ASS. REC. BY: Tay JM REF: CS/SMU21003360/TIVJ3.

ASSI	GNMENT
From: Date:	Veh No: <u>YN 5910 X</u> Yr Regn: <u>20141 Aug</u>
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lord / Taxi / Prime Mover /
OD TPI WS ITP RES I OD RES I EVA I INV I MV	Truck / Trailer or
To Inspect Vehicle No:	Make: [Su34 NMR85 . c.c 2999]
at Workshop m/s	Colour White A/C: Insured / Std / NI / NA
of	Sp.Reading 120571 T/Radio: Insured / Std / NI / NA
Insured;	Eng/No:
Policy No.	C/No: SHANMR85 HE7/0/55)
Claims No.	Gen. Cond: Good / Fair / Poor / Burnt
Sum Insured: Excess: Tha -	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: In orger / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil / \$/Rim / STD A/Rim or
	Tyre Size: F:
(Policy Condition)	R:
Remark: The veh had commenced its N/S O/S4 repair at the time of Inspection.	BS JOUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
	TOYO/YOKO or
	Front Rear R/8al. 6 P/8al 3/3
IDAC Accident Rport: Consistent?: Yes or No GIA / PR Seen: Consistent?: Yes or No	mm , rusar,mm
Est. Repairs: days Res.: Yes or No	D.O.A. D.O.I. 17771
Lum Sum: % 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
Vehicle: IN / OUT	0/5 & Reer N/S.
Date: Person Contacted: Date / Time Action / Instruction	The U/C / Chassis frame / Body Structure affected due to collision.
horn Bryon, whattsapp photos	of tear types, ask to carry on OD survey 157.
	Jen
Dale/Time, File Pass to? : Preli. Report	Days Of Repair:
1) : Final Report	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	Transportation:
2) Add Fe	e:
Repetitionnel:	: Interview (\$) Photos
Lump Sum / LBJ: 17:	: Tech. Irivs (\$) Others

SME MOTOR PTE LTD

1 Kaki Bukit Ave 6, #02-15@ Kaki Bukit, Singapore 417883 TEL: 6747 6106 (6 lines) Fax: 6744 2368 Email: service@smemotor.com sg GST:201119451E RCB NO:201119451E

M/S :

TEL:

ATTN:

Sompo Insurance Singapore Pte Ltd

50 Raffles Place #05-01/06

Singapore Land Tower

Singapore 048623

Motor Claim Department

Your Ref No: 21/SP/OD-110 (03)

Claim Type: Accident Date: 25/02/2021

OD CLAIM

Claim No :

No:

Date:

11/03/2021

Policy No:

D21MTPCVE000272

Veh Reg No: YN5910X

Make / Model: ISUZU NMR85UH5A

Chasis No:

JAANMR85HE7101557

Engine No:

Reg. No:

ESTIMATE FOR VEHICLE NO: YN5910X

· V VINEY DAME (The second)	Discription	Quantity	List Price	Åmount		
	Cost Price	antenna en		COMMENTAL REPORT AND PROPERTY OF THE PARTY O		
1	FRT RH DOOR	1 PC	\$820.00 61			
2	FRT RH DOOR OUTER HANDLE	1 PC	\$95.00 % 64			
3	FRT RH DOOR SIGNAL LAMP	1 PC	\$115.00 an			
4	FRT RH DOOR STEP GARNISH	1 PC	\$165.00			
5	FRT RH DOOR LOWER HINGE	1 PC				
6	FRT RH CORNER PANEL	1 PC	\$95.00 RY \$240.00 Cre			
7	FRT RH CORNER PANEL SIDE RUBBER	1 PC	\$75.00 /			
8	FRT RH CORNER PANEL TOP COVER	1 PC	\$95.00 ang			
9	HEADLAMP RH	1 PC	\$350.00 cm			
10	HEADLAMP LOWER RUBBER	1 PC	\$30.00 /1			
11	FRT BUMPER	1 PC	\$400.00			
12	FRT BUMPER BRACKET RH	1 PC	\$150.00			
13	FOG LAMP RH	1 PC	\$280.00			
14	SIDE MIRROR RH	1 PC	\$90.00	30 C C C C C C C C C C C C C C C C C C C		
15	PETROL TANK BRACKET RH	1 PC	\$155.00			
16	TAIL LAMP LH	1 PC	\$65.00			
17	TAIL LAMP BRACKET LH	1 PC	\$45.00	_		
18	REAR NUMBER PLATE BRACKET	2PCS	\$140.00			
19	NUMBER PLATE LAMP	2PCS	\$110.00			
20	AIR CLEANER BOX	1 PC	\$290.00			
21	AIR FILTER	1 PC	\$145.00			
22	FRT SIGNAL LAMP RH	1 PC	\$130.00			
			\$4,080.00			
	Add 10%		\$408.00			
			Ψ-30.00	₩ ₹,₹ 00.00		

