ASS. REC. BY: Steve - CC4/L/	C 2.1008128/Eha3 1
	SIGNMENT
From: Gellmated Cost: OD //TP //WS/JP RES / OD RES / EVA / INV / MV	Veli No: SAL YI Regn:
To Inspect Vehicle No:	Make; 1 eyys E 5 250 c.e
el Workshop m/s	A/C: Insured / Std / Nt / N
	TIDAdini Insurad I Std I NI / N
Insured;	· Johnsaging
	Eng/No:
Policy No.	
Claims No.	Gen. Cond: Good /- Fair / Poor / Buth
Sum Insured: Excess:	Steerings in order / Jemmed / Looked / Burnt or
(Clioni's Record)	Breker Indred / Jammed / Leaked / Burnt or
Make of Veh;	Modi: NII I SIRIM I STO AIRIM OF
V :	Mod!: NII / S/Rim / STO ARIM C. Tyre Size: F: 235/45 R18
(Policy Cendillon)	R! (NICSULPIR / SUMI /
Remark: The veh had commenced its N/S? 10/S.	BS (DUNI EXNOVA / GY / FS / LIZA. / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO / YOKO or B
Bal. or Market Value:	Front Road
IDAC Accident Room: Consistent?: Yes or No	R/Bal, S i mm R/Bal.
SIA / PR Seen; Consistent? : Yes or No :	UBall S im mm
	D.O.A. 27/7/21
CSC Nepaus.	Flong Jen Moni
	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop of
CA / REV / REP. / 24 HRS Vehicle: IN/OUT	
Dale:Person Contacted:	The 'U/O / Chassis frame / Body Structure offected due to collision
Oate / Yims Acilon / Instruction	
· · · · · · · · · · · · · · · · · · ·	
ETHIRE, FRE, Rose Will Proll. Report Day	Survey Fee:
Final Report . Res	urvey No. of Trip:
z/Tuno, Füe Relum 107	9 - PS SI
Add Fee:	J: Site insp
	interview (5) Froise
excitationisti:	: Teoh. Inva "
ny Sum / LF. h. Ce]: Weel and 11:

Motor Claim Department Lonpac Insurance

300 Beach Road #17-04/07 The Concourse Singapore 199555

Repair Estimates Stere (LKK) Whe he 8322 8813 M BOL SY N3313H ISUZU 8 dyl

Emai: customer_sg@lonpac.com

Re: SMR638L, Lexus ES250 hit by YN3313H Isuzu Claim Type: Third Party

Date of Accident: 27 Jul 2021

Dear Sir / Madam

	and a montioned vehicle:			
Wea	are pleased to submit quotation for the repair of the above-mentioned vehicle: Part C	ost Lab	our Cost	2000
• 1	Labour Description	ş	2,240.00	1
	1 Remove, Refit Rear Damage Parts - incl:			
	Transfer Bootlid Fittings & Mechanism			
	Replace/Transfer Parking Sensors	-	280.00	50
	Transfer Rear Reverse Camera	\$		100
	2. Caulty Treatment on new parts	\$	420.00	100
	Remove and Refit Rear End Panel Lining and Garnish to			120
	facilitate repair 4 Remove and Refit Rear Windscreen Glass and Fuel Tank 6 Society Rear Fenders repair	\$	560.00	170
	A Remove and Refit Rear Windscreen Glass and Fuel Lank (//////)			V
	to facilate Rear Fenders repair	\$	1,400.00	<u>ک</u>
	5 Repair Both Rear Fender	\$	210.00	30
	5 Repair Bolli Real Fernance test	č	140.00	.50
	6 Conduct Water Seepage test	7	550.00	0
	7 Check Wiring, Realign Tailamp and ensure proper functioning	>	100 CO	
	8 Spray Painting Rear Floor Panel/Reinforcement	\$	2,200.00	1230
	9 Spray Painting Complete Rear			

