SS1Y2196000L / SME MOTOR PTE LTD ENTRY DATE & TIME: 06/09/2021 17:15 (SGT) SUBMITTED BY: Chia Pol Ying VERSION: 1 (06/09/2021 17:15 (SGT))

SINGAPORE ACCIDENT STATEMENT

\$2 6 H 95 9

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
 This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>
 Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate 3, information provided must be as treated and account and account an experience policy liability on the part of the insurance companies.

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

ACCIDENT STATEMENT

Date of Submission Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

06/09/2021 17:15 (SGT) 05/09/2021 18:45 (SGT) Woodlands Ave 1, Singapore

Singapore

DETAILS OF OWN VEHICLE

venicle Registration Number

SMP5637S

INSURED/POLICYHOLDER

is company?

Name Of Registered Owner

Company Reg No

Email Address Mobile Phone No

Alternative Phone No.

Yes

(4.4) (4.4

GOBLIN GROUP PTE LTD

201921619G

wayne.chew@goblin.com.sg (Phone) +65-88899978

+65-88899978

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

N. 477 14 A

accident

Are you claiming under your own insurance policy for repair to

TO COMPANY DESCRIPTION OF THE PROPERTY OF

your vehicle? Vehicle Category

Transmission

CC

Shuttle

Honda

Private hire

No - Claiming third party

Private car

Auto

1500

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

Fleet Policy

Policy Number

Cover Note Number

India International Insurance Pte Ltd

ThirdPartyFireTheft

Nο

D21MFL0006401

DRIVER

Name of Driver

NRIC No

LIM CHUN PENG S18162841



https://ltalink.vrl.lta.gov.sg/lta/vrl/action/acknowledgeNewReg?Fl INCTION_ID=F010... 29/6/2015

No

Date Of Birth 09/05/1967 Occupation Outdoor **Date Of Driving Pass** 27/12/2006

Driving experience 14 YEARS AND 9 MONTHS

Gender

Mobile Number (Phone) +65-93370878

Alt. Phone Number Email Address wayne.chew@goblin.com,sg

Address BLK 588 WOODLANDS DRIVE 16 #02-12

Address complement Postcode 730588

is the driver the policyholder? No If No, Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? No 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 Collision - Head to Rear Weather Conditions Clear

Road Surface Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 2 Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? No Was any other vehicle or property demaged? Yes Number of Passengers (Including Driver)

3 Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance?

PASSENGER 1

Name UNKNOWN Gender Male плассиоси с

Name UNKNOWN Gender Female

JETAILS OF POLICE ACTION

Was the accident reported to the police? Yes

Police Station Name Traffic Police

Police Station Phone No. (Phone) +65-65470000 Alt. Police Station Phone No (Fax) +65-65474900

Police Station Address 10 Ubi Avenue 3 Singapore 408865

Was notice of intended Prosecution given?

If yes, against whom?

Please do not use the Back or Ferward buttons on your browser as this may aller the results of the transactions.

Copyright © 2015 LAT I Private of Use Terms of Use 1 Disclaimer I Rate the Website

Copyright © 2015 LAT I Private Of Use 1 Disclaimer I Rate the Website

Please read through the Privacy Statement, Terms of Use and Disclaimer.

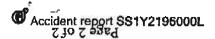
REFER TO POLICE REPORT: T/20210906/7017.

Lend Transport

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?

The Vehicle No. Retention Fee to \$1,200.00 will be retunded to No. Reteleiower. Please note that \$56,426.00 will be deducted from your GIROMecount.



DETAILS OF OTHER VEHICLE PROPERTY 1

SLN6104D

Vehicle Registration Number Vehicle Manufacturer

Vehicle Model Vehicle Variant Vehicle Colour

venicle Category

Name of Driver SHAIFUL BAHRIN BIN MMANMOD

NRIC No

Contact Number (Phone) +65-84987329 Address

Address complement

Postcode Insurance Company Name Nature Of Damage

Details of property damaged in accident VEHIÇLE B

No. Of Passenger (Including Driver)

INJURED PERSONS DETAILS

INJURED 1

Name of injured person LIM CHUN PENG

Gender Male Phone No Address Address Complement Post Code

Approximate Age Years Old Injuries Sustained

Injured person in which vehicle? SMP5637S Were seat belts wom? Yes No

Was this injured conveyed to hospital by ambulance?

SKETCH PLAN

SKETCH PLAN

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 Outhorised Oriver.
- 3. Information provided must be as truthful and accurate as passible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to regudiate policy liability.
- 4. The issue and accuptonce of this Form by insurance companies is not an admission of policy hability on the part of the insurance
- 5. Any false reporting may be referred to the Police for investigation.
- 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
- 7. By the ladgment 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 aforesold.
- Consent under the Personal Data Protection Act (PDPA)

tunderstand, 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' lavyers/Liw firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s)
 - (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;
 - (iil) carrying out and/or dealing with my instructions or responding to any enquiries by me:
 - (iv) administering my claims (including the moiling 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
- all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are perintten to collect, use, disclose and/or process my Personal Information for our or more of the above Purposes; and
- my Personal Information may/con be disclosed by any of the Insurers and/or GIA to their third party service providers or (c) ogents (including their lawyers/law firms), which may be sked outside of Singapore, for one or more of the above Purposes.
- my Personal information will also be collected and used to compile claims history for the purpose of froud detection. investigation and management in present and all future claims.
- the information so collected under (d) above may be shared / disclosed:
 - (i) to all mourers and/or any other third parties that assist in evaluating, investigating, controlling or manaping fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

(ii) for complying with requirements under any regulations, lows or court orders.

Driver's Signature (If driver is not the policyholder)

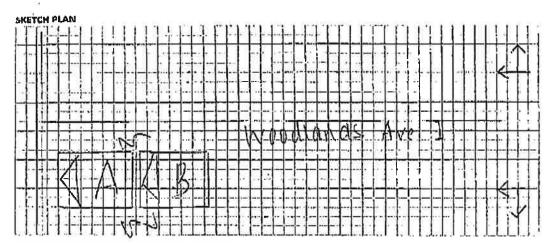
Date & Time: 6/9/21,

Reporting Centre Personnel's Signature Name:

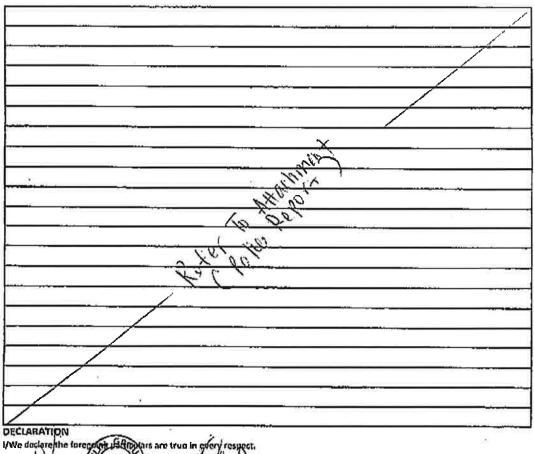
NRIC/FIN No.:

адучет хентинун оон үс

SKETCH PLAN #2



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT



GIARRYS SPEECHTERFORM V3

Old driver is not the policyholder)
Date & Time: 0 10 10 10 10

Reporting Centre Personnel's Signature
Name: District 2016 609712ms (2.6) (3)
NRIC/FIN NO.: | THEREBY AUTHORISES ME MICTOR PIE (

49X 98415084

SHIMAET VALIDINALIMACES (L.S.) UA

LO PEND PIA VCCIDENT BERGEL (O

LOCAL MITHERINE PIAS MICLORALE

SIGNATURE:





Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

T/20210906/7017

Report No. T/20210906/7017

REPORT OF A TRAFFIC ACCIDENT

06/09/2021 12:20			Vide Report No.:	Station Diary No.:	
Informant	's Partic	ulars	**************************************	or favor area of	
Name of Informant: LIM CHUN PENG			Address: 588 WOODLANDS DRIVE 10	6 #02-12 SINGAPORE 730588	
ID Type / ID No.: NRIC NO / S1816284I			Contact No.: Home/Office:	Mobile: 93370878	
Nationality: SINGAPORE CITIZEN		EN	Email: ALLEX8767@GMAIL.COM		
Sex: Male	Age; 54	Date of Birth: 09/05/1967	Type of Informant:		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: PRIVATE HIRE DRIVER		IVER	Driving Licence Information: Class: 3A	Date of Expiry: 27/12/2006	

General Infor	mation of the Acci	dent	-10	
Type of Accident:	Injury Others	Drink Drive; No	Date/Time of Accident: 05/09/2021 18:45	Type of Location: X-Junction
Location: WOODLAND	S AVENUE 1			
Weather: Clear	A A	Road Surface: Dry		ad Speed Limit: Km/h
Traffic Flow: Dual Carriage		Traffic Control: Traffic Light - Worki	Tra	affic Volume:
Type of Collis	ion; ′ AGAINST MOVIN	G VEHICLE		yone conveyed by bulance:

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLN6104D	Car	MAZDA	3	Blue	Slightly Damaged	0
SMP5637S	Car	HONDA	SHUTTLE HYBRID 1.5L	Red	Seriously Damaged	2





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20310006/7017

CONTINUATION OF REPORT

Details of Perso				2 2 7
Any Pedestrian I				
No. of Pedestriar	ns Injured; NIL	Use of Pe	destrian Cross	sing: NA
Driver				· Myanghan
Name	SHAIFUL BAHRIN BIN MMANMO	OD OC	ID No.	S7303290G
Related Vehicle	SLN6104D (Car)		Contact No.	84987329
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: 11/07/2012
Date	NIL	Date	NIL	
No. of Days gran	ted Medical Leave NIL	Degree of		
Driver			W	1.00
Name	LIM CHUN PENG	-	ID No.	S1816284I
Related Vehicle	SMP5637S (Car)		Contact No.	93370878
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3A Date of Expiry: 27/12/2006
Date	NIL	Date	NIL	
No. of Days grant	ed Medical Leave NIL	Degree of	Slight	· · · · · · · · · · · · · · · · · · ·

Brief Details.