	Special Net		
23	REAR NUMBER PLATE	1 PC	\$35.00 44.5
24	REAR REINFORCEMENT BAR	1 PC	\$35.00 m/s \$950.00 bt -750.
25	REAR REINFORCEMENT BAR BRACKET LH	1 PC	\$250.00 7
26	REAR SIDE ALUMINIUM FRAME LH	1 PC	\$850.00 67 - 650.
27	REAR WOODEN PLANK \$4P8-11	1 PC	\$850 00 X2 CM / 700X2
28	REAR WOODEN PLANK RUBBER SUPPORT LH	1 PC	\$180.00 04/
29	LH SIDE BOARD	1 PC	\$1,500.00 1200
30	RH SIDE BOARD	1 PC	\$ 1,000.00 P) > 1 =
31	LH SIDE BOARD ALUMINIUM LOWER FRAME	1 PC	\$1,500.00° H- 120° \$650.00° H- 45°
32	RH SIDE BOARD ALUMINIUM LOWER FRAME	1 PC	\$650 00 61 - 450.
33 /	RH REINFORCEMENT BAR	1 PC	\$950 00 6 6 200 11
34	ENGINE OIL	1 PC	\$150.00 7 7
			\$ 9,365.00 *

Labour

1 WIRE CHECKING

TRANSFER DOOR COMPONENT

3 LABOUR CHARGE

SPRAY PAINTING

\$30.00 \$100.00 **500** \$750.00 **700** \$850.00 700. \$1,730.00

Amount Before Excess \$15,583.00 Less Excess \$0.00 Amount Before GST \$15,533.00 Add GST @7% \$1,040.81 Total Amount Payable \$16,623.81

For SME MOTOR PTE LTD

AUTHORISED SIGNATURE

Tauflin 1749 5749 /62563561 WP, Not Authorise Revent Ex: to be advise tayfile @ / kleanto wn 14 dezs fort perhor 14 dezs - Rear trox P/P Resum new parts. 15/3/2123pm.

No 2nd band pork for Rear box.

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 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 Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

26/02/2021 15:53 (SGT) 25/02/2021 17:15 (SGT) Boundary Rd, Singapore

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

YN5910X

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No **Email Address** Mobile Phone No Alternative Phone No

Yes RINCO BONINGTON (S) PTE LTD 1XXXXX418E ireneloh@rincobonington.com (Phone) +65-62718688 (Office) +65-62718688

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 NMR85UH5A

Employment

Yes

Isuzu

Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

Sompo Comprehensive

No

D21MTPCVE000272

OR PIAT SOON SXXXX430F 11/01/1973 Outdoor

Date Of Driving Pass Driving experience

Gender

Mobile Number

Alt. Phone Number **Email Address**

Address

Address complement

Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

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 Weather Conditions

Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident?

Number of vehicles involved in the accident Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance? 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?

PASSENGER 1

Name

Gender

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Police Station Name Police Station Phone No

Alt. Police Station Phone No Police Station Address

Was notice of intended Prosecution given?

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: T/2021225/2110.

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

Yes

No No

DETAILS OF OTHER VEHICLE PROPERTY IN

Vehicle Registration Number Vehicle Manufacturer

Vehicle Model Vehicle Variant **UNKNOWN**

21/05/1993

Male

760854

Employee

No

Clear

Dry

No

Yes

No

Yes

2

No

Male

Yes

No

YU ZHONG CHENG

(Phone) +65-18008522999

(Fax) +65-68522239

Yishun South Neighbourhood Police Centre

32 Yishun Street 81 Singapore 768456

2

27 YEARS AND 9 MONTHS

ireneloh@rincobonington.com

BLK 854 YISHUN RING ROAD #09-3505

(Phone) +65-81186322

Collision - Head to Rear

Accident report SS1Y212Q0007

Page 2 of 15

Vehicle Colour

Vehicle Category Private car

Name of Driver

Contact Number

Address

Address complement

Postcode

Insurance Company Name

Nature Of Damage

Details of property damaged in accident **VEHICLE B**

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJD7614T

Vehicle Manufacturer Vehicle Model

Vehicle Variant Vehicle Colour

Vehicle Category Private car Name of Driver LEE ENG CHYE NRIC No SXXXX654J

Contact Number

Address

Address complement

Postcode

Insurance Company Name Nature Of Damage

Details of property damaged in accident **VEHICLE C**

No. Of Passenger (Including Driver)

INJURED PERSONS DETAILS

INJURED 1

Name of injured person OR PIAT SOON

Address Address Complement

Post Code

Approximate Age Years Old

Injuries Sustained

Injured person in which vehicle? YN5910X Were seat belts worn? Yes No

Was this injured conveyed to hospital by ambulance?

INJURED 2

Name of injured person YU ZHONG CHENG Address

Address Complement

Post Code

Approximate Age Years Old Injuries Sustained

Injured person in which vehicle? YN5910X

Were seat belts worn? Yes Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the perals of the ecolonic is speed up the crams process
- ? Tog Feiner and the completed by the Policyholder and or the Authorised Driver
- 3. Information provided most be as tenthful and accurate as newsmile Arm will trasscreasonation or wishbolising of material facts may allow insurance genuation to typindizite policy liability
- 4. The issue are necepture of the family assistance companies is not an assistance of polytability and a part of the insurance confeaties
- 5 Any false reporting may be referred to the Police for investigation
- is. The remark white form arrive by this inscrees of the GIF Rocords. We argument Contrelectable they the General Insurance Askounteer
- of Singapore LOM. For such ving and that copies of this report will for a fee the industry place upon application by interested parties
- If By the temperature this report to the institutes, you necely consent to the archiving of this report at the continued to depose of the report being mide at affects aforesaid
- 8 Consent under the Personal Data Protection Act (PDPA)

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- (a) My insured my weekshop and the General heutance Association of Singulatine (GIA') may have permitted to policyl have disclose and or become not proceed at a personal agreement and any cape, because a proceed by use of possessed by by insurer rediscovery the "Personal Information") and disclose and Padsfer such Account Information to all insurers. with have neutral vehicles in bedown this account full natures; who have astired vibilities in the account and be colectively referred to as the 'Insurors'; the housers' lawyers has true Monutary Authority of Sangapare and any relevant Severamed agency and only isuch as the police. For the purpose(s) of
- (ii processing figuraling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to
- (Convestigating the accident and/or my claims
- cultivarily injout and/or dealing with my instructions or responding to any enquiries by nie
- (iii) administering try claims (including the maling of correspondence, statements, avoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same de well as on the external cover of envelopes man packages), and or
- (v) complying is the applicable law in administering processing, banding under dealing with my claims icesestively the "Purposes":

thi all insurer, st who have matted vehicles) awaived in this accident and the insurers. Say versitive fams, may are permitted to defect, use, disclose and or occass my Personal Information for one or more of the above Purposes, and

cany Personal kelorotation advican be ascheed by any of the insurers and or GM to the claud party service providers or agents (meliding their browns are fame), which may be sled outside of Singapore, for one or man of the above Paposes

Policy haster's Signature - Date &

Sketch Plan

Oreser's Signature (if driver is not the policyholder). Date

Winessed by Renoring Conne Frisconel



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Diver's Signature (Edinver is not the policyholder) i Date 3. Time

Wilnessed by Reporting Centre

(*#sonre)

Folicyhalder's Signature i Date &