Description ,		Amount (\$)
1 Rear Bumper Re/wayed 295.10	\$	332.40
2 Rear Bumper Clip x 1 set	\$	12.80
3 Rear Bumper Side Retainer (RH)	\$	22.40
4 Rear Bumper Side Bracket (RH)	\$	12.40
5 Rear Fender (RH)	\$	853.60
6 Rear Windscreen Moulding	\$	121.50
7 Rear Door (RH) 3cd 4m 705-10	\$	856.20
8 Rear Door Outer Handle (RH)	\$	48.15
9 Rear Door Outer Handle (Small)	\$	38.25
10 Rear Door Lower Protector (RH)	\$	86.70
11 Rear Door Window Lower Black Moulding (RH)	\$	78.20
12 Rear Door Inner Lock (RH)  In Sluth	\$	219.40
13 Rear Door Regulator (RH)	\$	109.14
14 Rear Door Inner Trimboard (RH) 366-10 1200	\$	858.60
15 Rear Door Hinge (RH) x 2 pcs	\$	94.24
16 Rear Door Weatherstrip (RH)	\$	62.40
17 Front Door (RH)	\$	856.20
18 Front Door Outer Handle Key Lock (RH)	\$	48.15
19 Front Door Outer Handle (RH)	\$	48.15
20 Front Door Lower Protector (RH)	\$	86.70
21 Front Door Weatherstrip (RH)	\$	62.40
22 Front Door Inner Lock (RH)	\$	272.85
23 Side Skirt (RH)	\$	260.00
Total	THE OWNER WHEN	5,440.83
Less 25%	-	1,360.21
Amount	\$	4,080.62

S/N	Special Nett Items		Aı	nount (\$)
1	Rear Tyre Rim (RH)	1	\$	220.00
2	Windscreen Sealant	11	\$	60.00 X

3	Windscreen Inner Seal	17	\$	60.00
4	Fender Sealant	17	\$	100.00
_		A mount :	•	440.00
		Amount:	3	440.00

Am	iount (\$)	)
\$		80.00
\$		300.00
\$	11	150.00
\$		150.00
\$	スヘ	150.00
\$	11	50.00
\$		800.00
\$		950.00
0		. (20.00
NAME AND ADDRESS OF THE OWNER, OF TAXABLE PARTY.	THE RESERVE OF THE PERSON NAMED IN	2,630.00 7,150.62
٠	\$ \$ \$ \$ \$ \$	\$ 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

1410.78



## SINGAPORE ACCIDENT STATEMENT 159 TICK Hai Motor

#### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
   This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>
- 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.

#### **ACCIDENT STATEMENT**

Date of Submission Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss

31/12/2020 10:30 (SGT) 29/12/2020 11:00 (SGT) Near 27 Eunos Rd 2, Singapore 409387 BETWEEN EUNOS AVE 4 AND EUNOS ROAD 2 Singapore

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

SCR8706P

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No

Email Address

Mobile Phone No

Alternative Phone No

No

LEONG KUM CHUEN

SXXXX565B

JAZZLEONG61@YAHOO.COM

(Phone) +65-90052193 (Home) +65-90052193

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to

Vehicle Category

your vehicle?

Toyota

Vios

Private use

No - Claiming third party

Private car

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

Fleet Policy

Policy Number

Cover Note Number

Direct Asia

Comprehensive

No MT/00665282/01

DRIVER

Name of Driver

NRIC No

Date Of Birth Occupation

LEONG KUM CHUEN

SXXXX565B

30/10/1961

Indoor



Date Of Driving Pass Driving experience Gender

Mobile Number

Alt. Phone Number Email Address Address

Address complement

Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

Vehicle Registration Number of Other Vehicle Owned by Driver

Insurance Company of Other Vehicle Owned by Driver

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Weather Conditions

Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident

Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

DETAILS OF POLICE ACTION

Was the accident reported to the police? Was notice of intended Prosecution given?

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?

Yes No

No

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

Vehicle Manufacturer Vehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Category

Name of Driver

Contact Number

Address

Address complement

Postcode

Insurance Company Name

05/01/1989

31 YEARS AND 11 MONTHS

Male

(Phone) +65-90052193

(Home) +65-90052193

JAZZLEONG61@YAHOO.COM

BLK 505 PASIR RIS STREET 52 #14-193

510505

Yes

No

Collision - Major/Minor Rd

Clear

Dry

No

2

No

Yes

No

No

No

PA4019B

Toyota

LU WEI LIANG, GAVIN

Accident report SC0S20CV0001

Page 2 of 17

Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)



#### SKETCH PLAN

### IMPORTANT NOTICE

- 2. Piease report <u>correctly</u> 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 thre insurance companies.
- 5. Any faire reporting may be referred to the Police for investigation.
- 5. 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)

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)
  - (ii) 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
- (t) 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.

Folicyholder's Signature

and the second second

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No .: Laclynn

31.12.2020 10:07 Am

SKETCH PLAN #2

SEETCH FLAN	AVENUE 4
>	B EUNOS ROAD 2
<u> </u>	
	EUNOS
	2065
DESCRIBE CIRCUMSTANCES OF	DE THE ACCIDENT
	R8706P vehicle B. PA4614B
I was driving	g along Euros load 2. Suddently
	V
to engage in	
side of my	r vehicle.
DECLARATION /We declare the foregoing particula	ars are true in every respect.
DECLARATION  /We declare the foregoing particula	ars are true in every respect.    A