nneth	ASSIC	ENMENT	<u> </u>	- 35
	The state of the state of	HE HE STATE OF THE	75066-Yr Regn:	01 71
From: Date:		COLUMN TO THE PROPERTY OF THE		
Estimated Cost:			s / Van / Lorry / Taxi / Prime	Mover/
OD MP WS 1 TP RES I OD RES I EVA I INV I M	1	Truck / Trailer or	A	00
To Inspect Vehicle No:		Make: Ly	Raire	:.c 7 7%
at Workshop m/s /C/C/1911MU		2 1	ac .	ed / Std / NI / NA
of		Sp.Reading 30	7/Radio: Insur	red / Std / NI / NA
Insured:		Eng/No:		
Policy No.		C/No.*	A 200A.	00130
Claims No. SNM21D202793/0	002	Gen. Cond: Good' Fair / P	oor / Burnt	
Sum Insured: Excess:		Steering: Inorder / Jammed	//Leaked/Burnt or	pr 80
(Client's Record)	e nos a	Brake: Ingreer / Jammed	/ Leaked_Burnt or	5/14
Make of Veh:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Modi: الله SIRIm I STE		
11.30 cm		Tyre Size: F:	195/85	RIG
(Policy Condition)		R:		_
Remark: The veh had commenced its	N/S O/S	SI PUN EXNOVA I GY I	FS / LIZA / MIC / OHTSU / P	IR / SUMI /
repair at the time of inspection.		TOYO / YOKO or		
Bal. or Market Value:		- Front	Rear	
DAC Accident Rport: Consistent? : Yes		ODAL G	m R/Ba!.	9 mm
GIA / PR Seen: Consistent?: Yes	s or No	/Bai. 9 m	m L/Bal.	9
st. Repairs: 3- 4 days Res.: Yes	or No C	OA. 13/5/21	D.O.I. 26	15/20
um Sum: 1. B.1 % 3 Val.: Yes	10 to	curvey held at		
			ir / O/S / N/S / U/C / Roa	often er
A / REV / REP. / 24 HRS	Vehicle: IN / OUT	Rea	c/s	onop of
ale:Person Contacted:			e / Body Structure affecte	d due to collision.
Date / Time Action / Instruction				10 Po Po
	·		•	
/05/21@3.22pm revised to Irene	Tay by email.			
Kenneth confirmed final	fig \$2494.45, 4	1 days (Red \$103	4.45, 29%)	5-124
				<u> </u>
		w		
The patrick and a contract	A S TOTAL MOON			
<u> </u>				
Time, File Pass to? : Prell. Report	Day	s Of Repair: 4		
		urvey No. of Trip:	2 Survey Fee:	
7/11 Typist : Final Report		and a	Z Transportation:	<b></b>
	Add Fee:	: Site Insp (\$	) \$ + R\$\$I	
	~~~ ~~~ ~~~			<u></u>
	granda a F	I. Intomicani /P		
		: Interview (\$	) Farros	
		Tech Invs (\$	) Others	
	)	=		

CO. REG. NO: 199402370D GST NO: M2-0123250-3

AUTO PTE LTD

# 金興(龔)汽車私人有限公司

160 Sin Ming Drive, #02-20, Sin Ming AutoCity, Singapore 575722 Tel: 6452 7018 Fax: 6458 3895

Email: service@kkimhin.com.sg

No. : 31817

Vehicle Insured: SME 4066 D Accident Date : 13-May-2021

Date: 18-May-2021

(CHINA) / QUEK Our Ref : 021194

PAGE: 1

HO YENG FANG (MR)

Singapore

Not Whaited

ESTIMATED COST OF REPAIR FOR TOYOTA RAIZE 1.0 XS CVT (2021) SMX7506G \_\_\_\_\_\_

rear bumper 1 pc

1 pc rear bumper lower nollar

8 pcs rear bumper lower clips(white) 12-1 pc o/s rear bumper outer garnish Pu-

o/s rear bumper parking sensor cm 1 pc

1 pc o/s rear bumper side retainer Jwx

12 pcs rear bumper clips rear end panel

rear end panel inner air ? 1 pc

grille o/s rear fender inner shield 14 X

4 pcs o/s rear fender inner shield No X clips

o/s rear fender wheel arch 1 pc garnish

> 0.00 Less 25% : 0.00

0.00

To remove, cut out damaged parts, panel beating, welding, align, refix and to renew affected parts.

600.00

To remove and refit reverse sensor assy.

60.00 50

To putty and respray on affected portions.

600.00 40el

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:

Con't Page 2 ...

CO. REG. NO: 199402370D GST NO: M2-0123250-3

### AUTO PTE LTD

# 金興(龔)汽車私人有限公司

160 Sin Ming Drive, #02-20, Sin Ming AutoCity, Singapore 575722 Tel: 6452 7018 Fax: 6458 3895 Email: service@kkimhin.com.sg

Vehicle Insured: SME 4066 D

Our Ref : 021194

Page: 2

No. : 31817

To apply undersealing

60.00

Total: S\$ 1,320.00

=========

Singapore Dollars One Thousand Three Hundred and Twenty Only

Note: Amount quoted above is subject to prevailing GST at time of tax invoice.

215E0005 / K. KIM HIN AUTO PTE LTD IRY DATE & TIME: 14/05/2021 21:03 (SGT) UBMITTED BY: Ng Meng Huat VERSION: 1 (14/05/2021 21:03 (SGT))

# **©** SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

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 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.

ACCIDEN	TSTATEMENT		
Date of Submission  Date of Accident  Exact Location of Accident  Additional Location Information  Country/State of Loss	14/05/2021 21:03 (SGT) 13/05/2021 15:50 (SGT) Singapore ANG MO KIO AVENUE 10 (T-JUNCTION WITH ANG MO KIO AVENUE 1) Singapore		
DETAILS OF	OWN VEHICLE		
Vehicle Registration Number	SMX7506G		
INSURED/POLICYHOLDER			
Is company? Name Of Registered Owner NRIC No Email Address Mobile Phone No Alternative Phone No	No HO YENG FANG SXXXX894B DIGITALLYSOLOMON@GMAIL.COM (Phone) +65-97666076 (Home) +65-97666076		
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?	Toyota RAIZE 1.0 XS CVT - No - Claiming third party		
ransmission	Private car Auto 996		
INSURANCE COMPANY	The state of the s		
lame of Insurance Company ype of Coverage leet Policy olicy Number over Note Number	AXA Insurance Pte Ltd Comprehensive No GA564146		

DRIVER

HO YENG FANG Name of Driver .....

Accident report SK0J215E0005

Page 1 of 13

### SKETCH PLAN

### 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 withholding of material facts may
- 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,
- 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.
- 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' 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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Driver's Signature (If driver is not the policyholder) / Date Sketch Plan

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