

ALAN'S UNITED AUTO PTE. LTD.

Block 7, Sin Ming Industrial Estate, #01-76, Singapore 575642.

Tel: 6453 8686 (3 Lines) Fax: 6459 6550

Company Reg. No.: 201113667N

GST Reg. No.: 201113667N

No. : 06356

Vehicle Insured : SLE3209C
Accident Date : 04-Mar-2021

Date : 05-Mar-2021

Our Ref : 021038 (AIG) / CHAN

PAGE : 1

CHIN HUI CAR RENTAL
7 SIN MING INDUSTRIAL EST SECTOR C
#01-76
Singapore 575642

Not Authorized
Resurvey by paint
After
6 Days

ESTIMATED COST OF REPAIR FOR TOYOTA VIOS SMC1871B

- 1 pc Rear bumper fascia
- 1 pc Rear bumper reinforcement
- 2 pcs Rear bumper side retainer
- 1 pc Rear end panel
- 1 pc End panel top garnish
- 1 pc Boot lid
- 1 pc Boot lid logo
- 1 pc Boot lid "VIOS" emblem
- 1 pc Boot lid "E" emblem

Pr 554.10 *—*
Pr 346.80 *—*
 @ S\$139.70 *MSM* 279.40 *LT*
R 582.80 *X*
MSM *Pr* 232.10 *—*
Pr 754.30 *—*
Pr 52.20 *—*
Pr 53.60 *—*
Pr 49.60 *—*

2,904.90

Less 25% : 726.22

1 pc Rear bumper parking sensor(set

Pr 2,178.68 *200sn*
300.00 *sn*

To apply undersealing

80.00 *30l*

To remove spare tyre ,rear seat,
trim board and carpet

120.00 *50l*

To putty and spray replaced parts

800.00 *600l*

To remove, cut-out damaged parts,
panel beating, welding, align,
refix and to renew above parts

700.00 *500l*

Total : S\$ 4,178.68

Singapore Dollars Four Thousand One Hundred and
Seventy Eight and Cents Sixty Eight Only

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:

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 05/03/2021 11:10 (SGT)
Date of Accident 04/03/2021 18:15 (SGT)
Exact Location of Accident Singapore
Additional Location Information SLIP RD FM BRADDELL EXIT UPP SERANGOON RD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMC1871B

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner CHIN HUI CAR RENTAL
Company Reg No 5XXXX791K
Email Address chinhuirental@gmail.com
Mobile Phone No (Phone) +65-90020759
Alternative Phone No (Home) +65-64531473

VEHICLE PARTICULARS

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

INSURANCE COMPANY

Name of Insurance Company NTUC
Type of Coverage Comprehensive
Fleet Policy Yes
Policy Number 5113764547-01 (DRIVO PREMIUM)
Cover Note Number -

DRIVER

Name of Driver LOH CHOON HWA
NRIC No SXXXX578A
Date Of Birth 23/02/1956
Occupation Outdoor

SKETCH PLAN

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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)**

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

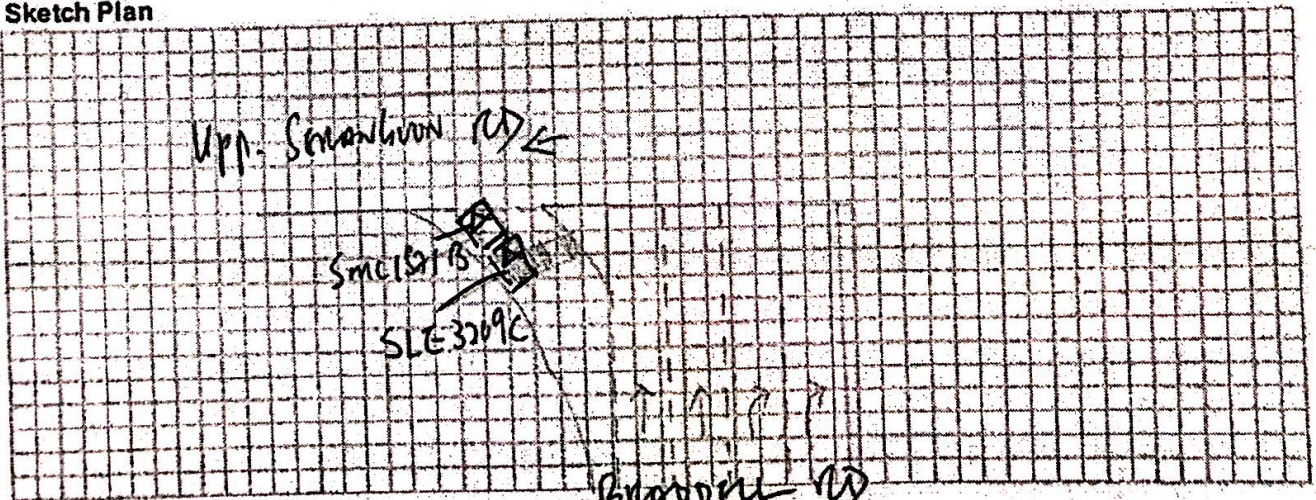
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



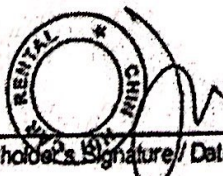
Describe Circumstances of the Accident


ON 4-3-2021 AT 6.15 p.m, my vehicle was at the slip rd
FOR CHECKING ONCOMING TRAFFIC BEFORE MOVE ON THE MAIN
RD. WHEN AFTER THE FRONT VEHICLE HAD MOVED ON, I INCH FORWARD
MY VEHICLE AND STOP TO GET THE CLEAR VIEW, VEHICLE SLE 3709 C
FROM BEHIND COLLIDED ONTO THE REAR OF MY VEHICLE, AFTER
THE ACCIDENT WE EXCHANGE PARTICULARS FOR INSURANCE CLAIM
ME AND MY PASSENGER WAS NOT INJURED.

Declaration

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

Witnessed by Reporting Centre
Personnel