ASS. REC. BY: REF. EGT/2	1005239/6
Kennerh	1003031116
From:	SIGNMENT SMT 9922X
Estimated Cost:	Veh No: Yr Regn: 06
	Type: Is Car M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD / TP / WS / TP RES / OD RES / EVA / INV / MV To Inspect Vehicle No:	Truck / Trailer or
21 Wedsta	Make: Toy Altris c.c 1598
of Wei Lee	Colour M. Black AC: Insured / Std / NI / NA
Insured:	Sp.Reading 267331 T/Radio: Insured / Std / NI / NA
Policy No.	Eng/No:
Claims No.	C/No: MRO53 & EC167 129963
	Gen. Cond: Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record) Make of Veh:	Brake: In order / Jammed / Leaked / Burnt or
	Modi: NII / S/RIm / STO A/Rim or
llan	Tyre Stre: F: Wishake 185/70R14
(Policy Condition)	Ri-7
Remark: The veh had commenced its repair at the time of inspection.	SS / BUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
Bal. or Market Value:	TOYO/YOKO or
IDAC Accident Rport: Consistent?: Yes or No	Fron! Rear
GIA / PR Seen: Consistent?: Yes or No	R/Bal mm R/Bal mm
	L/Bal. 7 mm L/Bal. 5 mm
Lum Sum: 26 M 2 Val. Va.	D.O.A. 24/4/21 D.O.I. 29/4/2021
	Survey held at
CA / REV / REP. / 24 HRS Vehicle: IN / OUT	Des of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Date:Person Contacted	The U/C / Chassis frame / Party Street
Date / Time Action / Instruction	The U/C / Chassis frame / Body Structure affected due to collision.
4050.01	
lump sum \$950,3days red: 805.65;45%	/
100.000.00,1070	
	, , , , , , , , , , , , , , , , , , ,
Date/Time, File Pass to?	s O(Para) 3
Day	s Of Repair:
1) : Final Report Res	urvey No. of Trip: Survey Fee:
·	Transporta651:
Add Fee:	
Report Format I	Interview (\$) Fares
Report Format:	Tech Invs (\$)/ Others
Lump Sum / I.B.I: (S	Weekend (\$
	TOTAL

WEI LEE MOTOR WORKS

BLOCK 9 SIN MING INDUSTRIAL ESTATE #01-32. SINGAPORE 575644.

TEL: 6456 9830 • FAX: 6458 0128 • EMAIL: weileemotorworks@gmail.com Business Regn No: 269436/00J Not Norhanks

1/Sup &
Reword After Pain

3days

27,APR 2021

ERGO Insurance Pte Ltd 5 Temasek Boulevard #04-01 Suntec Tower Five

Attn: Motor claim dept-3rd party claim

Claiming against your insured vehicle no: SML7771U Accident involving vehicle no: SMT9922X/SML7771U

DOA: 24/04/2021 AT Cross Junction of Alexandra Road n Tanglin

Dear officer incharge

Estimate cost of repair to SMT9922X

To supply-

TO Supply	The state of the s				
Description	Qty Amount				
Front fender,Lh	1 179.00 X				
Front bumper	1 Bu 344.40				
Bumper foglamp cover	1 Sm 38.20 X				
Headlamp,Lh Headlamp,Lh	1 Cap 226.00 -				
Bumper retainer	1 Pri 46.60				
Parts Surfectioner Ave	834.20				
Parts less 25%	208.55				
Arta: Albuor claan sapt-3" purp	625.65				
risiwiel assert Annigezia					
Africant involving with	1983 4 4 12 1 1 1 1 1				
UOA: 24/04/2021-AT-Grossy	A STATE OF THE PARTY OF THE PAR				

To remove damaged parts and attachments Repair/reshape dented areas

Replace/align all parts into position

To spray/paint

Description

Front himper

Bumper for lamp cove

Headlamp, Live

Buriber retailer Parts That The Fig.

Parts less 25% ALL CALL CLASS OF DESCRIPTION

Chimnes agovst vout him

"是我们们的这种更多的。" DON SAJOMATOR ACTIONS

To remove damaged pans she

Repair/lest with the days

Replaces Align an plate into pla

To sprawpaint

Legging and Fort inndet the second 550.00

1,775.65

LKK Auto Consultants hence notify

the Repairer of the following:

BOUNDERS IN COME

- · 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 30.00

Signature:

Date:

600.00 الاسالة المالاندسية

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.

 This seems of 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 completed by the Policyholder and/or the Authorised Driver policy liability.

 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 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 record will for a control of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this record will for a control of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this record will for a control of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this record will for a control of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this record will be control of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this record will be control of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for a control of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for a control of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for a control of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for a control of the GIA Records Management Centre established by the GIA Records Mana 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 a State Branching Age

Additional Location Information

Country/State of Loss

26/04/2021 14:24 (SGT) 24/04/2021 18:30 (SGT)

Singapore

CROSS JUNCTION OF ALEXANDRA ROAD AND TANGLIN

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C) Discourse

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N OF ALEXAMORA ROAD

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there interprinted wife of these

The party server the s

ROAD Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

INSURED/POLICYHOLDER

Is company? To the content of the rest of the Children Children Is company?
Name Of Registered Owner

Company Reg No Email Address Mobile Phone No

Alternative Phone No

VEHICLE PARTICULARS

្រាក់ក្រក់ខ្មែតប្រ

ided Electrical telephological but Manufacturer

Model y/State of Lass

Variant

Exact purpose for which vehicle was being used at time of accident

Bearing on the Willy and south to wint to a thing the

constitute allegations are assessed

Auto man is die and a see a see

Saide garage

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and the state of the state of the

a des exception Exception Section in des in the contraction of the

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

Vehicle Category

Transmission

INSURANCE COMPANY

Name of Insurance Company
Type of Coverage

of little of the last

Fleet Policy

Policy Number
Cover Note Number in all and officers and a comment

DRIVER.

Name of Driver

Accident report SN07214Q000N SMT9922X

KH LEASING PTE. LTD cans and an extended transparents

201611813C

Kahupleasing@gmail.com (Phone) +65-85182081

+65-85192081

Toyota

Corolla

Private hire

कार्य होता रहे हैं ने स्वतार करिया है है। No - Claiming third party

Private hire

Auto

1600

NTUC Income Insurance Co-operative Ltd STATE OF SALLY STATE OF SALLY

(31)

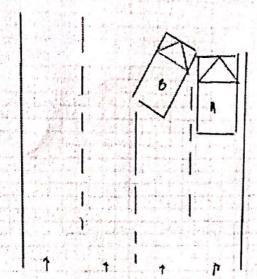
ThirdParty

No

5118450146

MAU YEOW FEI

Page 1 of 14



A - SMLTTTIU

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	MI DYSMINE	1830hrs Wh	ile I re	U Inchin	a formaro	I forwards the
					J	
offic light	, 2WL7771U	cuddenly	cust in	to My	lane .	
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					Allen Marie	
			enta trav			All the second and the second second

Driver's Signiture

lif driver is not the policyholder)
Date & Time: M/1/ (2014)

Reporting Centre Personnel's Signature

Name: HAZIR JHAH NRIC/FIN No.: \$772473502