On 5/9/2021, at about 6.40pm, i was driving my car SMP5637S (Honda Shuttle Hybrid) on Woodlands Avenue 1 towards Woodlands Ave 12. While approaching a X-Junction, traffic light was red and i had stopped the car waiting. While i was waiting stationary, suddenly i felt an impact on the rear and i realized a vehicle SLN6104D (Mazda 3) had collided onto my rear of my car. I felt pain on my neck, hand and leg which i believed it was caused by the impact and will proceed to see a doctor. I do have the video footage of the accident exceeding 2MB.







3 of 3

Report No. T/20210906/7017

CONTINUATION OF REPORT

Sketch Plan

NP168

Tel No: 65470000

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 06/09/2021 12:20
Officer In Charge Of Case: TP / TPIB / ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:

SJ0421960012 / JP Knights Pte Ltd SUBMITTED BY: Suria VERSION: 1 (06/09/2021 17:32 (SGT)

SINGAPORE ACCIDENT STATEMENT

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 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.

- 4. The issue and acceptance of this Polin by insulance companies is not an admission of policy flability of the part of the insulance 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 06/09/2021 17:32 (SGT) Date of Accident 05/09/2021 18:40 (SGT) Exact Location of Accident 187A Marsiling Rd, Singapore 731187 Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLN6104D

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner GRAB RENTALS PTE LTD

VEHICLE PARTICULARS

Manufacturer Mazda Model Variant Vehicle Category Private hire Transmission Auto 1496

INSURANCE COMPANY

Name of Insurance Company India International Insurance Pte Ltd Type of Coverage Comprehensive Fleet Policy Yes Policy Number D21MFL0000447 Cover Note Number

DRIVER

Name of Driver SHAIFUL BAHRIN BIN MAHMOD NRIC No Address BLK 970 HOUGANG STREET 91 #03-152 Address complement Postcode 530970 Does Driver Own Other Vehicles? No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Weather Conditions	Collision - Head to Rear Clear
OTHER INFORMATION	
Was any foreign vehicle involved in the accident? Was anybody injured in the Accident? Was any other vehicle or property damaged? Number of Passengers (Including Driver)	No No Yes 2
CIRCUMSTANCES OF ACCIDENT	

ON 05/09/2021 AT ABOUT 1840HRS I WAS DRIVING VEHICLE (A) SLN6104D ALONG WOODLANDS GROVE WITH ONE FEMALE PASSENGER.I WAS AT LEFT LANE AND SLOWING DOWN AT CONTROLLED JUNCTION OF WOODLANDS ST 31.I DID NOT REALISE TRAFFIC SIGNAL WAS RED AND MY VEHICLE REAR ENDED VEHICLE (B) SMP5637S.EXCHANGED PARTICULAR AND NO INJURIES AT POINT OF TIME.

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMP5637S

Vehicle Manufacturer
Vehicle Model
Vehicle Variant
Vehicle Colour
Vehicle Category Private car

Name of Driver
Insurance Company Name -

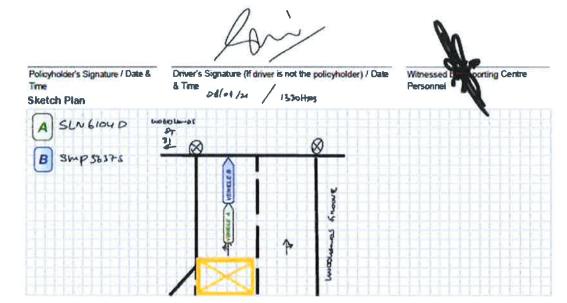
SKETCH PLAN

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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 w orkshop and the General Insurance Association of Singapore ("GtA") 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 insurers) 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;
- (ii) carrying out and/or dealing with my instructions or responding to any enquires 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.



Describe Circumstances of the Accident

ON 05/09/21 AT ABOUT 1840HRS I WAS DRIVING VEHICLE A SLN6104D ALONG WOODLANDS GROVE WITH ONE FEMALE PASSENGER. I WAS AT LEFT LANE AND SLOWING DOWN AT CONTROLLED JUNCTION OF WOODLANDS ST 31.I DID NOT REALISE TRAFFIC SIGNAL WAS RED AND MY VEHICLE REAR ENDED VEHICLE B SMP5637S. EXCHANGED PARTICULAR AND NO INJURIES AT POINT OF TIME.

Declaration

I/We declare the foregoing particulars are true in every peopect

Policyholder's Signature / Date & Time

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

oldern

(33-64

Witnessed by Reporting Centre Personnel



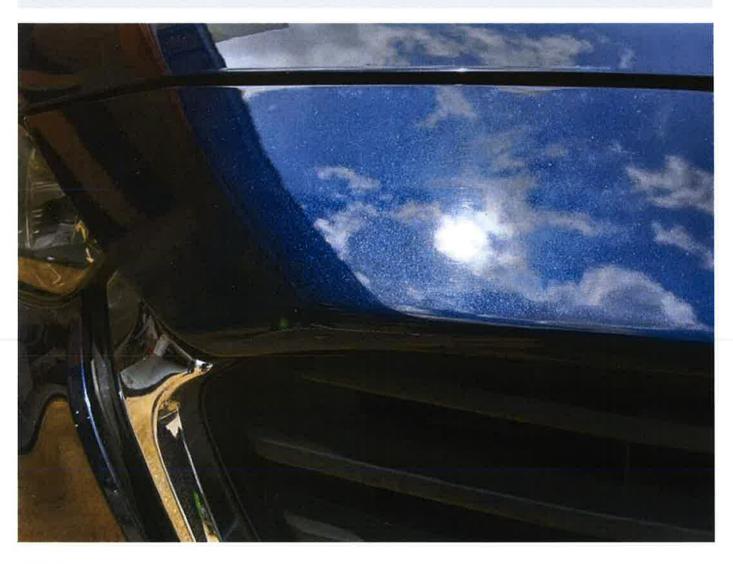


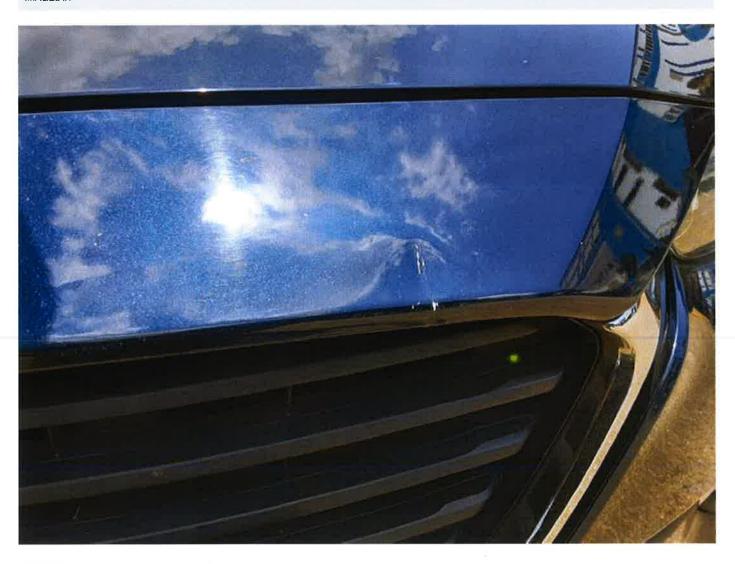




















Enquire Vehicle's Insurance Particulars

Enquire Vehicle's Insurance Particulars (As At 05 Sep 2021 / 18:45:00)

nicle Insuranc	e Details
Vehicle No.:	
SLN6104D	
Make Description/	'Model:
MAZDA / MAZI	DA3 SEDAN 1.5 AT EU6
Insurance Compan	y Name:
MSIG INSURAN	ICE (SINGAPORE) PTE LTD
Insurance Compan	y Name:
INDIA INT'L INS	S PTE LTD
Business Transacti	on Reference No.:
202109061446	51489052
Please retain the	e business transaction reference number for Enquire Vehicle Owner
Details (if requir	red).

Your search is displaying 2 records as there is an overlap in the period covered by the insurance policies. You may wish to contact the insurance companies for more information.

Save as PDF	OK →
Print	

1 KAKI BUKIT AVE 6 BLK C #01-56/55 SINGAPORE 417883

Tel: 67452088 Fax: 68412088 E-mail: bluwel2088@yahoo.com.sg

Co. Reg No.: 200811285G

Vehicle No

* SMP 5637 S

Make/Model # Honda Shuttle

Name

Goblin Group Pte Ltd

Address

c/o No.1 Kaki Bukit Ave 6

#01-53/55 AutoBay@ Kaki Bukit

Singapore 417883

QTY	ITEM	AMT (S\$)

Lump sum repair costs

\$

Date

.

5,700.00

15-Sep-21

Dollars: Five Thousand Seven Hundred Only



No. 1 Kaki Bukit Ave 6 #01-28 AutoBay @ Kaki Bukit Singapore 417883 Tel: 6748 6653 Fax: 67471017 Registration No: 200723252D

Invoice	Nο	21001	-09/MY
IIIVUICE	INO	21001	-03/1011

Billing Name & Address

Date

15 Sep 2021

Goblin Group Pte Ltd c/o No.1 Kaki Bukit Ave 6 #01-53/55 AutoBay@ Kaki Bukit Singapore 417883

Vehicle No : SMP 5637 S

Model: Honda Shuttle

Item	Descriptions	Amount S\$
1	Date of inspection: 7 Sep 2021 A copy of the inspection / survey report Correspondence, postages and etc.	
2	Photography Services - Develop photographs - Storage of digital photographs - Submission of photographs15 copies	
3	Transportation Charges	
4	2nd Inspection & Final Inspection To	stal <u>\$ 715.00</u>
	SDLS: SEVEN HUNDRED AND FIFTEEN ONLY	

Notes:

- 1. All cheque payment should be "Crossed" and made payable to "Mc-Coy Appraiser Pte. Ltd."
- 2. All cheque should have our "Invoice No." written on the reverse side of the cheque
- 3. For further enquiries on this invoice, please feel free to contact us

Official Stamp



No. 1 Kaki Bukit Ave 6 #01-28 AutoBay @ Kaki Bukit Singapore 417883 Tel: 6748 6653 Fax: 67471017 Registration No: 200723252D

Report Reference : TP / 21001-09/MY / 2021

Date of Report : 15 Sep 2021

Goblin Group Pte Ltd c/o No.1 Kaki Bukit Ave 6 #01-53/55 AutoBay@ Kaki Bukit Singapore 417883

THIRD PARTY SURVEY ACCIDENT HAPPENED ON

5 Sep 2021

Workshop Address Bluwel Rent-A-Car Pte Ltd

No.1 Kaki Bukit Ave 6

#01-53/55 AutoBay@ Kaki Bukit

Singapore 417883

As per your instruction dated **7 Sep 2021** carried out a physical inspection on the said vehicle our report and findings as follows:

with regard to the above matter. We have SMP 5637 S . We enclosed herewith

1. VEHICLE PARTICULARS

Registration No : SMP 5637 S Engine No : LEB7109269
Model : Honda Shuttle Mileage : 237024
Year / Capacity : 2019/1496 Colour : Red

Chassis No GP72007377

2. TYRES CONDITION

		<u>Size</u>	<u>Made</u>	<u>Balance</u>		Rim
FRONT O/S		185/60 R15	Frenza	5.00	mm	Normal
REAR O/S	:	185/60 R15	Falken	4.00	mm	Normal
FRONT N/S	<u>;</u>	185/60 R15	Frenza	5.00	mm	Normal
REAR N/S	12	185/60 R15	Falken	4.00	mm	Normal



No. 1 Kaki Bukit Ave 6 #01-28 AutoBay @ Kaki Bukit Singapore 417883 Tel: 6748 6653 Fax: 67471017 Registration No: 200723252D

3. DESCRIPTION OF DAMAGES

At the time of inspection, we noted that the vehicle has sustained an impact damages on the rear portion(s). For more detail of the damages, please see photograph attached.

4. Estimated normal period of repair : 7 working days to complete.

5. Enclosed number of photograph : <u>115</u> copies.

- 6. In accordance to your instruction, we have <u>Not Authorised</u> repair to the vehicle and the survey was done on a <u>"Without Prejudice"</u> basis. We hope that this report will be of assistance to you in dealing with the matter.
- 7. Should you discover any discrepancy in the report, please kindly notify us within 2 weeks, or the report will be treated as correct.

Disclaimer

The rates and assessment of damages as stated in this report is to be used solely for legal proceedings in relation to the surveyed vehicle and the accident in which the surveyed vehicle was involved in. The rates and assessment of damages must not be used in any circumstances for comparison with other vehicles and/or other accidents in other legal proceedings.

Vehicle No:

SMP 5637 S

Report No:

TP/ 21001-09/MY / 2021

SPARE PARTS

SPARI	PARIS					
Qty	Parts Description	Condition	 Workshop's Estimation		Our Revised Estimation	
	List Items					
1	Rear windscreen moulding	Necessary	\$ 95.60	\$	95.60	
1	Rear tailgate	Damage	\$ 1219.00	\$	1219.00	
2	Rear tailgate dampers	Intact	\$ 330.00	\$		
1	Rear tailgate inner board	Damage	\$ 320.00	\$	320.00	
2	Rear tailgate lamps	N/S Damage	\$ 828.00	\$	414.00	
1	Rear tailgate lock	Damage	\$ 126.50	\$	126.50	
1	Rear tailgate outer chrome moulding	Damage	\$ 383.00	\$	383.00	
1	Rear tailgate rubber	Damage	\$ 168.50	\$	168.50	
1	Rear tailgate 'SHUTTLE' emblem	Necessary	\$ 69.00	\$	69.00	
1	Rear tailgate 'HYBRID' emblem	Necessary	\$ 45.00	\$	45.00	
2	Rear taillamps	N/S Damage	\$ 1041.00	\$	520.50	
1	Rear end panel	Damage	\$ 560.80	\$	560.80	
1	Rear end panel inner garnish	Damage	\$ 155.50	\$	155.50	
1	Rear bumper	Damage	\$ 1072.50	\$	1072.50	
2	Rear bumper reflectors	N/S Damage	\$ 148.20	\$	74.10	
2	Rear bumper side retainers	Necessary	\$ 75.00	\$	75.00	
1	Rear bumper towing cover	Intact	\$ 25.00	\$		
1	Rear bumper reflector cover	Damage	\$ 33.20	\$	33,20	
1	Rear spare tyre tools tray	Damage	\$ 285.00	\$	285.00	
			\$ 6980.80	\$	5617.20	
	Discount	20.0%	\$ 1396.16	\$	1123.44	
			\$ 5584.64	\$	4493.76	
	Special Nett Items					
1	Rear windscreen sealant	Necessary	\$ 100.00	\$	60.00	
1	Rear tailgate logo	Necessary	\$ 50.00	\$	50.00	
1	Rear bumper clip (1 set)	Necessary	\$ 39.00	\$	39.00	
1	Rear number plate	Intact	\$ 50.00	\$		
1	Rear reverse sensor (1 set)	Damage	\$ 320.00	\$	280.00	
			\$ 559.00	\$	429.00	

Vehicle No:

SMP 5637 S

Report No:

TP/ 21001-09/MY / 2021

LABOUR COST

S/No	Job Descriptions		Workshop's Estimation		Our Revised Estimation	
	Spare Parts Total c/f	\$	6143.64	\$	4922.76	
1	To disconnect and reconnect, check electrical wiring, harness wires, sockets, replace damaged parts.	\$	70.00	\$	40.00	
2	To remove and refit inner trims, inner garnishes, to facilitate the repairs.	\$	180.00	\$	80.00	
3	To remove and refit rear bumper sensor.	\$	160.00	\$	80.00	
4	To remove and refit rear windscreen glass.	\$	180.00	\$	150.00	
5	To remove and replace the above damaged parts, straighten, knock out, realign and repair including cut and wield body panels. To re-adjust to the original position using power tools.	\$	1100.00	\$	880.00	
6	To spray paint on the replaced and repaired parts, prepare spray such as masking tape the unaffected areas with paper, cleaning and sanding of surfaces, final polishing and waxing are also available.	\$	1100.00	\$	880.00	
7	To apply undercoating on the repaired and replaced panels for rust protection.	\$	150.00	\$	90.00	
	Total	\$	9083.64	\$	7122.76	

The repairer has agreed to undertake the repair under a Lump Sum Basis. We have further adjusted the amount to a Lump Sum Repair Contract of:

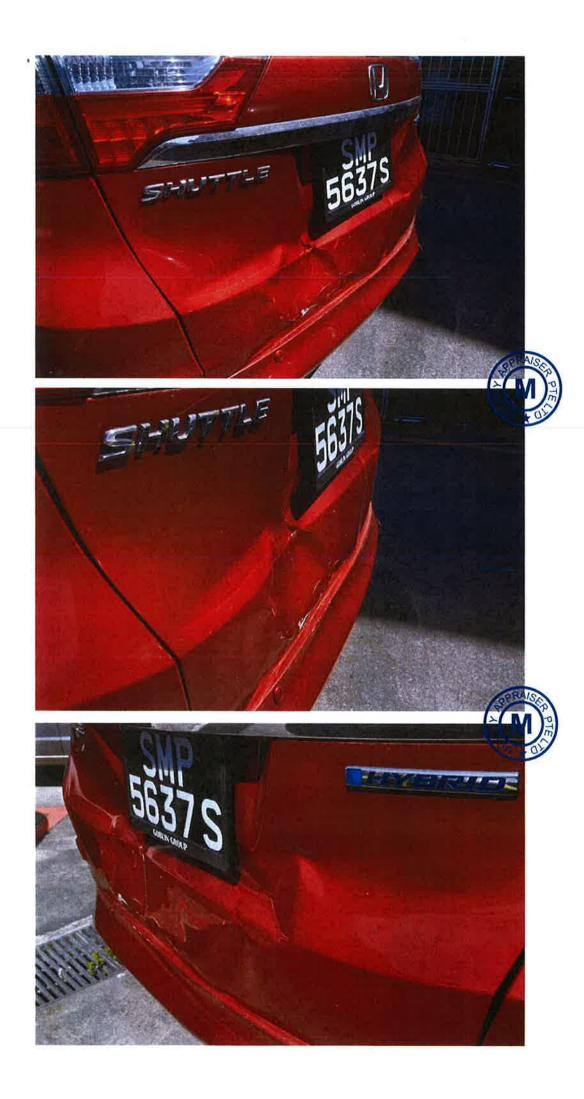
\$ 5700.00

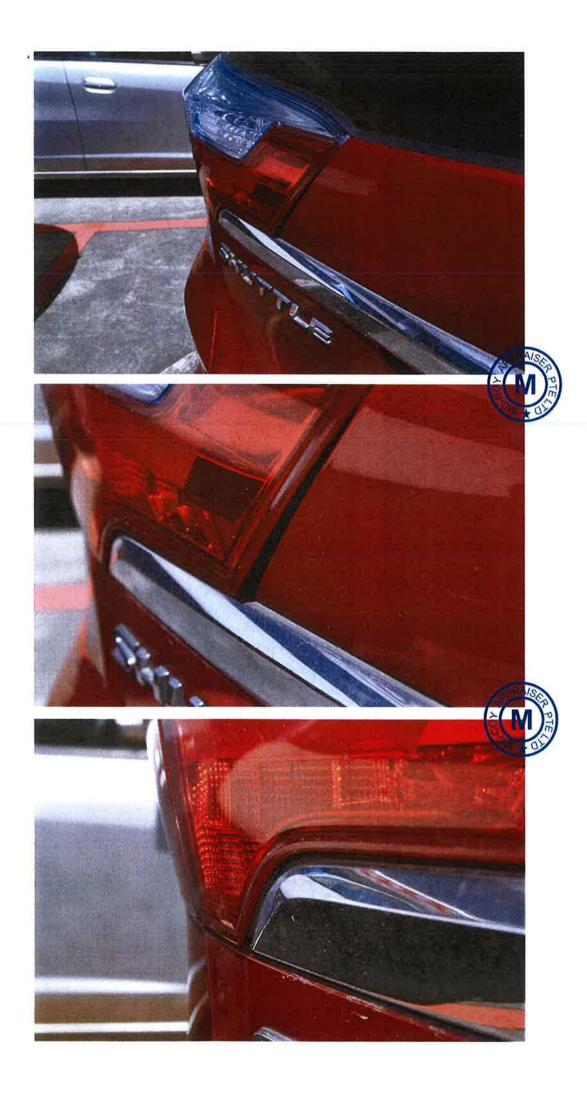
SDLS: FIVE THOUSAND SEVEN HUNDRED ONLY

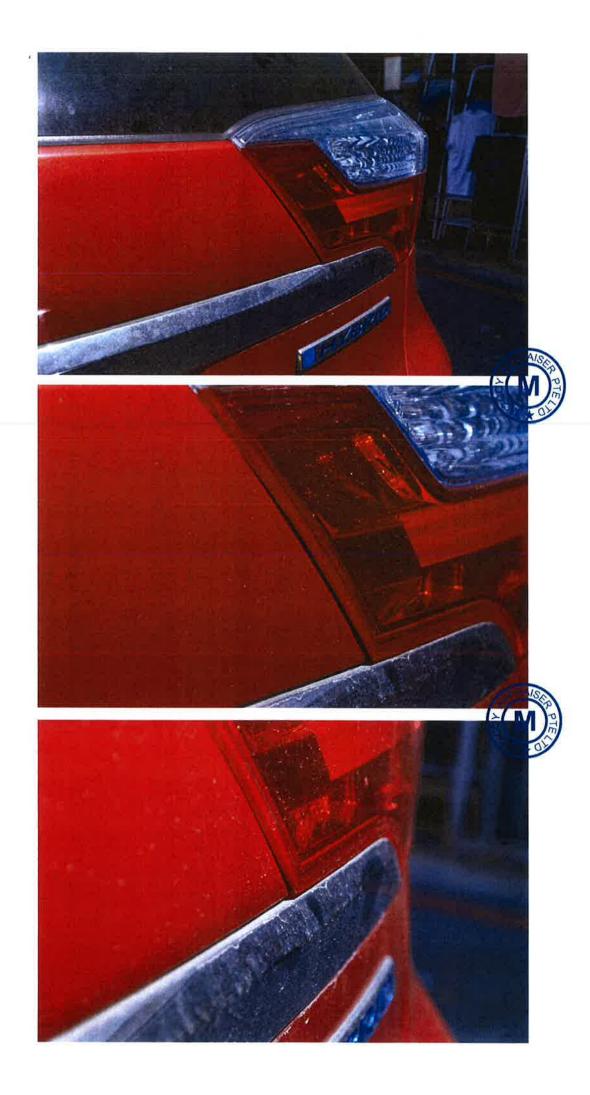
Qualified Appraiser

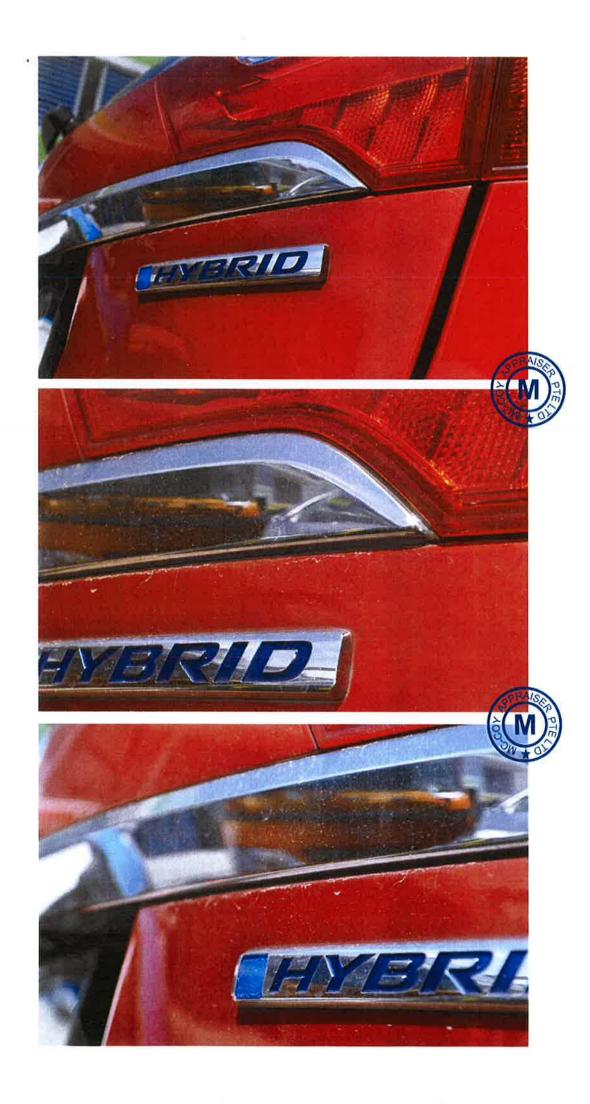




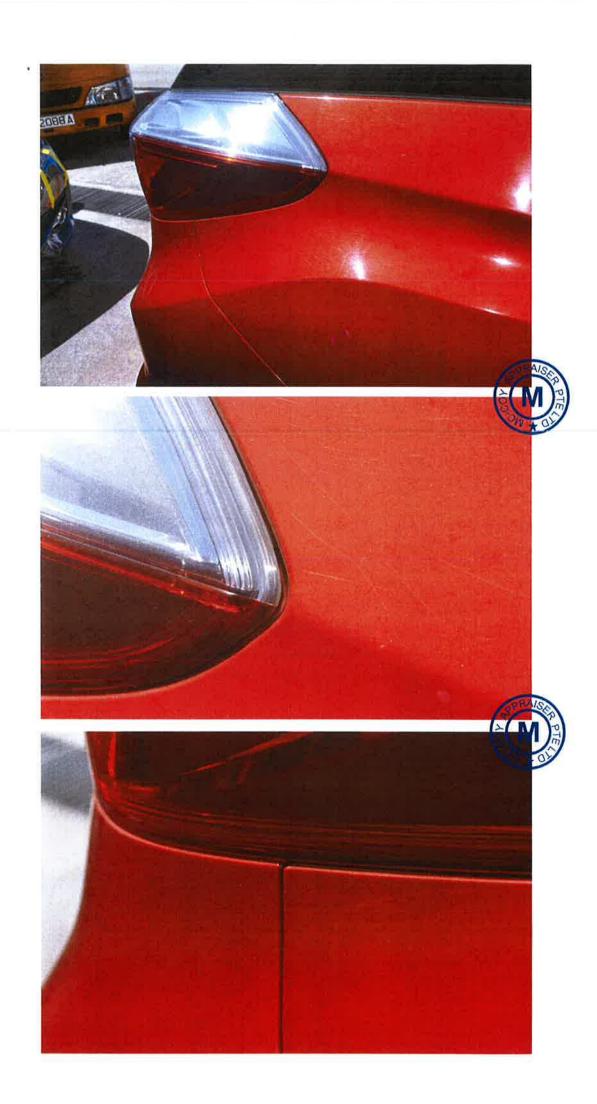












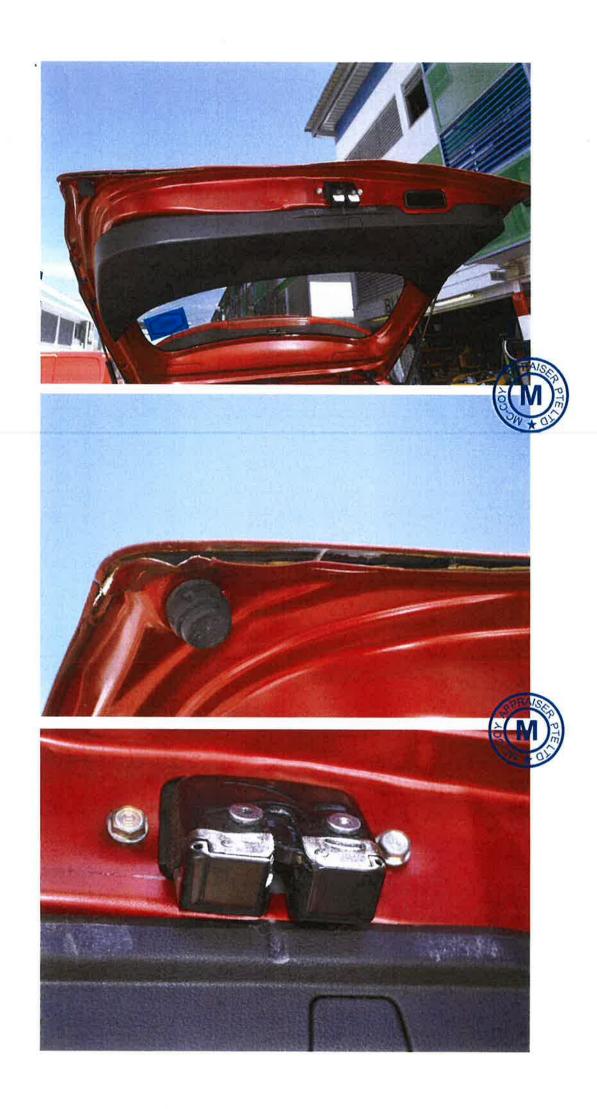


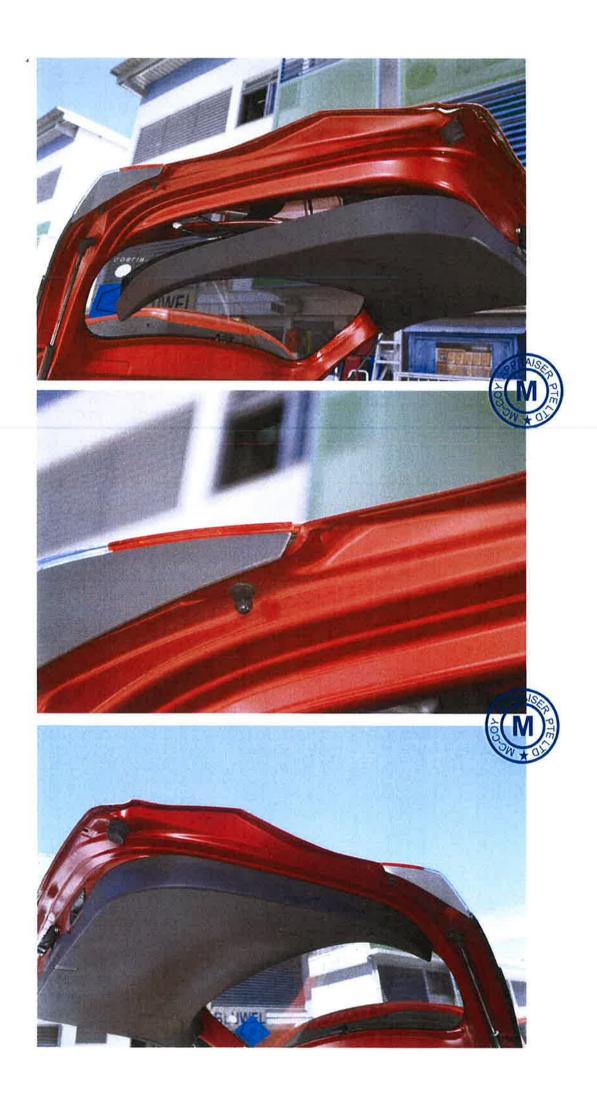


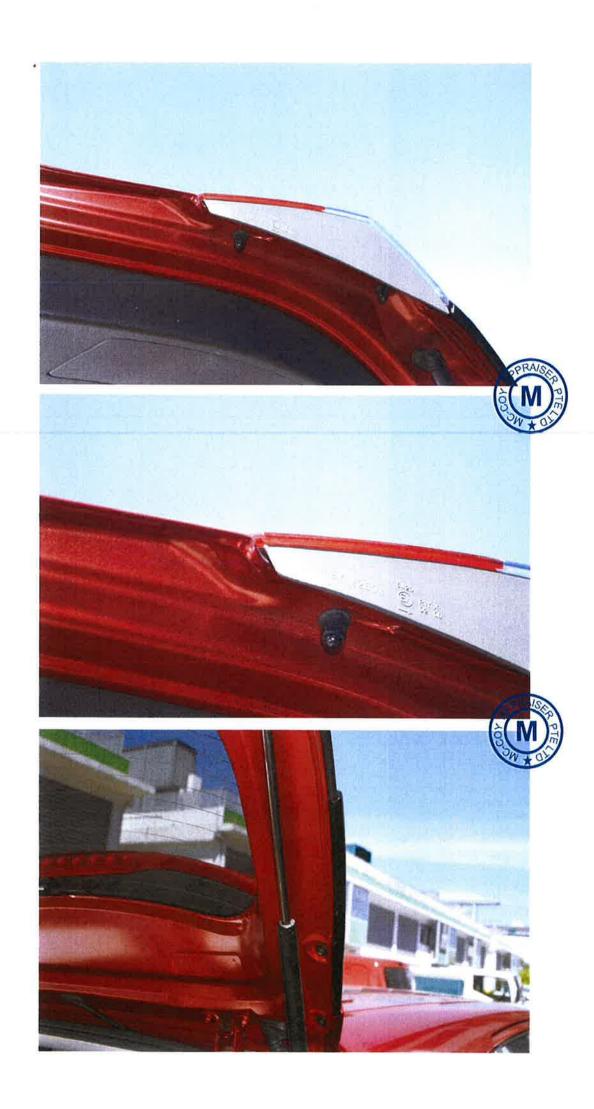




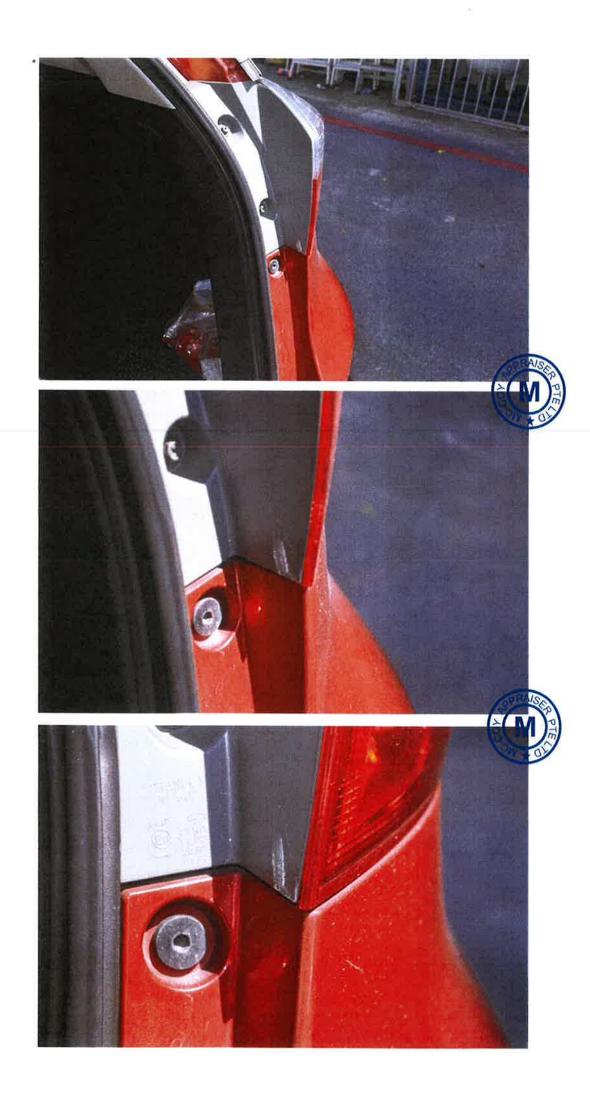


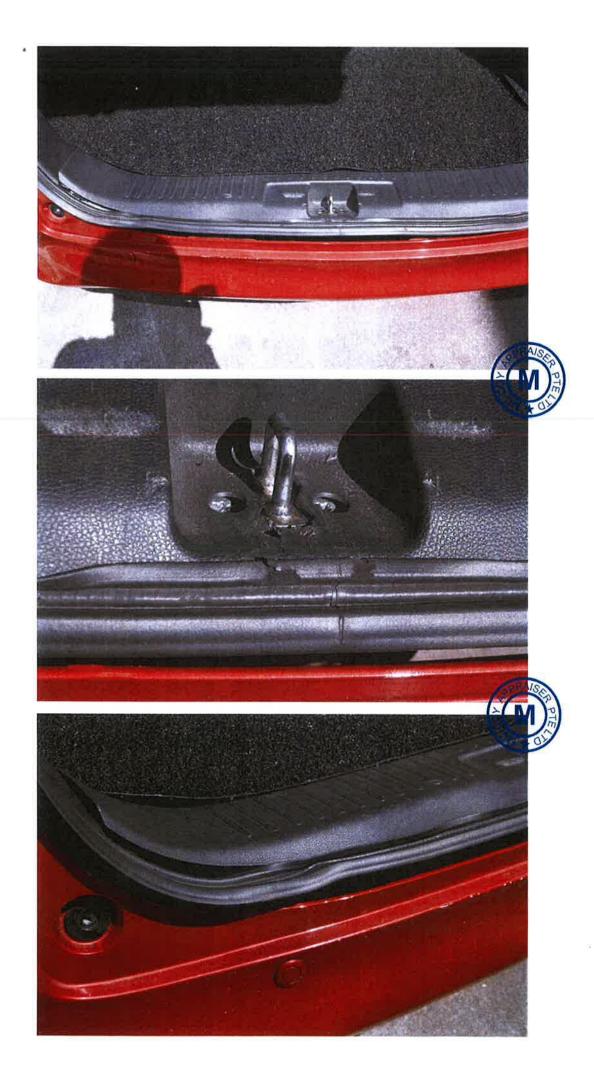






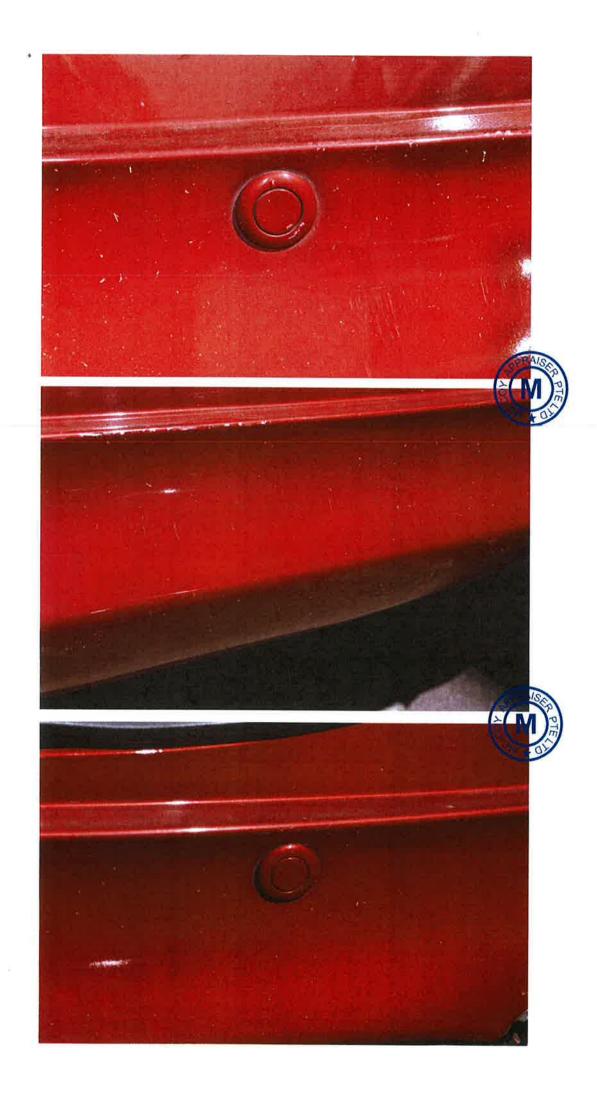


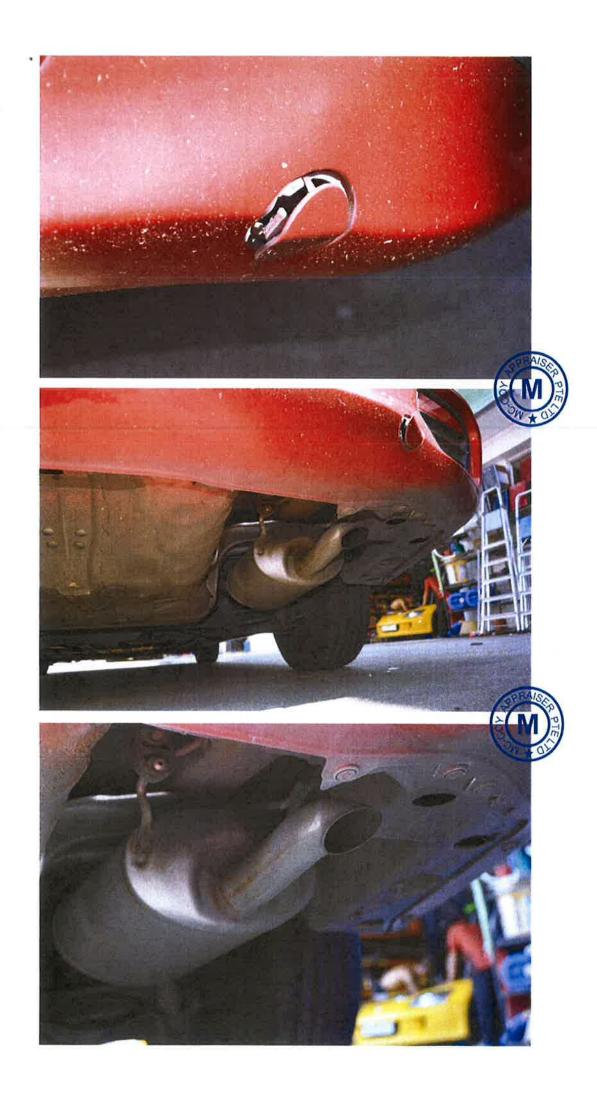


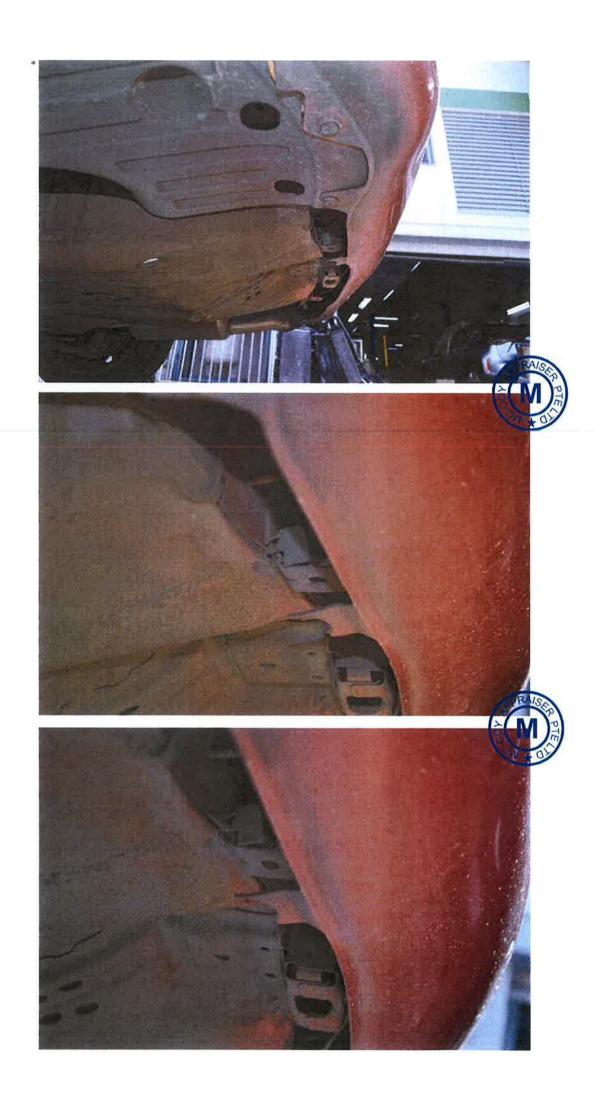






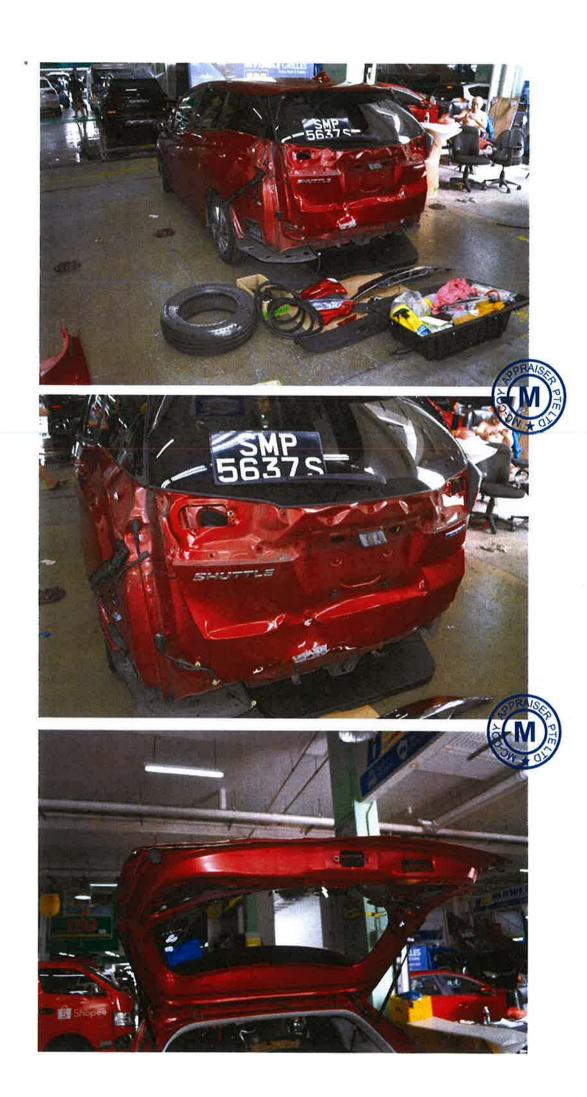




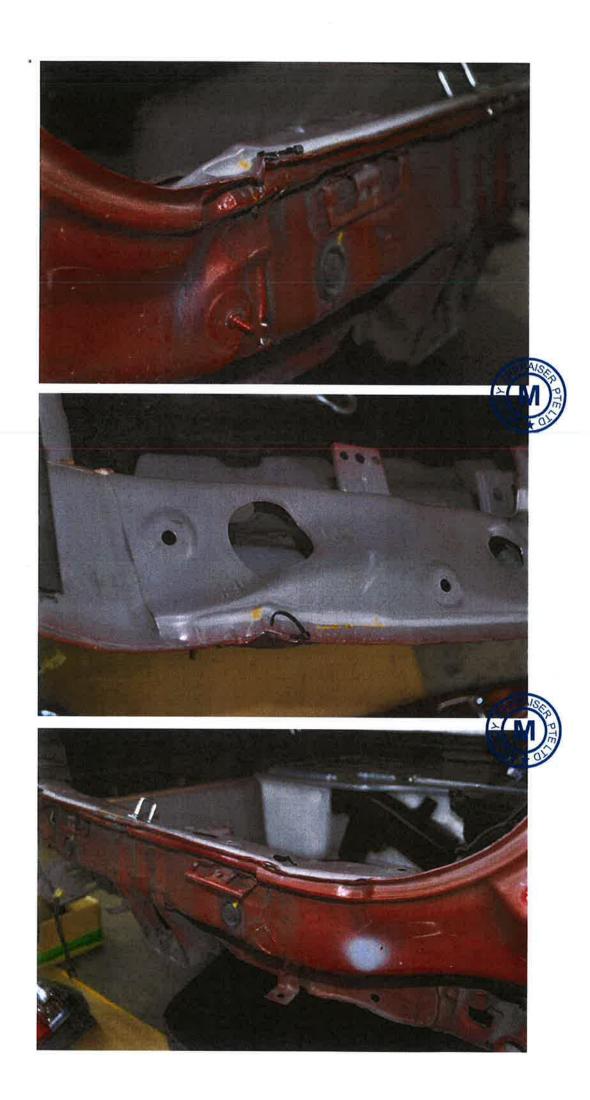


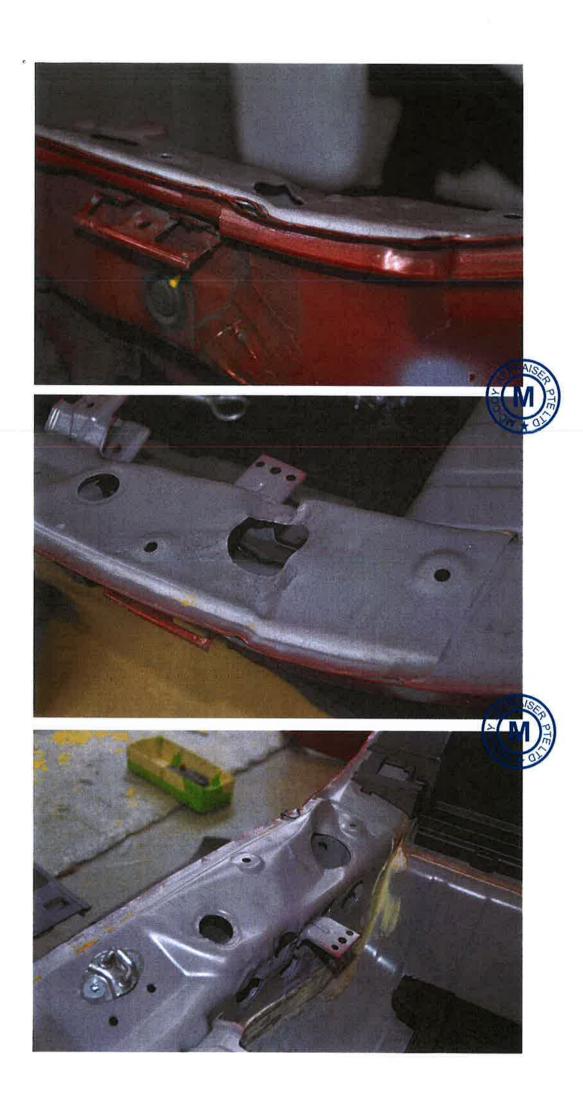


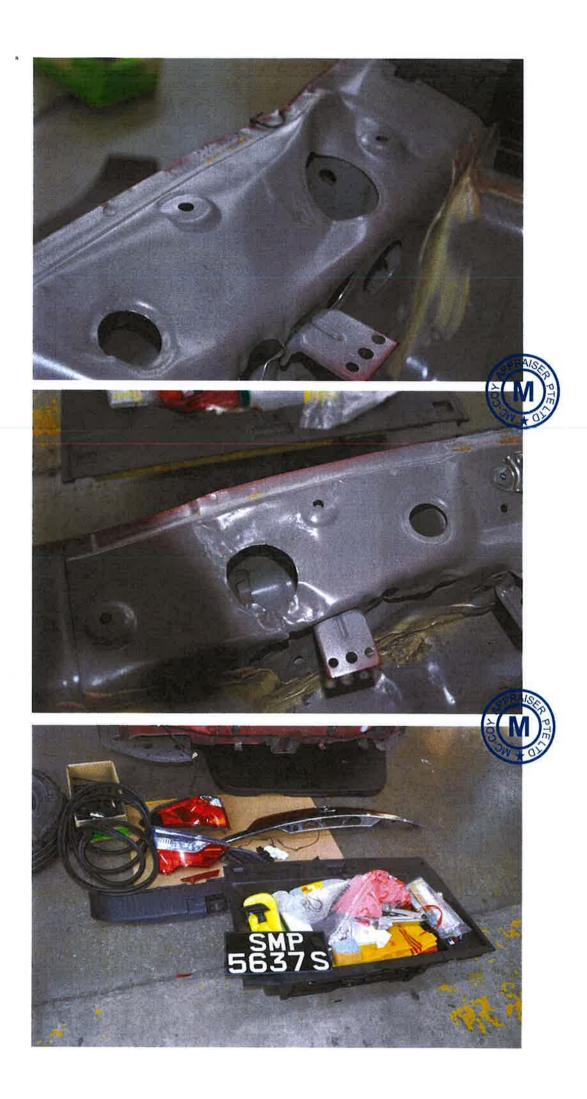






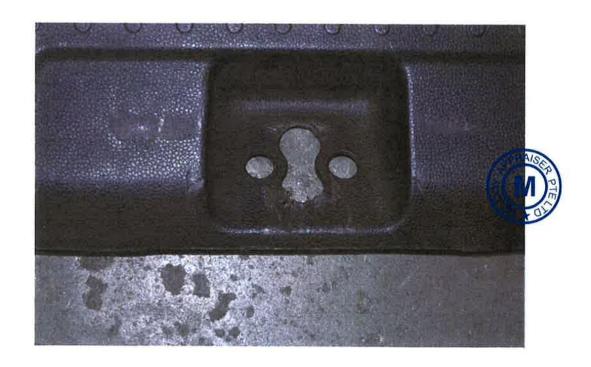










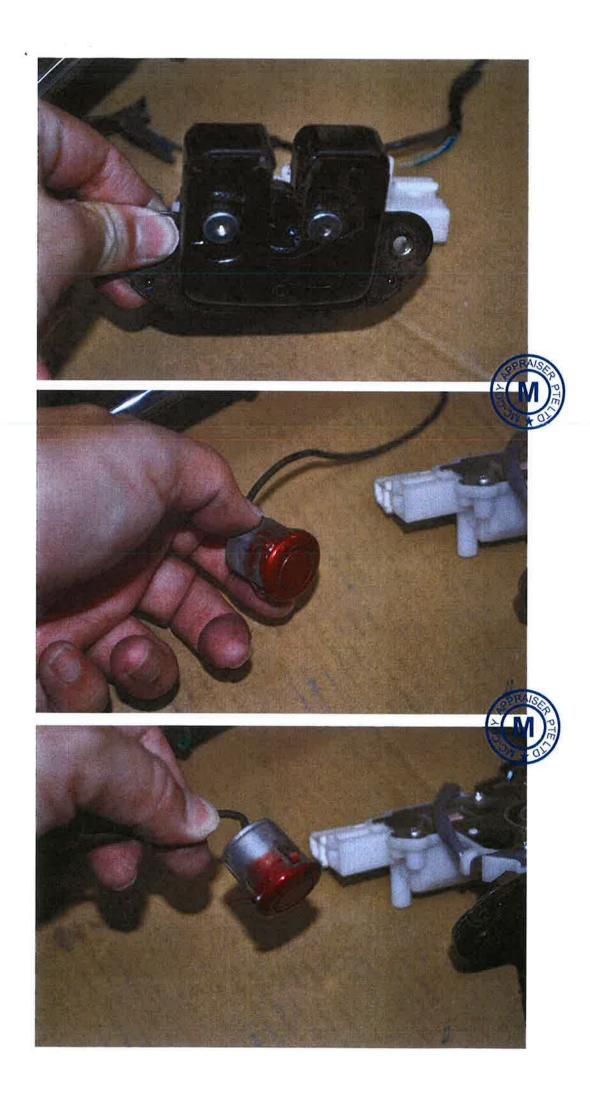






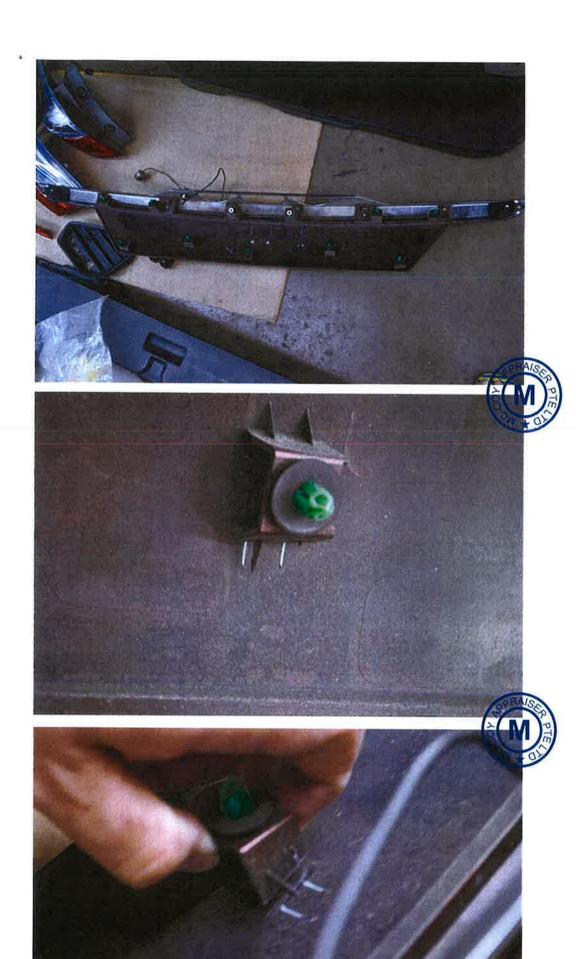






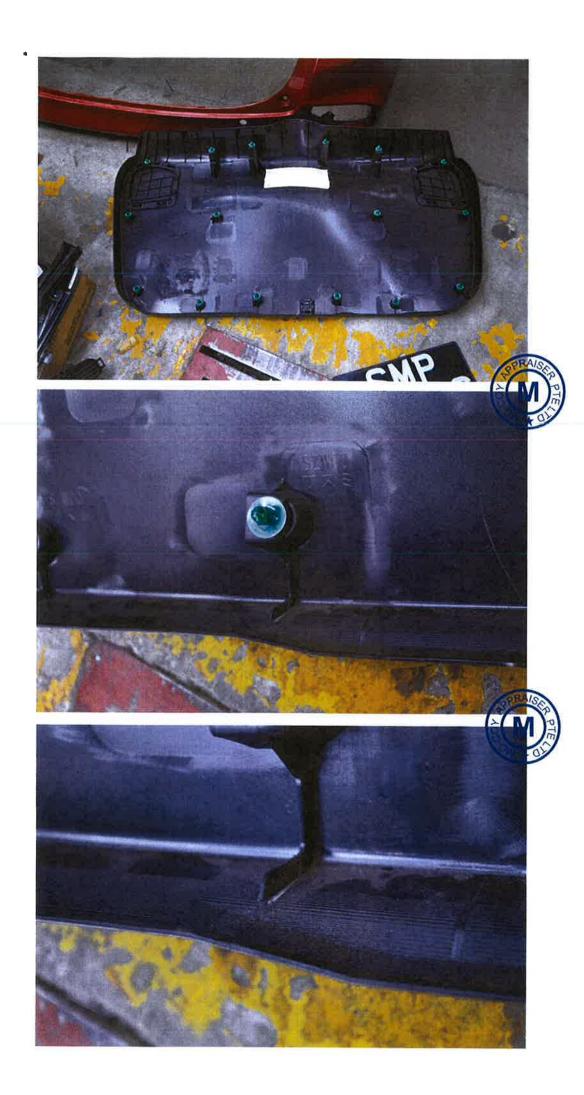


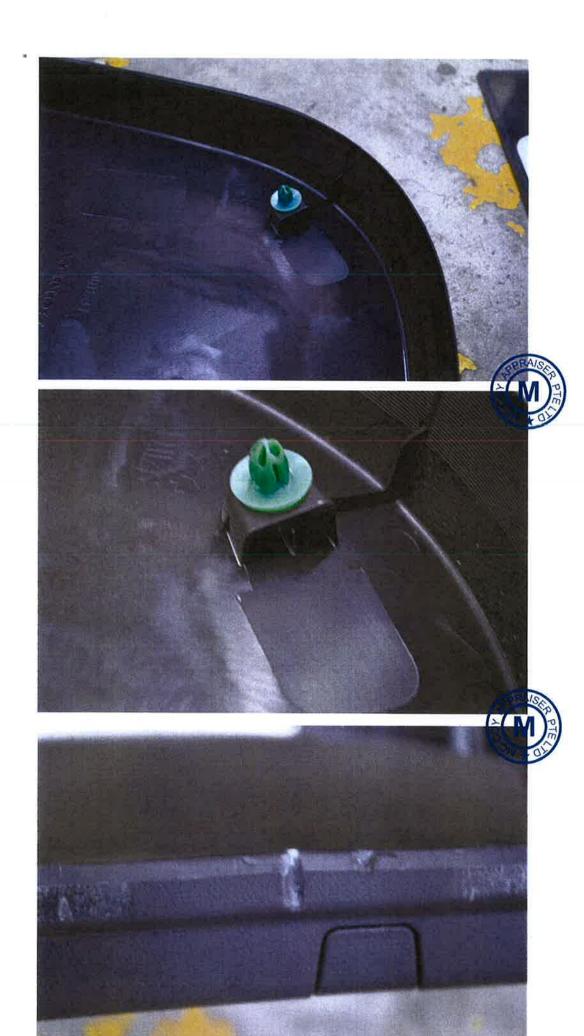






-di





















INDIA INTERNATIONAL INSURANCE PTE LTD

the large has directly their east dieg his Medical Colonia. والأراء ودر والمولي فيدي والمراشية فالأفراء والأساف إكارتها الملافي والمعارة والمراث الميد

through 1961 6.9476.100 — I must insurest contents.

Fig. 960 1962,96276 — Website managerous se

CERTIFICATE OF INSURANCE

GOTOR STIMETES (THREEPARTY RESES AND COMPLESATION) ACT (CHAPTER 199) GOTOR STIMETES (THREEPARTY RESES AND COMPLESATION) RELEAS 1966 BEACH TRANSPORT ACT (1967) MALAS NAC GROUNS STIMETES (THREEPARTY RESES) RELEA (1994) MALAS NAC)

All Accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

COVER: Third Party Fire & Theft CERTIFICATE NO.: D21MFL0006401 SMP\$637\$ 1. Index Mark and Registration Number of Vehicle Charak Na : CP72007377 2. Name of Policybolder GOBLIN GROUP PTE, LTD. 3 Effective date of lanurance : 25 Aug 2021 4. Explry date of Insurance : 27 Aug 2012

5. Persons or Classes of Persons entitled to drive.

Any person who is driving on the Policyholder's order or with his their permission

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle

Use for the carriage of passengers or goods in connection with the Policyholder's business or the birer's business Use for social, domestic, pleasure purposes and business purposes of the Poheyholder or of any person to whom the vehicle is hared

The Policy does not cover

(1) Use for energy pace-making, reliability trial, or speed-testing.

(2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

(3) Use for any purpose in connection with the Motor Trade

*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189 and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these bradings.

			The state of the s	
Excess Section II	SGD	1_500.00		
Hire Purchase Company	Has Yang	Credit Fir List		

FOR DRIVERS BETWEEN 22 AND 24 AND ABOVE 69 YEARS OLD, AN ADDITIONAL EXCESS OF \$2,200 - ON SECTION II WILL BE APPLICABLE.

THE POLICY DOES NOT COVER ANY DRIVER WHO IS BELOW 22 YEARS OLD OR WITH LESS THAN 2 YEARS DRIVING EXPERIENCE

PRIVATE HIRE SERVICE (USE FOR HIRE & REWARD) - GEOGRAPHICAL AREA: WITHIN 1916 REPUBLIC OF SINGAPORE ONLY

FOR SOCIAL DOMESTIC & LEISURE PURPOSES ONLY - GEOGRAPHICAL AREA; WITHIN SINGAPOR AND WEST MALAYSIA.

I We HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Rand Transport Act, 1987 (Malaysia).

Agent Biolize . A000099 LEE THEN HOCK Date of lastic 27 08/2021 15:23:11 M2406 Hire Car (U G)

For India International Insurance Fie Ltd.

Authorised Signatory

Tree

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Owner ID: Vehicle Details

Vehicle No.:

Vehicle to be Exported: Intended Deregistration Date:

Vehicle Make: Vehicle Model: Primary Colour: Manufacturing Year:

Engine No.: Chassis No.:

Maximum Power Output: Open Market Value: Original Registration Date: First Registration Date:

Transfer Count: Actual ARF Paid:

Intended PARF Rebate Details

PARF Eligibility:

PARF Eligibility Expiry Date:
PARF Rebate Amount

Intended COE Rébate Details

COE Expiry Date: COE Category:

COE Period(Years); QP Paid:

COE Rebate Amount: Total Rebate Amount:

The information contained herein is correct as at 06 Sep 2021

Company 619G

\$MP56375 No 06 Sep 2021 HONDA

Red

SHUTTLE HYBRID 1.5 AUTO

2018 LEB7109269 GP72007377 101.0 kW (135 bhp) \$22,662,00 30 Sep 2019

30 Sep 2019 30 Sep 2019

0

\$13,727.00

Yes 29 Sep 2029 \$10,295.00

29 Sep 2029

B - Car above 1600cc or 97kW (130bhp)

\$36,001.00 \$29,030.00 \$39,325.00



Amerjeet Singh has successfully logged out.

Your last login date and time was 06 Sep 2021, 14:46:09.

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::
1	Vehicle	SLN6104D	3	18.19 Enquire Veh Owner Info (Others) by Law Firm





GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00, Singapore 048580 Phone: +65 6224 0010 Fax: +65 6224 0030 Operating Hours: Monday to Friday 9am to 5pm GST Registration No: M400017735

TAX INVOICE

Date of Request: 08/09/2021

Your Ref No: bw

Dear Sir/Madam,

Date of Accident: 05/09/2021 00:00 (SGT)

Vehicle No: SMP5637S

Place of Accident: 187A Marsiling Rd, Singapore 731187

With reference to your application for the accident report, we have attached the following accident report as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)			
SLN6104D	187A Marsiling Rd, Singapore 731187	(29.00)	1	(27.10)			
GST Amount	Amount						
Total Amount Due (GS	otal Amount Due (GST Inclusive)						

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

Thank you.

This is a computer generated document and requires no signature.