	.9 Spray Painting Complete Real				
		Qty			
B)	Parts / RR	1	\$	1,030.70	
-,	1 Real Bulliper	1	\$	418.70	
	2 Rear Bumper Chrome Trim	1	\$	60.70	
	3 LH Reflector / UK	1	\$ \$	780.40	
	4 LH Rear Inner Lamp / SK	1	\$	850.70	
	5 LH Rear Outer Lamp / BR	2	\$	696.20	
	6 Rear Parking Sensor / Shark d	1	\$	818.70	
	7 Rear Boot / 00	8	\$ \$ \$ \$ \$ \$ \$	44.00	
	8 Carpet Cover Clip / All	1	\$	518.70	
	9 Rear End Panel	1	\$	75.70	
	10 Emblem "LEXUS"	1	\$	101.50	
	11 Emblem "ES250" / M/C	1	\$	90.40	
	12 Emblem "L" / 11C	1	\$	105.70	
	13 Panel Foam	1		214.70	
	14 End Panel Top Garnish	1	\$	680.40	
	15 Rear Floor Panel X K	1	\$	418.40	
	16 Rear Boot Chrome / JK	1	S	681.40	
	17 Rear Reinforcement	2	Ś	335.60	
	18 Luggage Compartment Hinge	1	\$	210.70	
	19 Rear Boot Rubber Seal	1	Ś	310.40	
	20 Rear Boot Plastic Panel	1	\$	90.40	
	21 Rear Boot Lock Striker	2	Ś	696.20	
	22 Luggage Compartment Spring	1	Ś	1,040.70	
	23 Rear Boot Top Cover / CKU / CKU	1	Ś	1,005.70	
	23 Rear Boot Top Cover / CRY 24 Rrear Bonnet Trim Carpet Cover (LH.) / CRY	8	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	44.00	
	25 Clip (LH) - 1986	1	\$	35.00	
	26 Number Platre Frame / [M]	1	\$	20.00	
	27 Number Plate / (1/7	-	•		

	A.		\$	11,375.70	\$	8,000.00
TOTAL:			Ť		\$	8,000.00
	Total Labour	•			Ś	11,375.70
	Total Parts				\$	19,375.70
	Plus 7% GST				\$	1,356.30
	Grand Total	·			\$	20,732.00

Should this repair requires any additional parts / labour, we will inform for permission and bill accordingly.

Yours sincerely,

Stephen Yeo

Mobile: +65 9720 0673 Email: stephenyeo@hongseh.com.sg

Hong Seh Motors Pte Ltd

Company Reg. No. 1982033200 10 Fourth Lok Yang Road Singapore 429707nowledged by Repairer tel +65 6266 1555 fax +65 6265 9595 ignature:

Date:

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts pinces 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

Page 1 of 1 30/7/2021 5.0 PM

4217R0004-01 / Ajax Mars Pte Ltd (RY DATE & TIME: 27/07/2021 22:27 (SGT) JBMITTED BY: Jun Keat /ERSION: 2 (28/07/2021 10:16 (SGT))



SINGAPORE ACCIDENT STATEMENT

1. Please report correctly the details of the accident to speed up the craims 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 the provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate the provided must be as truthful and accurate as possible.

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.

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 of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

27/07/2021 22:27 (SGT) Date of Submission 27/07/2021 08:45 (SGT) Date of Accident Kallang, Singapore Along Kallang Bahru, Entrance Towards CT hub **Exact Location of Accident** Additional Location Information Singapore Country/State of Loss

EDETAILS OF OWN VEHICLE

SMR638L Vehicle Registration Number

INSURED/POLICYHOLDER

Yes is company? HONG SEH MOTORS PTE LTD Name Of Registered Owner 1XXXXXX20D Company Reg No Ngyb2068@yahoo.com.sg **Email Address** (Phone) +65-97777073 Mobile Phone No (Office) +65-97777073 Alternative Phone No

VEHICLE PARTICULARS

Lexus Manufacturer Es250 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

INSURANCE COMPANY

AXA Insurance Pte Ltd Name of Insurance Company Type of Coverage Comprehensive Fleet Policy Yes Policy Number P2423040 Cover Note Number

DRIVER

CC

Name of Driver NRIC No

NG YEOW BOON SXXXX526J

Private hire

Private car

Auto

2500

No - Claiming third party



03/03/1973 Of Birth Indoor upation 30/12/1995 25 YEARS AND 7 MONTHS ate Of Driving Pass Priving experience (Phone) +65-87807323 Gender Mobile Number Ngyb2068@yahoo.com.sg Alt. Phone Number 27 Tampines Street 86 Email Address #01-23 Address 528570 Address complement No Postcode Is the driver the policyholder? Hirer If No, Relationship of the Driver with the Insured No 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 Collision - Head to Rear Type of Accident Weather Conditions Clear Dry Road Surface OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? No Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No DETAILS OF POLICE ACTION No Was the accident reported to the police? Was notice of intended Prosecution given? No If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

I was driving along Kallang Bahru. I signal and slow down to make a left turn towards CT hub. Suddenly vehicle B hit against my rear. My rear was badly damaged. I was given 1day MC and 3days light duty.

