T & B MOTOR REPAIRS SERVICES PTE LTD 160 SIN MING DRIVE #08-03 SIN MING AUTOCITY SINGAPORE 575722 ASS. REC. BY: Tel No. : 6458 0296 / 6454 8007 Fax No. : 6554 2640 E-Mail: tbmotor@hotmail.sg Kenneth Buss. Reg. No.: 199001597D WITHOUT PREJUDICE E KOH BOON CHIN 2 Estimate: ES003443 23 OLD UPPER THOMSON ROAD, SINGAPORE 576216 To Makemunt Chassis Eng#:

Accident Date:

Accident Date:

Reference:

4day, Policy No.: Date: 12/10/2021 Vehicle Num. : SLR5269Y Make/Model : TOYOTA AXIO अं Attention: Motor Claim Deportment d Accident Date : 08/10/2021 Policy No.: P10207089R02 S/N Quantity Particula **Unit Price** Amount S\$ 9 (M an 652.25 REAR LAMP LH 2. REAR BUMPER 1 860.50 L REAR BUMPER SIDE RETAINER LH 116.10 REAR BUMPER SIDE RETAINER RH 116.10 X 5 REAR END PANEL 958.70 6. REAR BUMPER REFLECTOR LH Fest 76.27 6 REAR BUMPER CLIPS Mr. 48.00 L Rat 8.00 REVERSE SENSOR - NEW 280.00 2041 EDA List Total SS: 3,107.92 GIA 25.00% Discount S\$: 776.98 2,330,94 Lum LABOUR: 1. SPRAY PAINT ANTI RUST COATING CA ~~ 120.00 X 2. CHECK & REPAIR WIRING 90.00 201 3. REMOVE & REFIX REAR BUMPER PARKING SENSOR Date 120.00 501 4. SPRAY PAINT ON ACCIDENT AFFECTED PORTIONS 900.00 500 5. REPLACE REAR LAMP, END PANEL, BUMPER, WELDING PANEL Da BEATING AND TEST WATER LEAKING 900.00 Labour Total SS: 2,130.00 SingDollars: Four Thousand Four Hundred Sixty & Cents Ninety-Four Only E. & O.E. Total SS: 4.460.94 ======== Oake/ for T & B MOTOR REPAIRS SERVICES PTE LTD LKK Auto Consultants hence notify the Repairer of the following: To resurvey before/after spray painting Outo/I To display damaged part(s) during resurvey 2) 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 Rer is subject to final approval from Insurance Company Lui Acknowledged by Repairer Signature: Date: SXXXX320Z Name of Driver Page 1 of 12 NRIC No Accident report ST0U21A80001

STOU21A80001 / TTS EUROCARS PTE LTD ENTRY DATE & TIME: 08/10/2021 18:10 (SGT) SUBMITTED BY: Kavi VERSION: 1 (08/10/2021 18:10 (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 3. Intermation provided must be as truthful and accurate as possible. Any willul misrepresentation of the insurance companies.

 1. The history and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

 2. The history and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

 3. The history and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

 4. The history and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

 5. The history and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

 6. The history and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

 6. The history and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

 6. The history and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

 6. The history and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

 6. The history and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

 6. The history and acceptance of the insurance companies.

 6. The history and acceptance of this Form by insurance companies.

 7. Set the history and acceptance of the insurance companies.

 7. Set the history and acceptance of the insurance companies.

 8. The history and acceptance of the insurance companies.

 8. The history and acceptance of the insurance companies.

 8. The history and acceptance of the insurance companies.

 8. The history and

ACCIDENT STATEMENT

Additional Location Information	08/10/2021 18:10 (SGT) 08/10/2021 11:30 (SGT) Near 1 Ang Mo Kio Street 21, Singapore 569383 JUNCTION OF ANG MO KIO AVE 3 & ANG MO KIO AVE 1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	 SLR5269Y
•	 01102001

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KOH BOON CHIN
NRIC No	SXXXX320Z
Email Address	mr.kog.bc@gmail.com
Mobile Phone No	(Phone) +65-97574618
Alternative Phone No	+65-97574618

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Axio
Variant	HYBRID
Exact purpose for which vehicle was being used at time of	
accident	Private use
Are you claiming under your own insurance policy for repair to	
your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	Auto & General Insurance (Singapore) Pte. Limited.
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	P10207089R02
Cover Note Number	-

DRIVER

Name of Driver	KOH BOON CHIN
NRIC No	SXXXX320Z



Page 1 of 12

B: 2HC 88684	TB.TA
	ANG MO
ANG IND GO AVE 3	

) HAT	O CONTRACTIONAL
1 (0)	STOPPED AT THE TUNCTIONS OF ANG MO 610
	o of mo inco file AUB 1 wantonic To Triphi
icau.	INIU AND MO CID AUE 1 . IITHEA! THE TRAFFIC
ron	C WENED GREEN. PLOCKEDED TO MAKE THE
RIGHT	TURN SLOWLY AS THERE WERE PEDESTRIANS
WAIT	TING TO CROSS THE ROAD. I STOPPED JUST
BEFOR	THE PEDESTRIAN CROSSING WHEN SUDDENLY
1 PI	ELT A BUMP TO THE BACK OF MY CAR. WE I
DA-PTE	O WAY TERIOR STREET OF THE CAKE BEET
TAI NAME OF	O MY VEHICLE FULTHER DOWN, THAT WAS WHEN I
Rotu	SED THAT A TAKI HAD FITT ME.
(4	M ABLE TO PROVOE A VIDEO OF THE ACCOUNT,
WHI	CH WAS PROVIDED BY THE DRIVER OF A CAR
THAT	T WAS BEHIND ME.
1 1	

DECLARATION

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

Policyholder's Signature Date & Time:

CARL Height after VI

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

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.: