

**LIU'S BROTHER AUTO ENGINEERING WORKSHOP**

No. 1 Kaki Bukit Avenue 6 #01-01 Auto Bay @ Kaki Bukit Singapore 417883

ROB No: 53291793J . Tel: 6741-1730 / 731 . Fax: 6744-5746. Email: liusbro@gmail.com

Invoice/Ref No: YP6477M210225

**Estimate****Customer****Name:** China Taiping Insurance (Singapore) Pte Ltd**Date:** 06-03-21**Address** Motor Claims Department**Vehicle No:** YP6477M

3 Anson Road #16-00

**Model/Make:** Isuzu

Springleaf Tower

Singapore 079909

FVR34SUQDC

Item No.	Descriptions Of Parts	Original Quotation / Estimation	Revised Quotation / Cost Of Repair
1	Rear Rh Freezer Box Back Door <i>CNO</i>	\$ 2,200.00	SN 1600 S. <i>N</i>
2	Freezer Box Back Door Hinges 03 pcs (@ S\$280.00) <i>u1</i>	\$ 840.00	SN X
3	Freezer Box Inner Aluminium Board <i>R</i>	\$ 420.00	SN X
4	Freezer Box Rubber Inner <i>Torn</i>	\$ 750.00	SN 500 S. <i>N</i>
5	Freezer Box Steel Panel <i>u1</i>	\$ 1,200.00	SN X
	To check all wiring & electrical component for proper function	\$ 30.00	<i>u1</i> X
	Labor for Panel Beating, Cut, Weld, Straighten & Replacing Parts Etc	\$ 600.00	- 300
	To putty & spray painting & including touch up paint on accident affected area	\$ 300.00	- 150
	To remove, replace and transfer door panel, fitting and mechanisms	\$ 140.00	- <i>u1</i> X

**Total Parts & Labour of estimate for damaged vehicle****\$6,480.00****Total amount in Lump Sum Basis for repaired vehicle****SDLS:**

M/s Liu's Brother Auto Engrg Wks

*Not Authorized**Lab**23/3/21**\* please submit to insurance**L/S \$ 2000**3 days.*

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:

*P- 2100**L- 450**2550**200**2040*

## 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	25/02/2021 18:38 (SGT)
Date of Accident	25/02/2021 09:55 (SGT)
Exact Location of Accident	30 Tai Seng St, Singapore 534013
Additional Location Information	Tai Seng Street
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP6477M
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Legend Motors & Leasing Pte Ltd
Passport No/FIN	GXXXX750M
Email Address	alan.ang@legendleasing.com.sg
Mobile Phone No	(Phone) +65-87991700
Alternative Phone No	(Office) +65-65091789

#### VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	Fvr34suqdc
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle

#### INSURANCE COMPANY

Name of Insurance Company	Axa
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	VFX/P1930432
Cover Note Number	-

#### DRIVER

Name of Driver	Kho Chee Yen
Passport No/FIN	GXXXX750M
Date Of Birth	17/06/1996
Occupation	Outdoor



Date Of Driving Pass	07/10/2017
Driving experience	3 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88235375
Alt. Phone Number	-
Email Address	alan.ang@legendleasing.com.sg
Address	236 Jurong East Street 21 #09-332
Address complement	-
Postcode	600236
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Paid Driver
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?	Yes
Police Station Name	Jurong East Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008999999
Alt. Police Station Phone No	(Fax) +65-66655791
Police Station Address	No. 92 Boon Lay Way Singapore 609962
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

Please refer to Police Report No: T/20210225/2044

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YP4809C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-

Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	Rear Lh
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.
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.

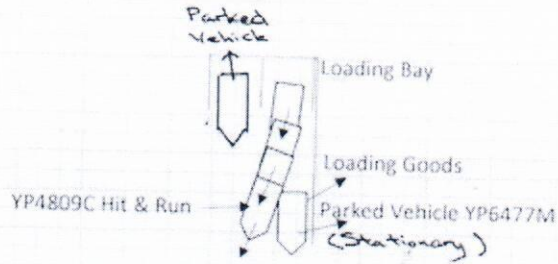


Policyholder's Signature  
Date & Time:

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

Refer Police Report No T/20210225/2044

DECLARATION

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

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.:





**SINGAPORE  
POLICE FORCE**



T/20210225/2044

Police Station Of Origin:  
Jurong East N.P.C  
92 Boon Lay Way SINGAPORE 609962  
Tel No: 1800-8999999

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Report No. T/20210225/2044

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/02/2021 13:34		Vide Report No.:		Station Diary No.: 31	
<b>Informant's Particulars</b>					
Name of Informant: KHO CHEE YEN		Address: 236 Jurong East Street 21 #09-332 SINGAPORE 600236			
ID Type / ID No.: FIN NO / G2774750M		Contact No.: Home/Office: Mobile: 88235375			
Nationality: MALAYSIAN		Email:			
Sex: Male	Age: 24	Date of Birth: 17/06/1996	Type of Informant: Driver		
Race: Chinese		Language:		Institution / School Name:	
Occupation: Lorry driver		Driving Licence Information: Class: 3.4		Date of Expiry: 27/03/2022	

## General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 25/02/2021 09:55	Type of Location: Car Park
Location: TAI SENG STREET				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:	Traffic Volume:	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
YP4809C	Lorry					0
YP6477M	Lorry				Slightly Damaged	0

## Details of Person Involved

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





**SINGAPORE  
POLICE FORCE**



T/20210225/2044

Police Station Of Origin:  
Jurong East N.P.C  
92 Boon Lay Way SINGAPORE 609962  
Tel No: 1800-8999999

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Report No. T/20210225/2044

## CONTINUATION OF REPORT

Driver			
Name	KHO CHEE YEN	ID No.	G2774750M
Related Vehicle	YP6477M (Lorry)	Contact No.	88235375
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3.4 Date of Expiry: 27/03/2022
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 25/02/2021 at about 0955hrs at 18 Tai Seng Street Level 1 carpark, I parked and alighted from my lorry to do loading and unloading when I saw one lorry YP4809C who was exiting the carpark brush and hit on to the rear right side of my lorry causing some rubber and metal tear on my lorry right rear door. During the impact, the driver had some difficulties driving off as he appeared jam, I then saw he reversed and thought that he will stopped to exchange particulars but instead, he drive off.





**SINGAPORE  
POLICE FORCE**



T/20210225/2044

Police Station Of Origin:  
Jurong East N.P.C  
92 Boon Lay Way SINGAPORE 609962  
Tel No: 1800-8999999

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Report No. T/20210225/2044

## 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:

D /

Sgt 3 OW WOAN TING

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / HRT /

SI NOR AFFENDY BIN JAFFAR

Contact No.: 65476368

Authentication Stamp

NP168

SIGNATURE

Signature Of Informant:

Date/Time:

25/02/2021 13:34

Classification Of Case: