0.4	_
18 - 1 - 2 - 2 - 1	21004985/KV CLOSE 5 5/21
Kenneth	SIGNMENT
From: Date: Estimated Cost:	Veh No: SMIT (689K Yr Regn: 06, 18
OD ITP IWS I TP RES I OD RES I EVA I INV I MV	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
To Inspect Vehicle No:	Truck/Traller or
	Make: (torda Phutik c.c 1886
at Workshop m/s Chew Goon	Colour M. Gray A/C: Insured / Std / NI / NA
The state of the s	Sp.Reading 273169 T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	C/No: (P7 /2 220
Claims No.	C/No: Gen. Cond: Good: Fair / Poor / Burnt
Sum Insured: Excess:	
(Client's Record)	Steering: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	Brake: Inorder / Jammed / Leaked / Burnt or
	Modi: NII / S/Rim / STD A/Rim or
(Policy Condition)	Tyre Size: F: 195/55R15
Remark: The veh had commenced Its N/S O/S	R:
repair at the time of inspection.	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
Bal. or Market Value:	TOYO/YOKO or Maxxis
IDAC Accident Rport: Consistent? : Yes or No	R/Bai, Z
GIA / PR Seen: Consistent?: Yes or No	UBal. 7 mm R/Ba!. 4 mm
Est. Repairs: O days Res.: Yes or No	D.O.A. 19/4/21 D.O.I. 21/4/2021
Lum Sum: % 3 Val.: Yes or No	Survey held at D.O.I. 21/4/2021
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Date:Person Contacted: Vehicle: IN / OUT	me no dangre
Date / Time Action / Instruction	The U/C / Chassis frame / Body Structure affected due to collision.
No visible danged to the	
f	Ray
	Management of the second of th
Date/Time, File Pass to? : Prell. Report Day	010
1) Final Page	/s Of Repair:
Cute/Time, File Return to?	Survey No. of Trip: Survey Fee:
2)	Transportation:
Add Fee:	: Site Insp (\$)s - Rssi
Report Format :	: Interview (\$) Factor
Lump Sum / I.B.I: (S	Tech Invs (\$) Others
))	Weekend (\$
	IGTAL
	TOTAL 1

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars		
Owner ID Type:	Singapore NRIC	
Owner ID: Vehicle Details	3781	
Vehicle No.:	SMH1689K	
Vehicle to be Exported:	No	
Intended Deregistration Date:	19 Apr 2021	
Vehicle Make:	HONDA	
Vehicle Model:	SHUTTLE HYBRID 1.5 AUTO	
Primary Colour:	Silver	
Manufacturing Year:	2018	
Engine No.:	LEB6556263	
Chassis No.:	GP71213382	
Maximum Power Output:	101.0 kW (135 bhp)	
Open Market Value:	\$23,319.00	
Original Registration Date:	12 Jun 2018	
First Registration Date:	12 Jun 2018	
Transfer Count:	0	
Actual ARF Paid: Intended PARF Rebate Details	\$5,000.00	
PARF Eligibility:	Yes	
PARF Eligibility Expiry Date:	11 Jun 2028	
PARF Rebate Amount: Intended COE Rebate Details	\$3,750.00	
COE Expiry Date:	11 Jun 2028	
COE Category:	B - Car above 1600cc or 97kW (130bhp)	
COE Period(Years):	10	
QP Paid:	\$36,000.00	
COE Rebate Amount:	\$25,726.00	
Total Rebate Amount:	\$29,476.00	

The information contained herein is correct as at 19 Apr 2021

eBaoTech										Genera	alClaim
Hello, CHEW_GOON_800085							→ Chang	e Languag	e Chan	ge Password	› Log Out
My Desktop	Poli	cy Query									•
Notice of Loss	Policy N	No.				Date	of Accident	[18/04/2021 0	9:33	
	Vehicle	No.(For Motor)	SMH1	589K		Certi	ificate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5120093811		POH AH CHYE	S1249378I	GPC	drivo CLASSIC	SMH1689K	SMH1689K	26/12/2020	11/12/2021
						Continue					

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$12493781



Name

POH AH CHYE



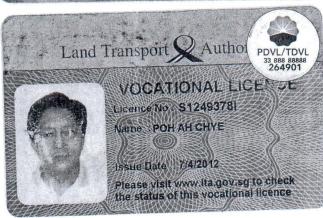
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Country of Birth
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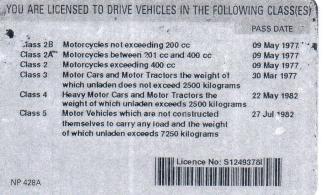
S12

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This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type Description
02 TAXI VL

Issue Date 18/02/2002



S@1Q214J0002 / Chew Goon Motor ENTRY DATE & TIME: 19/04/2021 11:54 (SGT) SUBMITTED BY: CG Pei Kee VERSION: 1 (19/04/2021 11:54 (SGT))





SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report <u>correctly</u> the details of the accident to speed up the claims process.
 2. This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>
 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 Information provided must be as truthful and accurate as possible. Any willul misrepresentation or witholding of material facts may allow insurance companies to repudia policy liability.
 The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
 Any false reporting may be referred to the Police for investigation.
 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.

By the lodgement of this report to the insurers, you hereby consent to the archiving.	ng of this report at the centre and to copies of the report being made available aforesaid.
ACCIDEN	T STATEMENT
Date of Submission Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss	19/04/2021 11:54 (SGT) 19/04/2021 09:10 (SGT) Singapore CLEMENTI RD Singapore
DETAILS OF	F OWN VEHICLE
Vehicle Registration Number	SMH1689K
INSURED/POLICYHOLDER	
Is company? Name Of Registered Owner NRIC No Email Address Mobile Phone No Alternative Phone No	No POH AH CHYE SXXXX378I ALFRED.POHAHCHYE@GMAIL.COM (Phone) +65-96358104 +65-96358104
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 Transmission CC	Honda Shuttle - Private hire No - Claiming third party Private hire Auto 1496
INSURANCE COMPANY	
Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number	NTUC Income Insurance Co-operative Ltd Comprehensive No 5120093811
DRIVER	

POH AH CHYE

SXXXX378I

NRIC No

Name of Driver

Date Of Birth 11/07/1957 Occupation Outdoor Date Of Driving Pass 30/03/1977 Driving experience 44 YEARS AND 1 MONTH Gender Mobile Number (Phone) +65-96358104 Alt. Phone Number +65-96358104 **Email Address** ALFRED.POHAHCHYE@GMAIL.COM Address APT BLK 579 HOUGANG AVE 4 Address complement #08-642 Postcode 530579 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured 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 Chain Collision Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 3 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) 2 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No PASSENGER 1 Name **UNKNOWN** Gender Male DETAILS OF POLICE ACTION Was the accident reported to the police? No Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT I WAS DRIVING ALONG CLEMENTI RD WHEN FRONT VEHICLE SUDDENLY STOP I COLLIDED ONTO HIS REAR PORTION. THERE WAS A VEHICLE FROM MY REAR WHICH HIT ONTO MY REAR PORTION & PUSHING ME FORWARD 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 SMX3254J Vehicle Manufacturer Vehicle Model Vehicle Variant

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	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMS7404T
Vehicle Manufacturer	-
Vehicle Model	_
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	4
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
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 Formmust be completed by the Policyholder and/or the Authorised Driver.
- 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.
- 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)

Lunderstand, 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' 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 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' law yers/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 Sketch Plan	Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel		
		A = SMH /689K B = SMX 31547 C = SMS 74047		
	(BUAKILI			
	Cleputi Ro.	Million and manage		

Describe Circumstances of the Accident

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CIATALIC	111							
e declare	the foregoin	g particular	s are true in ever	y respect.				
	_	, ,					,	
	1	9 (4/3)					lle	12/4/2
	Signature /	Date &	Driver's Signatu	ire (If driver is	not the policyholde	er) / Date	Witnessed by Repor	
e			& Time				Personnel	g contre

Not Nothaire

趙源摩哆 Chew Goon Motor

Blk 10, Ang Mo Kio Industrial Park 2A, Avenue 5 #01-15, 16, 17 & #03-05, AMK Autopoint Singapore 568047 Tel: 6484 1626 (24Hrs) Fax: 6484 0465 Business Reg. No: 221880/00C GST Reg. No: MX-0486007-AO

To:_	Sompo Insurance Singapore Pte Ltd	Policy No:	Third Party	
_		Date:	20.04.2021	
	Accident Date : 19.04.2021			

承接汽车烧焊喷漆及

	and Insurance Claim. ESTIMATE	AL AL	代理各种车辆赔偿
数 量 Quantity	货 名 DESCRIPTION	单 价 Unit Price	银 Amount 额 \$ cts.
	Estimate Cost of Repair to"Honda Shuttle" Reg. No. SMH1689K Claiming Against Your Insured Veh. No. SMX3254J		e e e e e e e e e e e e e e e e e e e
1pc	Bonnet		1,012.00
1pc	Bonnet Rubber Seal		45.00
5pcs	Bonnet Insulation Clips	5.00	25.00
1pc	Grille		CAL 426.00
1pc	Grille Emblem		ng 32.00
1pc	Grille Chrome		nu 390.00
1pc	Grille Lower Chrome Moulding		1 240.00 /
1pc	Grille Brace Bracket		7 85.00
1pc	Front Bumper	/.	1,150.00
12pcs	Front Bumper Clips	5.50	ner 66.00 V
	Front Bumper Brackets	42.00	7 84.00
2pcs	Front Bumper Reinforcement	42.00	327.00
1pc			7 155.00
1pc	Front Bumper Center Air Grille	47.00	100.00
2pcs	Front Bumper Top Retainers	17.00	34.00
1pc	Front Bumper Tow Cover		45.00
2pcs	Front Bumper Corner Retainers	16.70	33.40
2pcs	Headlamps	2250.40	7 4,500.80
2pcs	Headlamp Brackets	65.00	130.00
1pc	Support Panel		846.00
1pc	Air Con Condenser		7 1,082.00
2pcs	Air Con Condenser Side Air Ducts	55.00	7 110.00
1pc	Radiator		7 1,475.00
1pc	Air Cleaner Cold Air Intake Duct		225.00
1pc	Rear Bumper		1,150.20 X
8pcs	Rear Bumper Clips	5.50	44.00 X
			13,712.40
	Less 20%		2,742.48
			10,969.92
			10,000.02
	Front Number Plate (Chrome 3D)	C,	120.00 SN
	Front Number Plate (Chlorine 3D) Front Number Plate Holder (Aluminium)		80.00 SN
	From Number Flate Florder (Aluminium)		00.00 SN
	To Construct Floatsiaal Charle Facus Hardless		
	To Conduct Electrical Check, Focus Headlamp		30.00 X
	To Remove / Refit Air Con Condenser & Refill Air Con Gas		~~ 120.00 ¥
	To Remove / Refit, Radiator System, Bleed, Refill Coolant		m 60.00 X
	L. A.		,
		O/E	44.070.00
		C/F	11,379.92

趙 源 摩 哆 Chew Goon Motor

Blk 10, Ang Mo Kio Industrial Park 2A, Avenue 5 #01-15, 16, 17 & #03-05, AMK Autopoint Singapore 568047 Tel: 6484 1626 (24Hrs) Fax: 6484 0465 Business Reg. No: 221880/00C GST Reg. No: MX-0486007-AO

To:_	Sompo Insurance Singapore Pte Ltd	Policy No:	Third Party
-		 Date:	20.04.2021
	Accident Date : 19.04.2021		
	Car Painting, Welding, and Insurance Claim.		承接汽车烧焊喷漆及 代理各种车辆赔偿
数 量 Quantity	货 名 DESCRIPTION	单 价 Unit Price	银 Amount 额 \$ cts.
	Estimate Cost of Repair to"Honda Shuttle" Reg. No. SMH1689K Claiming Against Your Insured Veh. No. SMX3254J		
		B/F	11,379.92
	To Apply Rust Proofing / Reseal Tuff Coating Treatment to Respray / Replaced / Repair Panel		22 60.00 X
	Labour Charge - Panel Beating, Repairing Of Front Chassis Member Inner Panel, Front Fender x2 Cnt, Weld Support & Part Replacement		1,100.00 X
	To Spray Painting Affected Areas		1,250.00 X
		Total:	13,789.92
			±
	LKK Auto Consultan the Repairer of the fo To resurvey before/after To display damaged pan Parts prices are subject Third party survey is on a No illegal modification(s) Supplementary item(s) m is subject to final approva	ollowing: spray painting (s) during resurvey co confirmation "Without Prejudice" basis is allowed	
	Acknowledged by Repairer Signature: Date:		