From: Date: Veh No: Since 2383R Yr Regn: Difference Cost: Date: Veh No: Since 2383R Yr Regn: Difference Cost: Type: McCycle / Bus / Ven / Lorry / Taxi / Prime Mover / Truck / Trailer or Andrew / Andrew	ASS. REG. BY:	C3/EQI21008212/Ktc
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	Comp Commercial Commer	
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CITY AUTO PTE LTD

One Stop Automotive Solution BLK 8, SIN MING IND. ESTATE, #01-60/62, SIN MING ROAD, SINGAPORE 575643 TEL: 6453 1235, 6452 0850 FAX: 6453 7944

24hrs Towing Services Tet 9823 9898

Co. Reg. No.: 199503435C GST Reg. No.: M2-8920979-4

EQ INSURANCE COMPANY LIMITED

MAXWELL RD #17-00 SINGAPORE 069110

MND COMPLEX SINGAPORE 069110

Contact: -

Fax No.: 62243903

Not Nothaskel "
Merony After Paint

Estimate : QUOT202107-000937(00)

Date: 30/07/2021

Vehicle No.: SMG2383R Make/Model: AUDI A5 SB 2.0 TFSI S TRONIC

(DESIGN)

Mileage (km): 0

Chassis No.: WAUZZZF53KA012495 Accident Date: 28/07/2021 00:00:00

Claim No.: FBS3951L Reference: JO202107-1189 Policy No.: 5119972678

S/No	Particular	2 days	Quantit	y Unit Pr	rice A	Amount S\$
1 2 3	LIST ITEMS : Rear bumper Rear bumper chrome Rear bumper reflector RH		1.0 1.0 1.0	Bulns 1,850 925 285	.00 cm	1,850.00 — 925.00 — 285.00 X
	List Total : 10% Discount S\$				in the	3,060.00 306.00 2,754.00
in the second	LABOUR: -To knock jackout damaged parts, panel beating, welding, al refix and to renew accident parts - Spray painting on affected & replace parts	lign,	1.0 1.0	350 600		22d 350.00 25d 600.00
		ta en al la també				950.00

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:

E. & O.E.

Total S\$:

3,704.00

GST 7% S\$:

259.28

Amount Due S\$:

3,963,28

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

- 5. 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 the 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 Additional Location Information Country/State of Loss

30/07/2021 12:24 (SGT) 28/07/2021 14:00 (SGT) Singapore

SERVICE ROAD OFF NALLUR ROAD

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMG2383R

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner NRIC No

Email Address Mobile Phone No

Alternative Phone No.

No

TAN CHUAN HOW (CHEN CHUANHAO)

SXXXX249Z

chuanhow@singnet.com.sg (Phone) +65-98344370 +65-98344370

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

Audi

A5

No - Claiming third party

Private car

Auto 1984

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage Fleet Policy

Policy Number

NTUC Income Insurance Co-operative Ltd Comprehensive

No

5119972678

Cover Note Number

DRIVER

Name of Driver NRIC No

TAN CHUAN HOW (CHEN CHUANHAO) SXXXX249Z

Accident report SC1R217U0001

Page 1 of 15

IMPORTANT NOTICE

- Pease report <u>correctly</u> the details of the accident to speed up the claims process.
- 2 3 Sommest to completed by the Policyholder and or the Authorised Driver
- 3 Moreusen provided must be as truthful and accurate as possible. Any wiful misrepresentation or withholding of material facts may alter insurance companies to repudiate policy liability.
- 4. The same acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance PACALTICS
- 5 Any fable reporting may be referred to the Police for investigation
- 6. The report will be forw arded by the insurers of the CNA 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.
- T. By the bogement 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
- 5. Consent under the Personal Data Protection Act (PDPA)

Tunderstand, acknowledge, agree and consent that :

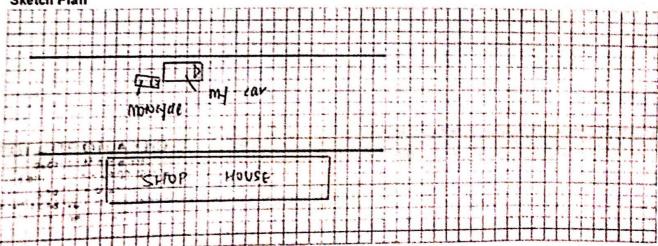
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and for process my personal data personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively 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 hisurers' taw yers/faw 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 chiers
- (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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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

CITY AUTO PTE LTD 8lk 8 Sin Ming Road -53/50/67 Sin Ming Ind Est Tel: 6453 7233 - (Claims Section)

Witnessed by Raporting Centre Personnel

Sketch Plan



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() Claim C	win policy Claim Ini	urany ()C	and Our IF at other workshop	() Reporting Only

Time

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &

Driver's Signature (if driver is not the policyholder) / Date & Time

CITY AUTO PTE LTD

Blk & Sin Ming Road

#01-58/60/62 Sin Pro Ind Est

Singapore 5 1843

Tel: 6453 1235/Fax: 6453 7944

(Claims Section)

Witnessed by Reporting Centre Personnel