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 Report

16/04/2019 15:31

Date Of Accident

13/04/2019 00:30

Exact Location Of Accident

ALONG RIVER VALLEY RD NEAR TO CLARK QUAY

Country/State of Loss

SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SJS9962X

Insured/Policyholder

Name Of Registered Owner

LENG CHUEN LING

NRIC No

S8008284C

Email Address

NOEMAIL

Mobile Phone No

(LOCAL) +65-86301588

Alternative Phone No

OFFICE-86301588

Vehicle Particulars

Manufacturer

KIA

Model

-

Exact Purpose for which vehicle was being used at

time of accident

NO

Are you claiming under your own insurance policy for repair to your vehicle?

33.55

If No, Please state action to be taken

PRIVATE CAR

REPORTING ONLY

Vehicle Category

e Category PRIVATE C

Insurance Company

Name of Insurance Company

LONPAC INSURANCE BHD

Type Of Coverage

COMPREHENSIVE

Fleet Policy

NO

Policy Number

Z18VP05020207

Cover Note Number

Driver

Name of Driver

TOH HUI LONG

NRIC No

S8513330F

Date Of Birth Occupation 02/05/1985

Date Of Driving Pass

INDOOR

Driving Experience

20/01/2017

Diffing Expenditorio

2 YEARS AND 2 MONTHS

Gender

MALE

Mobile Number

(LOCAL) +65-86301588

Fax Number

Contact Number

EMail Address

NOEMAIL

Address

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OTHER - BOYFRIEND

Vehicle Registration Number of Driver's Own

Vehicle

2

Insurance Company of Driver's Own Vehicle

•

General Information of the Accident

Type Of Accident

CHAIN COLLISION

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle) involved in the accident

3

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?

. . .

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

2

Passenger 1

NAME:

: PASSENGER

GENDER:

: FEMALE

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

refer attached report.

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

SLC5284G

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SJT3611T

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 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 invoive 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")
- 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:
 - 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 #2 Pg. 1

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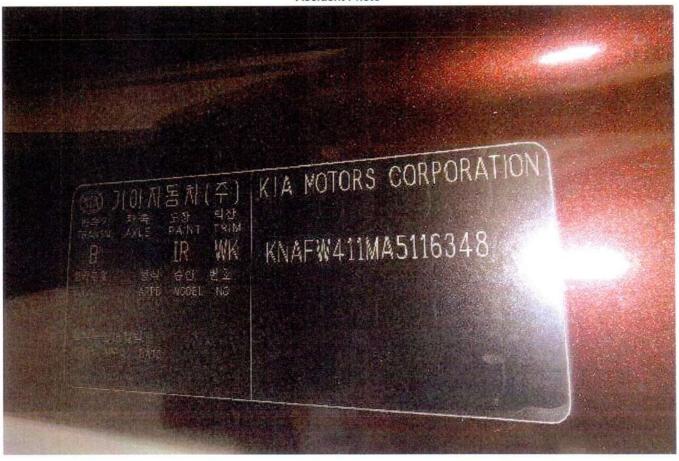
GIARMC SketchPlanForm_V3

















MCA119049374 / City Auto Pte Ltd - HQ ENTRY DATE & TIME: 16/04/2019 10:25 SUBMITTED BY: Jason Quak Leng Hui

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Gender

Mobile Number

Fax Number Contact Number

EMail Address

- 1. Please report correctly the details of the accident to speed up the claims process.
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 By the lodgement of this report to the insurers, you hereby consaforesaid. 	sent to the archiving of this report at the centre and to copies of the report being made available
3.24 PASS 1995年中国共和国共和国共和国共和国共和国共和国共和国共和国共和国共和国共和国共和国共和国	ACCIDENT STATEMENT
Date Of Report	16/04/2019 10:25
Date Of Accident	13/04/2019 00:30
Exact Location Of Accident	ALONG RIVER VALLEY ROAD NEAR TO CLARK QUAY
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLC5284G
Insured/Policyholder	
Name Of Registered Owner	ASCEND COM PTE LTD
Co Reg No	199802692H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-93887275
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL
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?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	19MT102359-R01
Cover Note Number	
Driver	
Name of Driver	POH HOCK HENG JACKSON
NRIC No	S8426532B
Date Of Birth	23/09/1984
Occupation	INDOOR
Date Of Driving Pass	01/09/2008
Driving Experience	10 YEARS AND 7 MONTHS

MALE

NOEMAIL

(LOCAL) +65-93887275

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

 $\tau = \chi$

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

PRIVATE CAR

Accident Sketch Plan Pg. 1

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ECLARATION We declare the foregoing particulars a		clul	a	#01-5 Tel: 64	3lk 8 Sin 8/60/62 Singaph 53 1234	Sin Mir 19575 Fax: 1	ig In 343 3453	l d Est l 7944	
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olicyholder's Signature ote & Time:	Driver's Signature (If driver is not the policyhold	er)		Reporting Ce Name:	ntre Perso	nnel's Si	gnati	11.6	

GIARMC SketchPlanForm; V3

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113041312103

1 of 4 Report No. T/20190413/2169

Police Station Of Origin: Yishun South N.P.C 32 Yishun Street 81 SINGAPORE 768456 Tel No: 1800-8522999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: Vide Report No.: Station Diary No.: 13/04/2019 23:13

Informant's Particulars Name of Informant: Address: APT BLK 672C YISHUN AVENUE 4 #12-568 SINGAPORE POH HOCK HENG, JACKSON 763672 ID Type / ID No .: Contact No.: Home/Office: Mobile: 93887275 NRIC NO / S8426532B Email: Nationality: SINGAPORE CITIZEN Type of Informant: Sex: Date of Birth: Age: Driver 23/09/1984 Male 34 Race: Language: Institution / School Name: English Chinese Driving Licence Information: Occupation: PROJECT MANAGER Class: 2B,2A,3 Date of Expiry:

General Information of the Accident MS 186 Million Strait and Non-Injury Drink Date/Time of Type of Location: Type of Drive: Accident: Straight Road Accident: 13/04/2019 00:35 No Location: Along Road 1 Traveling Toward Road 2 RIVER VALLEY ROAD ALONG RIVER VALLEY ROAD NEAR TO CLARKE QUAY Weather: Road Surface: Road Speed Limit: Clear Dry Traffic Flow: Traffic Control: Traffic Volume: Two Way Not Controlled Moderate Type of Collision: Anyone conveyed by Between Moving Vehicles - Head To Rear ambulance: No

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
SJS:9962X	Car	KIA	FORTE	Maroon	Slightly Damaged	1
SJT3611T	Car	TOYOTA	VIOS	Blue	Slightly Damaged	1
SLC5284G	Car	HONDA	VEZEL	Black	Slightly Damaged	4

Details of Vehicle Insurance	
Vehicle No. Insurance Company Insurance No Effective	e Expiry Date





3 of 4

Report No. T/20190413/2169

Police Station Of Origin: Yishun South N.P.C 32 Yishun Street 81 SINGAPORE 768456 Tel No: 1800-8522999

CONTINUATION OF REPORT

Brief Details.

On 13/04/2019 at about 12.28am, while I was driving along River Valley Road on Lane 1, all of a sudden the car in front of me (SJT3611T) applied his brakes. I managed to brake on time and did not hit the car in front of me. About 3-5 seconds later, the car behind me (SJS9962X) hit the rear of my vehicle. Due to the collision, my car jerked to the front causing my car to hit onto the rear of the front vehicle.

My vehicle sustained dents and scratches on the frontal and rear area. No ambulance and police were at scene. No vehicle was towed. The 2 vehicles that were involved in the accident had exchanged particulars with me for insurance claim purposes. I am lodging this report for insurance claim purposes only.



ABSOLUTE APPRAISAL SERVICES PTE LTD LOSS ADJUSTERS & MOTOR APPRAISERS

160 Sin Ming Drive #05-16 Sin Ming AutoCity (S) 575722

Mobile: 9688-0413 Fax: 6266-7396 Email: absolute.app.svcs@gmail.com

Vehicle Inspection Report

To:

Ascend Com Pte Ltd

C/o:

160 Sin Ming Drive #05-16

Sin Ming AutoCity (S) 575722

Date of request:

16.04.2019

28.05.2019

Date of inspection: 16.04.2019

Date of accident:

Date of report:

13.04.2019

Report No: AAS/2019/189

Claim type: Third Party Claim

Particulars of affected vehicle:

Registration no:

SLC5284G

Honda Vezel (A)

Odometer:

113422 km

1496 cc

Make/Model:

2015/16

Engine Capacity: Engine no:

L15B4028001

Year of registration: Colour:

Metallic Black

Chassis no:

RU11108000

Condition of tires:

Front Left:

4mm

Make:

Make:

Dunlop

5mm

Rear Left:

Dunlop

Front Right:

4mm Dunlop

Make: Rear Right:

5mm

Make:

Dunlop

Type of road wheel:

Alloy

(The above represent the remaining life of the tire thread)

Pre-accident condition (Static tests only)

General Bodywork

Paintwork

Handbrake

Footbrake

Steering

Apparent engine modification

: Good

: Good

: In order

: In order

: In order

: Nil

The Assignment

The inspection was conduct at M/s.

Toh Motor Enterprise

160 Sin Ming Drive #05-16 Sin Ming AutoCity (S) 575722

(Subsequent inspection was conducted)

Assessment

Repairer's estimate:

\$ 18,390.00

Revised estimate:

\$ 14,389.92

Recommended reserve:

\$ 11,500.00 (Lump sum)

Estimated normal duration of repairs: 14 Working days



ABSOLUTE APPRAISAL SERVICES PTE LTD LOSS ADJUSTERS & MOTOR APPRAISERS

160 Sin Ming Drive #05-16 Sin Ming AutoCity (S) 575722 Mobile: 9688-0413 Fax: 6266-7396 Email: absolute.app.svcs@gmail.com

Vehicle No: SLC5284G

Report No: AAS/2019/189

W/O PREJUDICE

Point of impact

At the front and rear portion.

General description of damages

The front bumper, front bumper lower spoiler, front grille, tailgate, tailgate lamps, tail lamps, rear bumpers, rear end panel, floor panel, rear chassis members, etc.

Other parts were also found damaged. (See schedule for details)

Recommendation

The estimate cost of repair submitted by M/s Toh Motor Enterprise as per schedule attached have been revise and scrutinize. We list the breakdown of our findings and recommendation as per attached.

Our adjusted amount for the cost of repair is SGD \$14,389.92

Conclusion

The repairer has agreed to undertake the repair at a lumpsum of SGD \$11,500.00

Under normal circumstances, the repair of the damaged vehicle should be completed within a reasonable period of 14 working days.

have **Not Authorised** and/or instruction to the repairer to proceed with the repairs. This inspection was conducted entirely on a 'Without Prejudice' basis.

We are pleased to advise that the inspection was carried out accordingly and hereby submit our appraisal report which includes 178 photographs.

Your Faithfully Absolute Appraisal Services Pte Ltd





ABSOLUTE APPRAISAL SERVICES PTE LTD LOSS ADJUSTERS & MOTOR APPRAISERS

160 Sin Ming Drive #05-16 Sin Ming AutoCity (S) 575722

Mobile: 9688-0413 Fax: 6266-7396 Email: absolute.app.svcs@gmail.com

Vel	nicle No: SLC5284G				Re	port No: AAS	5/2019,	/189
Ap	praisement Schedule					*	5	
570/2	•							
S/1	V Parts Description	Qty	Condition		Re	pairer's Est	Re	vised Est
1	Front bumper	1	Dented		\$	559.80	\$	559.80
2	Front bumper lower grille	1	Serviceable		\$	260.00		7-
3	Front bumper lower spoiler	1	Dented/Grazed		\$	481.00	\$	481.00
4	Front bumper fog lamp LH/RH	2	Serviceable	\$ 285.85	\$	571.70		-
5	Front bumper fog lamp grille	2	LH Cracked	\$ 89.60	\$	179.20	\$	89.60
	LH/RH						\$	-
6	Front bumper retainer LH/RH	2	Cracked	\$ 41.70	\$	83.40	\$	83.40
7	Front bumper support LH/RH	2	Cracked	\$ 45.70	\$	91.40	\$	91.40
8	Front bumper reinforcement	1	Necessary		\$	361.50	\$	361.50
9	Front grille	1	Cracked		\$	542.20	\$	542.20
10	Front grille outer moulding	1	Serviceable		\$	385.00		-
11	Front grille side chrome LH/RH	2	Not Necessary	\$ 108.00	\$	216.00		1000
12	Front grille emblem	1	Not Necessary		\$	58.80		
13	Front grille support	1	Not Necessary		\$	139.50		-
14	Tailgate	1	Dented		\$	1,370.00	\$	1,370.00
15	Tailgate glass moulding (top)	1	Necessary		\$	58.00	\$	58.00
16	Tailgate glass moulding (lower)	1	Necessary		\$	58.00	\$	58.00
17	Tailgate outer garnish	1	Cracked		\$	560.00	\$	560.00
18	Tailgate emblem	1	Necessary		\$	38.00	\$	38.00
19	Tailgate nameplate 'Vezel	1	Necessary		\$	55.00	\$	55.00
20	Tailgate lamp LH/RH	2	Grazed/Cracked	\$ 321.00	\$	642.00	\$	642.00
21	Tailgate lock	1	Distorted/Jammed		\$	181.00	\$	181.00
22	Tailgate striker	1	Distorted		\$	42.00	\$	42.00
23	Tailgate lifter LH/RH	2	Serviceable	\$ 190.00	\$	380.00		-
2	Tailgate inner trim	1	Cracked		\$	541.00	\$	541.00
25	Tailgate weather-strip	1	Necessary		\$	178.00	\$	178.00
26	Tailgate buzzer	1	Cracked		\$	93.00	\$	93.00
27	Tail lamp LH/RH	2	Cracked	\$ 653.00	\$	1,306.00	\$	1,306.00
28	Rear bumper	1	Dented		\$	820.00	\$	820.00
29	Rear bumper side LH/RH	2	Dented/RH Repair	\$ 272.00	\$	544.00	\$	272.00
30	Rear bumper reflector LH/RH	2	Grazed/Cracked	\$ 71.00	\$	142.00	\$	142.00
31	Rear bumper retainer LH/RH	2	Cracked	\$ 55.00	\$	110.00	\$	110.00
32	Rear bumper undercover	1	Deformed		\$	260.00	\$	260.00
33	Rear fender inner trim LH/RH	2	Deformed/Cracked	\$ 640.00	\$	1,280.00	\$	1,280.00
34	Rear fender arch moulding	2	Cracked	\$ 178.00	\$	356.00	\$	356.00
	LH/RH							
	Rear end panel	1	Dented		\$	650.00	\$	650.00
	Rear end panel trim	1	Deformed		\$	92.00	\$	92.00
37	Floor panel	1	Dented/Distorted		\$	1,130.00	\$	1,130.00
38	Floor panel cover	1	Serviceable		\$	290.00		-
39	Tow hook	1	Necessary		\$	207.00	\$	207.00



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160 Sin Ming Drive #05-16 Sin Ming AutoCity (S) 575722 Mobile: 9688-0413 Fax: 6266-7396

Email: absolute.app.svcs@gmail.com

Veh	icle No: SLC5284G					Re	port No: AAS	/2019,	/189
				To	tal:	\$	15,312.50		12,649.90
				-20)%	\$	3,062.50	\$	2,529.98
			£	List	otal:	\$	12,250.00		10,119.92
1	Front bumper clips	1set	Necessary			\$	50.00	\$	30.00
2	Tailgate glass sealant	1	Necessary			\$	60.00	\$	40.00
3	Reverse camera	1set	Serviceable			\$	380.00		1921
4	Rear bumper clips	1set	Necessary			\$	50.00	\$	30.00
5	Reverse sensor	1set	Cracked/Dislodged			\$	280.00	\$	250.00
6	Joint sealant	2	Necessary	\$	60.00	\$	120.00	\$	80.00
				Special n	ett total:	\$	940.00	\$	430.00
				Parts '	Γotal:	\$	13,190.00	\$	10,549.92
S/N	Labour Description					Rej	pairer's Est	Re	vised Est
1	To check front lightings & wir	ings.				\$	50.00	\$	30.00
2	To remove and renew front da	amaged pa	arts. Re-align all affec	ted area.		\$	400.00	\$	250.00
3	To putty and respray all front	damaged	parts. Touch up all af	fected area	a.	\$	300.00	\$	200.00
4	To check rear lightings & wiring	ngs.				\$	50.00	\$	30.00
5	To transfer tailgate glass.					\$	200.00	\$	180.00
6	To transfer tailgate fittings.					\$	120.00	\$	80.00
7	To transfer reverse camera.					\$	100.00	\$	60.00
8	To renew reverse sensor.					\$	80.00	\$	50.00
9	Rust proofing on rear affected	panels				\$	100.00	\$	60.00
1	To remove and renew rear dan	maged pa	rts. Re-align all affect	ed area.		\$	1,800.00	\$	1,500.00
11	To putty and respray all rear d	lamaged p	oarts. Touch up all aff	ected area		\$	2,000.00	\$	1,400.00
				Labour	Total:	\$	5,200.00	\$	3,840.00
				Grand	Total:	\$:	18,390.00	\$	14,389.92

The final adjusted lump sum amount is \$11,500.00

Under normal circumstances, the repair should be completed within a reasonable period of 14 working days.

178 Photographs were taken at the time of inspection.

Disclaimer: This report is intended for the exclusive use of the address solely in relation to the loss occurrence in which the assessed vehicle involved. No iability or responsibility whatsoever shall be held by Absolute Appraisal Service Pte Ltd for any reliance on this report by any third party.