## **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

Sompo Insurance Singapore Pte Ltd M/S :

50 Raffles Place #05-01/06

Singapore Land Tower

Singapore 048623

ATTN:

TEL:

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

OD CLAIM Claim Type: Accident Date: 25/02/2021 Claim No:

No: Date:

11/03/2021

Policy No:

D21MTPCVE000272

JAANMR85HE7101557

Veh Reg No:

YN5910X

Make / Model ISUZU NMR85UH5A Chasis No:

Engine No: Reg. No :

#### **ESTIMATE FOR VEHICLE NO: YN5910X**

	Discription	Quantity	List Price	Amount
	Cost Price		S\$	S
1	FRT RH DOOR	1 PC	\$820.00	
2	FRT RH DOOR OUTER HANDLE	1 PC	\$95.00	
3	FRT RH DOOR SIGNAL LAMP	1 PC	\$115.00	
4	FRT RH DOOR STEP GARNISH	1 PC	\$165.00	
5	FRT RH DOOR LOWER HINGE	1 PC	\$95,00	
6	FRT RH CORNER PANEL	1 PC	\$240.00	
7	FRT RH CORNER PANEL SIDE RUBBER	1 PC	\$75.00	
8	FRT RH CORNER PANEL TOP COVER	1 PC	\$95.00	
9	HEADLAMP RH	1 PC	\$350,00	
10	HEADLAMP LOWER RUBBER	1 PC	\$30.00	
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	
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	\$4,488.0

	Special Net		
23	REAR NUMBER PLATE	1 PC	\$35.00
24	REAR REINFORCEMENT BAR	1 PC	\$950.00
25	REAR REINFORCEMENT BAR BRACKET LH	1 PC	\$250.00
26	REAR SIDE ALUMINIUM FRAME LH	1 PC	\$850.00
27	REAR WOODEN PLANK	1 PC	\$550.00
28	REAR WOODEN PLANK RUBBER SUPPORT LH	1 PC	\$180.00
29	LH SIDE BOARD	1 PC	\$1,500.00
30	RH SIDE BOARD	1 PC	\$1,500.00
31	LH SIDE BOARD ALUMINIUM LOWER FRAME	1 PC	\$650.00
32	RH SIDE BOARD ALUMINIUM LOWER FRAME	1 PC	\$650.00
33	RH REINFORCEMENT BAR	1 PC	\$950.00
34	ENGINE OIL	1 PC	\$150.00
			\$8,215.00

Labour

1 WIRE CHECKING

2 TRANSFER DOOR COMPONENT

3 LABOUR CHARGE

4 SPRAY PAINTING

\$30.00 \$100.00 \$750.00 \$850.00 **\$1,730.00** 

Amount Before Excess
Less Excess
Amount Before GST
Add GST @7%
Total Amount Payable

\$14,433.00
\$14,433.00
\$11,010.31
\$15,443.31

For SME MOTOR PTE LTD

AUTHORISED SIGNATURE

SS1Y212Q0007-01 / SME MOTOR PTE LTD ENTRY DATE & TIME: 26/02/2021 15:53 (SGT) SUBMITTED BY: Chia Pei Ying VERSION: 2 (10/03/2021 17:31 (SGT))



# 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
- 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

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

Vehicle Registration Number

YN5910X

Singapore

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

ogmoZ Comprehensive

D21MTPCVE000272

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

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 1** 

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

UNKNOWN

21/05/1993

Male

760854

**Employee** 

No

Νo

Clear

Dry

No

Yes

No

2

No

Male

No

YU ZHONG CHENG

(Phone) +65-18008522999

(Fax) +65-68522239

Yishun South Neighbourhood Police Centre

32 Yishun Street 81 Singapore 768456

Yes

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 Was this injured conveyed to hospital by ambulance? Nο

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. Pease report correctly the details of the accident to speed up the claims process
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- 3. Information provided most be as truthful and accurate as possible. Any wilful inserpresentation 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 un admission of policy liability on the part of the insurance
- 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
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- 7. By the (adgement 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 avafable aforesaid.
- 8 Consent under the Personal Data Protection Act (PDPA)

Lunderstand, acknowledge, agree and consent that

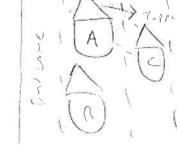
- (a) My insurer, thy workshop and the General haurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this from and any other personal information provided by me or possessed by my insurer (collectively the "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 law yers/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
- (ii) investigating the addident and/or my claims.
- (b) 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 arthrnistering, 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' law yersitaw firms, may/are permitted to collect. use, disclose and/or process my Personal Information for one or more of the above Perposes, 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 law yers law films), which may be sited outsize of Singapore, for one or more of the above Purposes

Policyholder's Signature / Date & Lune

Driver's Signature (if driver is not the policyholder) / Date 8 Times

Wilnessed by Reporting Centre Personnel

Sketch Plan



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cyholder's Signature i Date &	Onver's Signature (# & Time	driver is not the p	olicyholder) / Oale	Wilnessed by Ro Personnel	eporting Centre

