ASS. REC. BY:	C10008891K4
From: Date: Estimated Cost: OD VEP IWS / TP RES / OD RES / EVA / INV / MV To Inspect Vehicle No: at Workshop m/s of Insured: Policy No. Claims No. DM21HO00100/JT Sum Insured: Excess: (Client's Record) Make of Veh: (Policy Condition) Remark: The veh had commenced its repair at the time of inspection. Bal. or Market Value: IDAC Accident Rport: Consistent?: Yes or No Est. Repairs: /2 days Res.: Yes or No Est. Repairs: /2 days Res.: Yes or No CA / REV / REP. / 24 HRS Date / Time Action / Instruction	Veh No: SUH 14 72 E Yr Regn: O, 16 Type: M.Carl M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or Make: Subari Forest C.E. 1985 Colour M. Silve A/C: Insured / Std / NI / NA Sp. Reading Q P 783 T/Radio: Insured / Std / NI / NA Eng/No: C/No: JF / A S J C/K & S G G O 7 74973 Gen. Cond: Qood / Fair / Poor / Burnt Sleering: Inoder / Jammed / Leaked / Burnt or Brake: Inoder / Jammed / Leaked / Burnt or Modl: NII / S/RIm / STD A/RIm or Tyre Size: F: 225/55R / R: BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Eron! Rear R/Bal. Mmm R/Bal. Pmm L/Bal. Pm
25/3 87027-30 Cahimi Cled.	745, 90/6)
1)	ys Of Repair: 12 survey No. of Trip: Survey Fee: Transportation: Site Insp (\$)\$ + RS\$! Interview (\$) Finds Tech Invs (\$) Others Weekend (\$)
	TOTAL

來發(明記)摩哆有限公司 LAI HUAT (MENG KEE) MOTOR PTE LTD

Sin Ming Autocity
160 Sin Ming Drive #04-01/#04-02/#07-03 Singapore 575722
Tel: 64538110 Fax: 64596267 Email: info@laihuat.com.sg
UEN: 199407592C

TP INSURER:

PARTICULARS OF CLAIM

EQ Insurance Company Ltd (HQ)

Singapore

Claim Type: Third Party Ref. No: 71821 Policy No: Date of 17/01/2021 Loss: Vehicle Reg. No.: **SLH1472E** Driveable? Party At Fault: UNKNOWN Make/Model: SUBARU FORESTER, 2.0 XT CVT AWD SR (A) Vehicle 26/10/2016 Reg. Date: Vehicle Colour: Silver Engine No: FA20B818530 Chassis JF1ASJGK85GG077493

Paint Type:

Odometer:

Total Loss?

NO

0 KM

Est. Duration of Repair (day) 14 /2 day,

Present Location:

LAI HUAT (MENG KEE) MOTOR PTE LTD (SIN MING)

	Acknowledged by Re Signature: Date:	Gross Total (S\$) + GST 7.00% (S\$) Nett Amount (S\$)	7,802.30 546.16 8,348.46
COST OF CLAIMS Parts Miscellaneous Items Labour Paintwork Labour Towing	the Repairer of t To resurvey before To display damage Parts prices are su Third party survey No illegal modifica Supplementary ite is subject to final a	elafter spray painting and part(s) during resurvey ubject to confirmation is on a "Without Prejudice" basis tion(s) is allowed m(s) must be resurveyed and approval from Insurance Company	Amount 3,842.30 200.00 2,160.00 1,600.00 0.00

This claim is handled by: JENNY LIM LAI FOONG

Renny After Pains

REPAIR DETAILS

Reference

Part Source: MRM-SG

Version: 1.0 (Last Synchronised: 19 Jan 2021)

Parts:

M1-SUV

SUBARU FORESTER 2.0 XT CVT AWD SR (A) (Catalogue:Merimen Singapore 1.0)

Labour:

Repairer's

(Price-denominated Standard List)

Print Code: Lai Huat (Meng Kee) Motor Pte Ltd/SLH1472E/19/01/2021 11:10

Validity:

These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers

with the END OF ESTIMATES marker on the last estimate page

Further Info: Items/values not in reference catalogue are prefixed with an asterisk *.

