

REF: CS/CTI21001293/Aqd3

ASS. REC. BY:

**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: \_\_\_\_\_

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: **JTEKB36H30J004274**  
 Gen. Cond: Good / Fair / Poor / Burnt  
 Steering: In order / Jammed / Leaked / Burnt or \_\_\_\_\_  
 Brake: In order / Jammed / Leaked / Burnt or \_\_\_\_\_  
 Modi: Nil / S/Rim / STD A/Rim or \_\_\_\_\_  
 Tyre Size: F: **235/55R18**  
 R: **235/55R18**

(Policy Condition)

N/S	O/S

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 \_\_\_\_\_  
 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 cubi**  
 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.

Bal. or Market Value: \_\_\_\_\_  
 IDAC Accident Rpt: \_\_\_\_\_ 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  
 Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Date / Time	Action / Instruction
10/03/21 @ 3.02pm	revised to Tan Kah Leong via Merimen.
20/04/21 @ 3.44pm	confirmed with Sam final fig \$3768.16, 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) \_\_\_\_\_

Report Format : **MER-TP**

\_\_\_\_\_ / I.B.: **3768.16**

Days Of Repair: **4**

Resurvey No. of Trip: **1**

Add Fee:  : Site Insp (\$) \_\_\_\_\_ )  
 : Interview (\$) \_\_\_\_\_ )  
 : Tech. Invs (\$) \_\_\_\_\_ )  
 : Weekend (\$) \_\_\_\_\_ )

Survey Fee: \_\_\_\_\_  
 Transportation: \_\_\_\_\_ \$ + PS. \_\_\_\_\_ \$  
 Photos \_\_\_\_\_  
 Others \_\_\_\_\_

# 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 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. 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)**

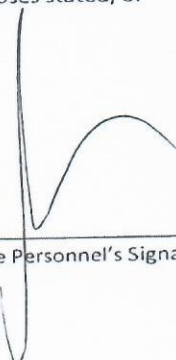
I understand, acknowledge, agree and consent that:

- (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:

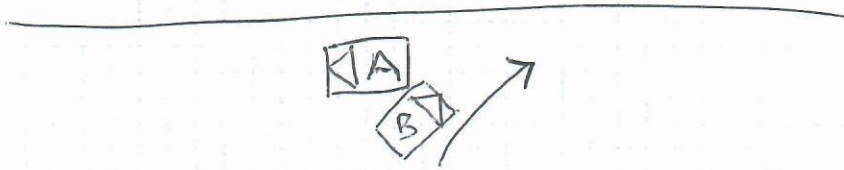
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



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 brushed 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: 26/11/2021 851am

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



**MOTOR ACCIDENT INTERVIEW FORM**

NAME (DRIVER) : Pek Kok How

VEHICLE NUMBER : SMA 265 J

DATE/TIME OF ACCIDENT : 25/01/2021 3:30pm

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

THIRD PARTY VEHICLE (IF ANY) : GRH P10PE

\*\*\*\*\*

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

Car was parked in front of our office Bldg 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?**

Parleing 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.**



TYPE OF CLAIM:  OD  OD/UL  DS

MCA: slaw

**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 307 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: S 7405843 D  
 Name Of Registered Owner: PEK KOIC 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: AlG  
 Type Of Coverage: Comprehensive  Third Party  Third Party Fire and/or Theft   
 Fleet Policy: Yes  No  Policy / Cover Note No: 1900166006

**DRIVER DETAILS AT POINT OF ACCIDENT**

Name of Driver: PEK KOIC HOW NRIC/ Passport / FIN No: S7405843/D  
 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: Paradeas 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 8108 E 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): \_\_\_\_\_





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 / ICC11	Mr Pek Kok How (Bai Guohao) 442 Sin Ming Avenue #12-423 Singapore 570442  Mobile: 94771022
	Document No. 0	
	Document Date 16/02/2021	

Year	Model	Variants	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				+ 180.00
5	B	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 <i>dehd</i>	1.00	904.00		✓ 904.00
9	2	T52156-48050 SUPPORT, RR BUMPER ?	1.00	82.70		✓ 82.70
10	3	S52161-0K040 CLIPS <i>xler</i>	10.00	4.10		✓ 41.00
11	4	T89348-58120 RETAINER, ULTRASONIC <i>na</i>	4.00	16.00		✓ 64.00
12	5	T61602-48030 PANEL SUB-ASSY, <i>Repair</i>	1.00	1531.10		+ 1531.10

For & on behalf of	Customer's Signature	Charge Summary	Total
Borneo Motors (Singapore) Pte Ltd			6,585.98
	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

Company Copy

*Adrian Lj*  
*P/P 22/02/21*  
*04 Dyp.*