ASS. REC. BY: REF: CS/CTI21001293/Aqd3

ASSIGNMENT

From: Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No. DMCVSNW00073192001

Claims No. SNM21D200457C02

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

Bal. or Market Value:

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 4 days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SMQ265J Yr Regn: 2019, Sept

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or

Make: Toyota Harrier c.c 1998

Colour Red. A/C: Insured / Std / NI / NA

Sp.Reading 27267 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JTEKB3GH30J004274

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi : Nil / S/Rim / STD A/Rim or

Tyre Size: F: 235/55R18.

R: 235/55R18.

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front		Rear	
R/Bal.	06 mm	R/Bal.	06 mm
L/Bal.	06 mm	L/Bal.	06 mm
D.O.A.		D.O.I.	22/02/21

Survey held at Borneo (Kubi)

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or Rees N/S.

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	TP China.

10/03/21@3.02pm revised to Tan Kah Leong via Merimen.

20/04/21@3.44pm confirmed with Sam final fig $3768.18, 4 days. (Red $2817.82, 43%)

MV :

PV :

Nett :

Date/Time, File Pass to? ☐ : Preli. Report ☐ : Final Report

1) 20/04 Typist

Date/Time, File Return to?

2)

Days Of Repair: 4

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp ($) ☐ : Interview ($) ☐ : Tech. Insp ($) ☐ : Weekend ($)

Survey Fee:

Transportation: $ + PS $

Photos

Others

Report Format : MER-TP

~~Lump Sum~~ / I.B.I: ($ 3768.18)

SB0G211Q0003 / Borneo Motors Pte Ltd
ENTRY DATE & TIME: 26/01/2021 11:33 (SGT)
SUBMITTED BY: Ashlyn Chng
VERSION: 1 (26/01/2021 11:33 (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 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	26/01/2021 11:33 (SGT)
Date of Accident	25/01/2021 15:30 (SGT)
Exact Location of Accident	3017 Bedok North Street 5, Singapore 486132
Additional Location Information	BLK L3017 BEDOK NORTH ST 5
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMQ265J

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	PEK KOK HOW
NRIC No	SXXXX843D
Email Address	HOWLINGWIND@GMAIL.COM
Mobile Phone No	(Phone) +65-94771022
Alternative Phone No	(Home) +65-94771022

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Harrier
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?	No - Claiming third party
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	AIG
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1900166006
Cover Note Number	-

DRIVER

Name of Driver	PEK KOK HOW
NRIC No	SXXXX843D
Date Of Birth	10/02/1974
Occupation	Indoor

Date Of Driving Pass	18/06/1998
Driving experience	22 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94771022
Alt. Phone Number	(Home) +65-94771022
Email Address	HOWLINGWIND@GMAIL.COM
Address	BLK 442 SIN MING AVE #12-423
Address complement	-
Postcode	570442
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
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	Hit and run / Vandalism / Damaged whilst parked
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO ATTACHED SKETCH PLAN AND STATEMENT.

ATTACHMENT(S)

Are accident photos available for attachment?	No
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBH8108E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-

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

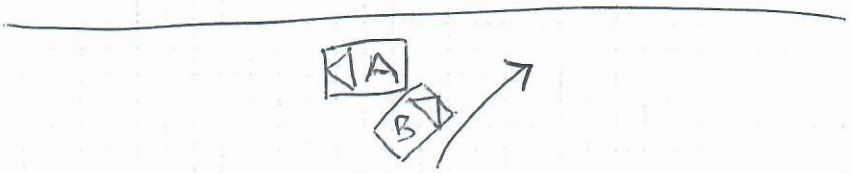
   (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My car was rear end when stationary. His vehicle bruised my car while trying to park in front of my vehicle. He was unloading goods. at

DECLARATION

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

Policyholder's Signature
Date & Time: 26/1/2021 8.51am

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

AIG

MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER) : Pek Kok How

VEHICLE NUMBER : SMQ 265 J

DATE/TIME OF ACCIDENT : 25/01/2021 3.30 pm

PLACE OF ACCIDENT : Blk 3017 Bedok Nth St 5 #06-27

THIRD PARTY VEHICLE (IF ANY) : GRH POPE

****

WHERE DID YOU START YOUR JOURNEY AND WHERE WAS THE INTENDED DESTINATION BEFORE THE ACCIDENT?

Car was parked in front of our office Blk 3017 Bedok Nth St 5 #06-27 Gourmet East kitchen.

DID YOU DRINK ANY ALCOHOLIC DRINKS BEFORE YOU DRIVE ON THE DAY OF THE ACCIDENT? IF YES, DID THE TRAFFIC POLICE CONDUCT ANY BREATHE-ANALYSER TEST ON YOU? IF YES, WHAT IS THE RESULT?

No

WHAT IS THE TYPE OF COLLISION AND THE EXTENSIVENESS OF THE DAMAGES TO ALL VEHICLES INVOLVED?

Parking collision.

WERE YOU OR YOUR PASSENGER/S INJURED? IF INJURED, WHICH HOSPITAL? WERE YOU TAKEN TO THE TRAFFIC POLICE FOR INVESTIGATION?

No

.....

Name: Pek Kok How

I Affirmed The Above Information Is Given To My Best Knowledge.

AIG Asia Pacific Insurance Pte. Ltd.
AIG Building 78 Shenton Way #07-16 Singapore 079120
Tel: 6419 3000

TYPE OF CLAIM: ☐OD ☐OD/UL ☒DS MCA: Sam

MOTOR ACCIDENT REPORT

Date Of Report: 26/1/2021 Time: 0830 | Date Of Accident: 25/1/2021 Time: 3.30 pm

Exact Location Of Accident: Blk 3017 Bedok Nth St 5 #06-27

Country/State of Loss: Singapore ☑ / Wilayah Persekutuan ☐ / Selangor Darul Ehsan ☐ / Negeri Sembilan ☐ / Melaka ☐ / Pahang ☐ /

OWN VEHICLE DETAILS (INSURED/POLICY HOLDER)

Vehicle Registration Number: SMQ 265 J | Co. Reg. No(for Co. Vehicle)/NRIC/PP/FIN No: S7405843D

Name Of Registered Owner: PEK KOK HOW

Mobile Number: 94771022 Alternative No: Email Address: howlingmind@gmail.com

Vehicle Particulars

Manufacturer: Toyota ☑ Lexus ☐ Suzuki ☐ Hino ☐ Model: Harrier 2.0

Exact Purpose for which vehicle was being used at time of accident: Normal Usage ☒ Other ☐ (please specify):

Are you claiming under your own insurance policy for repair to your vehicle? Yes ☐ Reporting Only ☐ Third Party ☒

Vehicle Category: Private Car ☑ Commercial Vehicle ☐ Others ☐

Insurance Company

Name of Insurance Company: AIG

Type Of Coverage: Comprehensive ☒ Third Party ☐ Third Party Fire and/or Theft ☐

Fleet Policy: Yes ☐ No ☒ | Policy / Cover Note No: 190016606

DRIVER DETAILS AT POINT OF ACCIDENT

Name of Driver: PEK KOK HOW | NRIC/ Passport / FIN No: S7405843D

Date Of Birth: 10 Feb 1974 | Occupation: Indoor ☒ Outdoor ☐

Date Of Driving Pass: 18 JUN 1998 | Gender: Male ☒ Female ☐

Mobile Number: 94771022 Fax No: Alternative No:

Address: BLK 442 Sin Ming Ave #12-423 Postal Code: 570442

Email Address: howlingmind@gmail.com

Was driver an employee of the Insured's Company? Yes ☐ No ☒ State relationship of the driver with the insured: Insured.

Vehicle Registration Number of Driver's Own Vehicle (if applicable):

Insurance Company of Driver's Own Vehicle (if applicable):

GENERAL INFORMATION OF THE ACCIDENT

Type Of Accident: Parking Collision.

Number of Passengers in the above vehicle (Including Driver): 1 / If more than 2 Pax Please fill ANNEX B

PASSENGER 1

Name: | Gender: Male ☐ Female ☐

Weather Conditions: Clear ☒ Raining ☐ Others ☐ (If others,please state condition):

Road Surface: Wet ☐ Dry ☒ Others ☐ (If others,please state condition):

Was any body injured in the Accident? No ☒ Yes ☐

Was any injured conveyed to hospital by ambulance? No ☐ Yes ☐

Was any foreign vehicle involved in this accident? No ☒ Yes ☐ Vehicle No: Vehicle type:

Number of vehicles involved in the accident:

Was there any witness? No ☒ Yes ☐ If yes, please furnish witness details column below

Witness Name: | Contact No.: | Email:

Was there any other vehicle or property damaged? No ☒ Yes ☐

Was there any video captured by Car Camera? No ☒ Yes ☐ | Are accident scene photos available for attachment? No ☒ Yes ☐

Was the accident reported to the police? No ☒ Yes ☐ (If yes,please state which Police Station):

Was notice of intended Prosecution given? No ☒ Yes ☐ (If yes,please state against whom):

I have been approached by unknown person(s) soliciting/offering accident claims assistance. No ☐ Yes ☐

DETAILS OF OTHER VEHICLE PROPERTY 1 (Please fill Annex A if more vehicles involved)

Vehicle Registration Number: GBH 8109E | Vehicle Make/Model/Colour:

Details Of Properties Damage in Accident:

Vehicle Category:

Name of Driver:

NRIC/Passport/FIN Number: | Contact Number:

Address: Postal Code:

Insurance Company Name:

Nature Of Damage: | No. Of Passenger (Including Driver):

Borneo Motors
Inchcape

TOYOTA

Co. Reg No. : 196700086Z
GST Reg No. : MR-8500000-9
17 UBI ROAD 4
SINGAPORE 408611, Tel no.: 6631 1188

ESTIMATE

Account Details	Account No.	Customer Details
China Taiping Insurance (S) Pte Ltd 3 Anson Road #16-00 Springleaf Tower Singapore 079909 Attn: Motor Claims Dept	S1000003 / ICCI1 Document No. 0 Document Date 16/02/2021	Mr Pek Kok How (Bai Guohao) 442 Sin Ming Avenue #12-423 Singapore 570442 Mobile: 94771022

Year	Model	Variant	Reg. Date	Reg. No.	Kilometers	Wip No.	Order No. / Remarks
2018	ASU60R	ANTGT L1	23/09/2019	SMQ0265J	0	20667	67/DS/SMQ0265J

Chassis No.	Engine No.	Terms	SA / Counter	Vehicle In	Collected On	
JTEKB3GH30J004274	8ARZ151267	60	Sam San Joi	26/01/2021 13.00	--/--/----	0.00

L	Cd	Job/Parts Description	Qty	Unit Price	Disc %	Amount
1	Z	BP-SUNDRY SUNDRIES TP-DIRECT SETTLEMENT TP-GBH8108E ACC DATE:25/01/2021 DRIVE IN:26/01/2021 DATE-IN: DATE SURVEY: NO OF REPAIR DAYS: BY: AUTHORISED ON:				20 ~~30.00~~
2	S	PSP PER PANE LABOUR FOR PLATINUM SHINEPRO & SHINE PER PANEL APPLICATION ON LH REAR ACCIDENT AREAS				✓ 183.18
3	B	BP-LAB2 DRILL HOLE & INSTALL REAR REVERSE SENSOR				✓ 180.00
4	B	BP-LAB2 CHECK LIGHTING & CONDUCT WATER LEAK TEST				X 180.00
5	S	BP-SUBLET TO RESET ECU AND REPROGRAMME				✓ 180.00
6	B	BP-LAB2 REPLACE LH REAR ACCIDENT DAMAGED PARTS STRAIGHTEN & ALIGN LH REAR ACCIDENT AFFECTED AREAS				1080 ~~1440.00~~
7	B	BP-RES2 RESPRAY JOB ON LH REAR ACCIDENT AFFECTED AREAS				1180 ~~1770.00~~
8	1	T52159-48933 COVER, RR BUMPER Behind	1.00	904.00		✓ 904.00
9	2	T52156-48050 SUPPORT, RR BUMPER ?	1.00	82.70		? 82.70
10	3	S52161-0K040 CLIPS xler	10.00	4.10		✓ 41.00
11	4	T89348-58120 RETAINER, ULTRASONIC xla	4.00	16.00		✓ 64.00
12	5	T61602-48030 PANEL SUB-ASSY, Repair	1.00	1531.10		X. 1531.10

For & on behalf of	Customer's Signature	Charge Summary		Total	6,585.98
Borneo Motors (Singapore) Pte Ltd	Please acknowledge receipt of vehicle	Parts	2,622.80	GST 7.00%	461.02
		Labour	3,600.00	Less	0.00
		Sublet	363.18		
		Lubrication/Fluid	0.00		
		Others	0.00	Amount Due	7,047.00

Adrian Li
P/P 22/02/21
04 Days.

Company Copy