Estimates on Parts

No.	Qty	Part No.	Particulars	%Disc	%Depr	Amount
1	1		*Rear windscreen moulding	0.00	0.00	*20.00 F
2	1		*Rear tailgate	0.00	0.00	By *550.00 F
3	1		*Rear Subaru AWD emblem	0.00	0.00	Me *72.00 F -
4	1		*Rear Forester XT emblem	0.00	0.00	14 *45.00 F
5	1		*Rear bumper	0.00	0.00	CM *480.00 F ~
6	1		*Rear bumper reinforcement	0.00	0.00	By *320.00 F
7	1		*Rear bumper reflector RH	0.00	0.00	mri*18.00 F
8	1		*Rear tow cover	0.00	0.00	mi' *14.00 F
9	1		*Rear bumper top protector	0.00	0.00	Na *260.00 F ~
10	1		*Rear exhaust box RH	0.00	0.00	My *380.00 F ✓
11	1		*Rear exhaust box tip chrome cover LH	0.00	0.00	Act *80.00 F 2
12	1		*Rear exhaust box tip chrome cover RH	0.00	0.00	*80.00 F
13	1		*Rear end panel	0.00	0.00	Ry *160.00 F
14	1		*Rear floor panel	0.00	0.00	Ri *280.00 F 2
15	1		*Rear tool tray	0.00	0.00	CN1 *45.00 F
16	6		*Rear bumper lower clips	0.00	0.00	12.00 F -
17	2		*Rear bumper side clips	0.00	0.00	Ma *4.00 F -
18	1		*Rear bumper lower bracket RH	0.00	0.00	Ry *10.00 F
19	1		*Rear tailgate weatherstrip	0.00	0.00	DIY *65.00 F
20	1		*Rear spare tyre lock screw	0.00	0.00	CM *20.00 F 7
21	4		*Rear fender inner shield clips RH	0.00	0.00	ner *8.00 F -
22	1		*Rear exhaust heat shield side RH	0.00	0.00	★ *35.00 F ★
23	1		*Rear exhaust heat shield top	0.00	0.00	₹ *135.00 F ₹
24	1		*Rear exhaust pipe (front)	0.00	0.00	Br *400.00 F
F=Fra	nchise p	part.				
			Sub Total (S\$)			3,493.00
			+ Margin on L,N Items 10.00% (S\$)			349.30
			Total Parts (S\$)			3,842.30

Lai Huat (Meng Kee) Motor Pte Ltd/SLH1472E/19/01/2021 11:10. Not valid without Reference section. Generated using Merimen e-Claims IEAS

Estimates on Miscellaneous Items

No Qty Particulars

Amount

Mis	cellan	eous It	<u>ems</u>				
1	1	Rear	reversing	sensor	with	install	ation

ON 200.00

Sub Total (S\$)

200.00

pease	4.0		4		1 1		
home	C+1	ma	tes	an	0	20	1 1 1
	211	110	Samp good	1 11 1		3 6 3	1 11

No	Particulars	Lab.Type	Amount
Pair	ntwork Labour		13001
1	To spray paint (including rear fender RH, roof side panel RH)	New	1,600.00
Lab	our Items		
2	To transfer rear tailgate top spoiler	New	40.00
3	To transfer rear reversing camera	New	60.00
4	To remove + refix rear windscreen	New	160.00 /20/
5	To supply sealant	New	40.00
6	To dismantle + renew exhaust box + centre pipe	New	160.00 1201
7	Tuff coat	New	80.00
8	To remove + refix rear fender inner trim, rear passenger seat, etc	New	120.00 10d
9	To straighten rear body including cutting and welding; to renew ofparts	New	1,500.00 /400/
		Gross Labour Cost (S\$)	3,760.00

Lai Huat (Meng Kee) Motor Pte Ltd/SLH1472E/19/01/2021 11:10. Not valid without Reference section.

Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

SL03211I0004 / Lai Huat (Meng Kee) Motor Pte Ltd ENTRY DATE & TIME: 18/01/2021 16:50 (SGT) SUBMITTED BY: Deborah Lai VERSION: 1 (18/01/2021 16:50 (SGT))



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

- 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

18/01/2021 16:50 (SGT) 17/01/2021 11:40 (SGT) Ang Mo Kio, Singapore Ang Mo Kio Avenue 3 (Near AMK Hub) Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SLH1472E

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No **Email Address** Mobile Phone No Alternative Phone No

Lee Hock Chye SXXXX649J vincentlee@chengseng.com.sg (Phone) +65-96381508 +65-96381508

VEHICLE PARTICULARS

Manufacturer Model Variant

Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category Subaru Forester

Private use

No - Claiming third party Private car

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number

Tokio Marine Comprehensive No 20-MU010629-R03

Name of Driver NRIC No Date Of Birth Occupation

Chen Kok Leong SXXXX064F 29/03/1970 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

Type of Accident Weather Conditions

Road Surface

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?

PASSENGER 1

Name Gender

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Police Station Name Police Station Phone No Alt. Police Station Phone No. Police Station Address

Was notice of intended Prosecution given?

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

Please refer to Police Report No. T/20210117/2056.

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

SLE4740C Honda Vezel

13/11/1996

24 YEARS AND 2 MONTHS

(Phone) +65-96266392

chenkl@chengseng.com.sg

Blk 652 Punggol Central #17-318 Eastdale

820652

No

Employee

No

Collision - Head to Rear

Clear Dry

No

2 Yes

No Yes 2

No

Christine Ong Female

Yes

Traffic Police

(Phone) +65-65470000 (Fax) +65-65474900

10 Ubi Avenue 3 Singapore 408865

No

Vehicle Colour Vehicle Category

Name of Driver

NRIC No Contact Number

Address

Address complement

Postcode

Insurance Company Name

Nature Of Damage

Details of property damaged in accident

No. Of Passenger (Including Driver)

White

Private car Low Shu Xian Daphne

SXXXX578F

(Phone) +65-97325027

EQ

INJURED PERSONS DETAILS

Name of injured person

Address

Address Complement

Post Code

Approximate Age Years Old

Injuries Sustained

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Low Shu Xian Daphne

Unknown SLE4740C

Yes

Yes

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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
- 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 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.
- 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes

Policyholder's Signature / Date & Time

18 JAN 2021

Sketch Plan

Driver's Signature (If driver is not the policyholder) / Date & Time

18 JAN 2021

Witnessed by Reporting Centre Personnel

Ang mo Kio Avenue 3 Red Light 0 STOP HUB

MRT

	Please ref	ev to	Potici	Repor	t No.	T/20210	0117/3056	

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T/20210117/2056

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20210117/2056

CONTINUATION OF REPORT

Driver			T. A. L.		1 1	
Name	CHEN KOK LEONG			ID No		S7048064F
Related Vehicle	SLH1472E (Car)			Conta	ct No.	96266392
Hospital/Clinic	NIL				of g ce & Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discl	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL	

Brief Details.

On the stated date, time and place,

I was travelling along Ang Mo Kio Avenue 3, going home. I was in the middle of 3 lanes. I stopped at the junction near to the Ang Mo Kio Hub as the traffic light turned red. It was not a sudden brake, but a gradual one. I was the first vehicle in the middle lane, just before the stop line. Then, a few seconds later, a car, SLE4740C hit onto the rear of my vehicle. My partner stayed in the car, while I got off the vehicle to assess the damage and talk to the driver of the other car. The driver of the other car was a pregnant lady. At that moment, no one was complaining about getting hurt. We talked about how to settle this and decided to just claim insurance since no one was hurt. We exchanged particulars and took some photos of the scene. After that, I left the scene. I had no idea the other driver called ambulance. Case is under IO Ken Lee. Ext: 6547 6423. That's all.

(Company Reg. No.: 192300014M) (GST Reg No.: M2-0000023-4) 20 McCallum Street #09-01 Tokio Marine Centre Singapore 069046 T: (65) 6221 6111 F: (65) 6221 4355 / (65) 6224 0895 E: tmis@tokiomarine.com.sg W: www.tokiomarine.com TOKIOMARINE INSURANCE GROUP ORIGINAL

POLICY SCHEDULE

RENEWAL

INSURED / ADDRESS

POLICY NO POLICY TYPE : 20-MU010629-R03 : PRIVATE MOTOR CAR

POLICY PERIOD : 26/10/2020 TO 25/10/2021

#08-15 AVON PARK

DATE OF ISSUE

ACCEPT DATE

PREMIUM DUE

(inclusive of GST)

ACCOUNT

: 1499DDA

RISK NUMBER

: 0001 Private Motor Car

BUSINESS/PROFESSION OF INSURED

EXECUTIVE/MANAGERIAL

REGISTRATION NO

: SLH1472E

MAKE

SUBARU FORESTER 2.0X

TYPE OF BODY

: SUV

CUBIC CAPACITY

1998

YEAR OF MANUFACTURE

: 2016

YEAR OF REGISTRATION

: 2016

SEATING CAPACITY (INCLUDING DRIVER): 5

ENGINE NUMNBER

: FA20B818530

CHASSIS NUMBER

: JF1SJGK85GG077493

TYPE OF COVER

: Comprehensive Approved Workshop Plan

SUM INSURED

: Prevailing Market Value

FINANCIAL INTEREST

: HL BANK

EXCESS

Own Damage Claims

: SGD 800

Windscreen Excess

: SGD 100

Basic Premium

1,891.38

ANNUAL PREMIUM (SGD)

Less NCD (50.00%)

945.69

Less Safe Driver Discount

47.28

NCD Protector

TOTAL PREMIUM BEFORE GST

898.41

DRIVER'S PARTICULARS

NAME	NRIC/PASSPORT NO	AGE	MARITAL STATUS	DRIVING EXPERIENCE
LEE HOCK CHYE	S0101649J	66	М	44 YEARS
CHEN KOK LEONG	S7048064F	50	M	23 YEARS

Policy No: 20-MU010629-R03 PRIVATE MOTOR CAR

Page 1 of 2

Jacket: TMis/MCI/0819

Find insurer

Vehicle reg. no.

SLE4740C

Date of Accident

17/01/2021

Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance	EQ
Period of Insurance	22/07/2020 - 21/07/2021
Requested By	Deborah Lai (Lai Huat (Meng K
Requested Date	18/01/2021 12:12

Payment details

Request Amount: **\$\$1.87** GST Amount: **\$\$0.13**

Total Amount Due (GST Inclusive): \$\$2

General Insurance Association

Records Management Centre GST Registration No: **M400017735**

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Singapore NRIC

Owner ID: 649J

Vehicle Details

Vehicle No.: SLH1472E

Vehicle to be Exported: Yes

Intended Deregistration Date: 18 Jan 2021

Vehicle Make: SUBARU

Vehicle Model: FORESTER 2.0XT CVT AWD SR

Primary Colour: Silver
Manufacturing Year: 2016

Engine No.: FA20B818530

Chassis No.: JF1SJGK85GG077493

Maximum Power Output: 177.0 kW (237 bhp)

Open Market Value: \$20,635.00
Original Registration Date: 26 Oct 2016

First Registration Date: 26 Oct 2016

Transfer Count: 0

Actual ARF Paid: \$20,889.00

Intended PARF Rebate Details

PARF Eligibility: Yes

PARF Eligibility Expiry Date: 25 Oct 2026

PARF Rebate Amount: \$15,666.00

Intended COE Rebate Details

COE Expiry Date: 25 Oct 2026

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

COE Period(Years): 10

QP Paid: \$53,001.00

COE Rebate Amount: \$30,575.00

Total Rebate Amount: \$46,241.00

The information contained herein is correct as at 18 Jan 2021



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



3 of 3

Report No. T/20210117/2056

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: TP / SC NAFEES ABDUL KADER	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 17/01/2021 16:38
Officer In Charge Of Case:	Classification Of Case:
TP / GIT / SI THABAGESH JEYATHESH	Server Salar
Contact No.: 65476178	SINGAPORE POLICE FORCE
Authentication Stamp	
NP168	Signature: Auf





Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20210117/2056

Date/Time Report Made:			Vide Report No.:	Station Diary No.		
17/01/20	021 16:38		F/20210117/0197			
Informa	nt's Partic	ulars				
Name of Informant: CHEN KOK LEONG			Address: APT BLK 652 PUNGGOL CENTRAL #17-318 EASTDALE SINGAPORE 820652			
ID Type / ID No.: NRIC NO / S7048064F			Contact No.: Home/Office: Mobile: 96266392			
National SINGAF	ity: PORE CITIZ	EN	Email:			
Sex: Age: Date of Birth: Male 50 29/03/1970			Type of Informant: Driver			
Race: Chinese			Language: Institution / School Nar			
Occupation: PROJECT COORDINATOR			Driving Licence Information: Class: 3 Date of Expiry:			

General Informat	ion of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 17/01/2021 11:40	Type of Location:	
Location:					
ANG MO KIO AV	ENUE 3				
Weather:		Road Surface:		Road Speed Limit:	
Clear		Dry			
Traffic Flow:		Traffic Control:		Traffic Volume: Light	
Type of Collision:		Anyone conveyed by			
Between Moving	ambulance:				
				Yes	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SLE4740C		HONDA	VEZEL 1.5X CVT	***************************************		0
SLH1472E	Car	SUBARU	FORESTER 2.0XT CVT AWD SR			1

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA