来發(明記)摩哆有限公司 LAI HUAT (MENG KEE) MOTOR PTE LTD

160 Sin Ming Drive #04-01, #04-02 & #07-03 Singapore 575722 Tel: 6453 8110 Fax: 6459 6267 GST No: M2-0128609-3 UEN: 199407592C

ESTIMATE

EST. No: EST0027408 Ministry Of Home Affairs

Page1 of 1

Your ref. TP-SHB 5678G MS FC

Attn:

Vehicle No ...: SMY 6129M Vehicle Model : Kia Cerato Accident on ...: 22/6/2021

Quantity Unit	Description	Unit price	Disc. pct.	Amount
	Supply of Parts:			
1.00 Pc	Rear bumper	651.40	10.00	586.26
	Labour & Misc:			
1.00	To dismantle + renew of part	250.00		250.00
1.00	To spray paint (including rear fender LH and front door pillar)	450.00		450.00

 Sub-Total
 1,286.26

 GST 7.00%
 90.04

 Total
 S\$ 1,376.30

本公司拥有最先进的 CAROLINER MARK IV 机械,可提供给多种款式的车身及给于快速与准确的测量方式和大铁修理。除外,还有先进的 SAICO Deluxe 喷漆烘炉。

"Our services include the latest and reliable CAROLINER MARK IV repair bench, draw-aligner and the support dolly system to provide accurate re-alignment and speedy repairs. We also provide the new and advanced SAICO Deluxe oven heater for re-spraying all motor vehicles."

SL03216M0004 / Lai Huat (Meng Kee) Motor Pte Ltd ENTRY DATE & TIME: 22/06/2021 18:01 (SGT) SUBMITTED BY: Jenny Lim VERSION: 1 (22/06/2021 18:01 (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 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 Submission 22/06/2021 18:01 (SGT) Date of Accident 22/06/2021 09:55 (SGT) **Exact Location of Accident** Cavenagh Rd, Singapore

Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMY6129M

INSURED/POLICYHOLDER

Is company? Yes

Name Of Registered Owner Ministry of Home Affairs Company Reg No TXXXXXX016D

Email Address ridwan1007@yahoo.com.sg Mobile Phone No (Phone) +65-97215982 Alternative Phone No +65-97215982

VEHICLE PARTICULARS

Manufacturer Kia Model Cerato 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

No - Claiming third party Private car

Auto 1591

Employment

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage Fleet Policy Policy Number Cover Note Number Tokio Marine Insurance Singapore Ltd

Comprehensive

No

21-MM000177-R00

DRIVER

Name of Driver NRIC No

Tok Teang Wan SXXXX394E



Date Of Birth Occupation

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? Was notice of intended Prosecution given?

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

Please refer to the attachment.

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera? Was there any audio recorded?

Yes

Yes No

23/03/1957

13/10/2006

14 YEARS AND 8 MONTHS

ridwan1007@yahoo.com.sg

Blk 309 Yishun Ring Road #06-1244

(Phone) +65-96894421

Outdoor

Male

760309

Employee

Side Swipe

Clear

Dry

No

No

Yes

2

Nο

Male

No

No

Mohammed Taufik

2

No

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Category

SHB5678G

Taxi

Accident report SL03216M0004

Page 2 of 10

Name of Driver NRIC No Contact Number Address

Address complement

Postcode

Insurance Company Name

Nature Of Damage

Details of property damaged in accident No. Of Passenger (Including Driver)

Lye Poh Wah SXXXX743D

Blk 507A Yishun Avenue 4 #03-100

761507

3

SKETCH PLAN

IMPORTANT NOTICE

- 1 Rease report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Formmust 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 allow insurance companies to repudiate policy liability.
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- 6. The report will be forwarded by the insurers of the GIA Records Management Centro established by the General Insurance Association. of Singapore (GM) 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)

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) wind have insured vehicle(s) involved in this accident (all risurer(s) wind 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 poice), 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;
- (ii) 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 historers' law yers/law firms, may/are permitted to collect, use, discrose 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 GA 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.

for Permanent Secretary Ministry of Home Affair

Singapore 5 Policyholder's Signature / Date &

2 2 JUN 2021

Driver's Signature (# driver is not the policyholder) / Date

& Time 2 2 JUN 2021

Sketch Plan

Witnessed by Jenny Lim

Refer to attachment.



Describe Circumstances of the Accident

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Enquire Vehicle Insurance DetailsVehicle No. Incident Date/Time Sean

Vehicle No. Incident Date/Time Search Status Insurance Company Code Insurance Company Name

SHB5678G 22 Jun 2021 / 09:55:00 Successful F03 MS FIRST CAPITAL INSURANCE LIMITED

Previous

ОК



Lai Mei Ling Deborah has successfully logged out. Your last login date and time was 22 Jun 2021, 12:05:49. To return to ONE.MOTORING, please click **here**

For security reasons, please **CLEAR YOUR CACHE** after each session.

Session Transaction History

S/No. ↓≟	Asset Type	Asset ID	Asset Owner ID	Transaction Type	Transaction Amount(S\$)	Log Date/Time
1	Vehicle	SHB5678G	-	18.32 Insurance Enquiry (GIRO Payment)	7.49	22 Jun 2021 / 12:06:37