	1002255 1 Kgl3
senneth Ass	SIGNMENT
From: Date:	Veh No: GBG 84254 Yr Regn: 11, 17
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Korry / Taxl / Prime Mover /
QD AP WS ITP RES I OD RES I EVA I INV I MV	Truck / Trailer or
To Inspect Vehicle No:	Makes 1
al Workshop m/s Yee Auto	0.0 2102
of	- I I I I I I I I I I I I I I I I I I I
Insured:	Sp.Reading //609 T/Radio: Insured / Std / NI / NA Eng/No:
Policy No. 635 A	
Claims No. C10003013/CH	Gen. Cond; Sood / 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: MIT S/Rim / STD A/Rim or
	Tyre Size: F: B. S 185R 15 XP
(Policy Condition)	R: APINI 155R12X8(0)
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO/YOKO or
Bal. or Market Value:	Erool
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 5 mm R/Bal / 1
GIA / PR Seen: Consistent?: Yes or No	L/Bal. //Bal
Est. Repairs: 04 days Res.: Yes or No	D.O.A. 8 / 2/2/ D.O.I. 22/7. / 201
Lum Sum: 20 % 3 Val.: Yes or No	Survey held at
CA / REV / REP. / 24 HRS	Des. of Damages : Frt Rear   O/S   N/S   U/C   Rooftop or
Date:Person Contacted: Vehicle: IN / OUT	
Date / Time   Action / Instruction	The U/C / Chassis frame / Body Structure affected due to collision.
ACCOUNT INSTRUCTION	
513 LILap & 29001 Cahmi	(Red \$ 8451-90, 74%)
7 0: 00:1110	ren \$ 0431-1-1 ft (0)
Date/Time, File Pass to? : Prell. Report D	ays Of Repair:
Alla hasses	esurvey No. of Trip: 2 Survey Fee:
Add Fee:	: Site Insp (\$ ) S + RS SI
	1. Intention (\$
Report Format:	: Interview (\$ ), Fixtos
Report Format:  Lump Sum / I.B.t. (S 2900 ,	Tech Invs (\$ ), 5,405  Weekend (\$ )

# Yee Auto Pte Ltd

160 Sin Ming Dr, #02-17 Sin Ming Autocity Singapore 575722.

Mobile: 96874031

Tel: 64575768

Fax: 62528459

Reg. No: 201719251W

GST No: 201719251W

Email:yeeautopteltd@gmail.com

1 Sun & 2900/2 Merry After Pains 22/02/2021

4day

### **Estimate Repair Cost**

Annt:

**AUTO & GENERAL INSURANCE** 

(SINGAPORE) PTE. LIMITED

190 CLEMENCEAU AVENUE

#03-01 SINGAPORE SHOPPING CENTRE 239924

Date:

22/02/2021

Page 1

Vehicle No.:

GBG8425U

Model: Toyota Dyna 150

No	De	scriptions	Qty	Amount
	Spare Parts			0
1	Taillamp LH		1	\$ 4 365.00
2	Taillamp RH		1	\$ ~ 365.00
3	Taillamp panel LH		1	\$ 7 248.00
4	Taillamp panel RH		1	\$ 248.00
5	Rear end panel		1	\$ 3 595.00
6	Spare wheel carrier		1	\$ 285.50
7	Rear swing door LH		1	\$ 1,650.00
8	Rear swing door RH		1	\$ 7 1,650.00
9	Rear swing door hinge LH (To	p)	1	\$ 7 148.60
10	Rear swing door hinge LH (Lower)			\$ 7 148.60
11	Rear swing door hinge RH (To	p)	1	\$ 7 148.60
12	Rear swing door hinge RH (Lower)			\$ 148.60
13	Rear swing door ledge holder bar LH			\$ n 280.20
14	Rear swing door ledge holder bar RH			\$ \$ 280.20
15	Rear swing door sticker '70'		1	\$ 15.00
16	Rear cargo aluminium		1	\$ 1,450.00
17	Rear number plate lamp			\$ 180.50
18	Rear number plate panel	10[	1	\$ 205.10
	Net Price			R.
19	Rear number plate		1	\$ 40.00
20	Rear reverse sensor	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 Remairer	1	\$ 5 300.00

## Yee Auto Pte Ltd

160 Sin Ming Dr, #02-17 Sin Ming Autocity Singapore 575722. Mobile: 96874031 Tel: 64575768 Fax: 62528459

Reg. No: 201719251W GST No: 201719251W

Email:yeeautopteltd@gmail.com

### **Estimate Repair Cost**

Annt:

**AUTO & GENERAL INSURANCE** 

(SINGAPORE) PTE. LIMITED 190 CLEMENCEAU AVENUE

#03-01 SINGAPORE SHOPPING CENTRE 239924

Date:

22/02/2021

Page 2

Vehicle No .:

GBG8425U

Model: Toyota Dyna 150

No	Descriptions		Amount
	Labour Charges & Misc		90
21	To dismantle & replace damaged parts, panel beat where necessary.	\$	1,500.00
22	To putty, apply primer & spray-paint pearl white on the affected portion.	\$	900.00
23	To apply rust-proofing on repaired, replaced panel.		120.00
24	To check wiring functions.		80.00
	SUB TOTAL	\$	11,351.90
	GST 7%	\$	794.63
	Total Amount	\$	12,146.53

Yours faithfully,

Yee Auto Pte Ltd

SL0321290001 / Lai Huat (Meng Kee) Motor Pte Ltd ENTRY DATE & TIME: 09/02/2021 10:01 (SGT) SUBMITTED BY: Deborah Lai VERSION: 1 (09/02/2021 10:01 (SGT))



## SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Please 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 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

09/02/2021 10:01 (SGT) 08/02/2021 06:40 (SGT)

New Upper Changi Rd, Singapore

New Upper Changi Road Towards Bedok South Avenue

Singapore

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

Vehicle Registration Number

GBG8425U

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

Company Reg No

**Email Address** 

Mobile Phone No

Alternative Phone No

Yes

Starco Group Pte Ltd

2XXXXX655R

yiqiaowang0824@hotmail.com

(Phone) +65-97646451

+65-97646451

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

Toyota

Dyna

Employment

No - Claiming third party Commercial vehicle

**INSURANCE COMPANY** 

Name of Insurance Company

Type of Coverage

Fleet Policy

Policy Number Cover Note Number AIG

Comprehensive

1900230985-01

DRIVER

Name of Driver

Passport No/FIN

Date Of Birth

Occupation

Wang Huan GXXXX118K

12/02/1983

Outdoor

Accident report SL0321290001

08/11/2017 Date Of Driving Pass 3 YEARS AND 3 MONTHS Driving experience Gender (Phone) +65-91009503 Mobile Number Alt. Phone Number yiqiaowang0824@hotmail.com Email Address Blk 491 Admiralty Link #14-99 Address Address complement 750491 Postcode Is the driver the policyholder? No If No, Relationship of the Driver with the Insured **Employee** 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 Collision - Head to Rear Type of Accident Clear Weather Conditions Dry Road Surface OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Yes 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? No DETAILS OF POLICE ACTION No Was the accident reported to the police? Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT Please refer to sketch plan.

#### ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

No
Was there any audio recorded?

No

### DETAILS OF OTHER VEHICLE PROPERTY 1

 Vehicle Registration Number
 SFP1377B

 Vehicle Manufacturer

 Vehicle Model

 Vehicle Variant

 Vehicle Colour

 Vehicle Category
 Commercial vehicle

 Name of Driver
 Woo Chee Wee

 SXXXX045F

 Contact Number
 (Phone) +65-90100625

 Address

 Address complement

 Postcode

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

#### 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.
- 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.
- 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.
- 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.
- 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:
  - 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 Salphia2
Date & Time 0 9 FEB 2021

Driver's Signature
(If driver is not the policyholder)

Date & Time: 0 9 FEB 2021

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

GIARNIC SketchPlanForm\_V3

SKETCH PLAN A : G	BG84254 B1-	SEP 1377B	
New	Upper Changi Road		
			Bedok South
	BNA	$\rightarrow$	Auc
	Tomah Merah MAT	Station	
DESCRIBE CIRCUMSTANCE			
On 08/02/202	1 D0640 Am. I W	ics travelling alo	us New Changi
road toward B	Bedok South Ave. M.	oning Traffic was	heavy as I
	op Suddenly vehicle		The state of the s
vehicle GBGB	4254 rear portion	. The acciden	+ happen
	anah Merah MRT		
		21011001	
			•
CLARATION	l.		
* (1) VESSUE TO SALVE	dars are true in every respect.		
icyholde Pagrafar	Driver's Signature	Reporting Centre Per	Mai sonnel's Signature
e & Time: 0 9 FEB 202	TACLE STREET CHARLES AND	Name:	*

CRARMIC Sketch Plan Form 193