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

No

IDETAILS OF OTHER VEHICLE PROPERTY III

Vehicle Registration Number
Vehicle Manufacturer
Vehicle Model
Vehicle Variant
Vehicle Colour
Vehicle Category
Name of Driver
Contact Number
Address

YN3313H Isuzu Nhr85aue4a

Green

Commercial vehicle

NA

-

ass complement	
Acode	
Vature Of Damage	
Details of property damaged	I in accident
No. Of Passenger (Including	g Driver)

IIINJURED PERSONS DETAILS

INJURED 1

NG YEOW BOON Name of injured person 27 Tampines Street 86 Address #01-23 Address Complement 528570 Post Code Approximate Age Years Old Injuries Sustained SMR638L Injured person in which vehicle? Yes Were seat belts worn? Was this injured conveyed to hospital by ambulance? No

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
- 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
- 7. 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:

- 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:
 - (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' 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:
 - (i) 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.

Driver's Signature (If driver is not the policyholder) Date & Time:

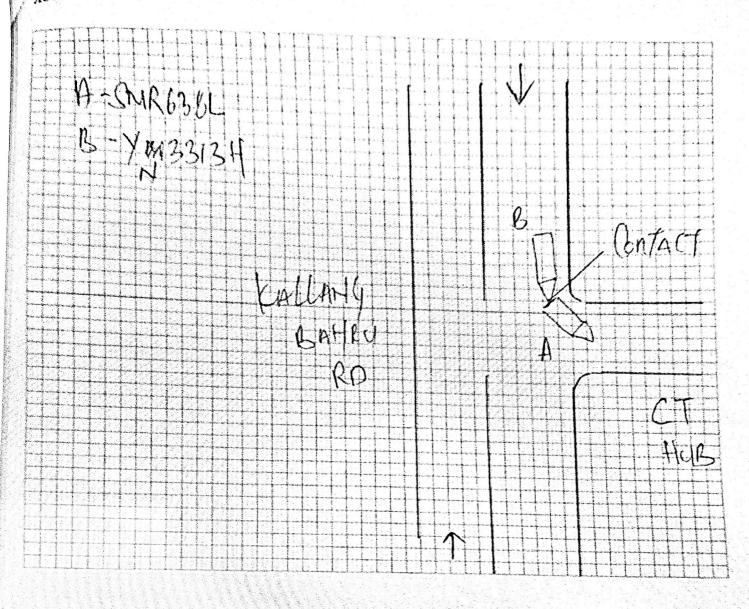
VERIFY BY AJAX MARS (ARC) REPORTING OFFICER MOHAMED SHARIL BIN SATAR

Reporting Centre Personnel's Signature NRIC/FIN No.

Policyholder's Signature Date & Time:

ACCIDENT DIAGRAM

Ver. 30042021



Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder) Date & Time:

VERIFIED BY AJAX MARS (ARC) REPORTING OFFICER MOHAMED SHARIL BIN SATAR

Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

KETCH PLAN	THIT :::::::			
REFER TO ATT	TACHED ACCIDENT DIA	GRAM		
	1			
DESCRIBE CIRCUMSTA	ANCES OF THE ACCIDENT	nt remaint i shoet amost om aktorio.	description of the second second	
I was driving all	ong Kallang Bahru. I si	ignal and slow do	wn to make a left	turn
towards CT hut	 Suddenly vehicle B I 	hit against my rea	r. My rear was b	adly
damaged. I was	s given 1day MC and 3	Bdays light duty.		
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DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder) Date & Time:

VERIFY BY AJAX MARS (ARC) REPORTING OFFICER MOHAMED SHARIL BIN SATAR

Reporting Centre Personnel's Signature NRIC/FIN No.: