

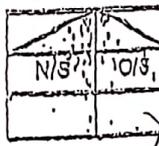
ASS. REC'D BY: Steve 11/11/18 CCG/CT121011825/ra3

ASSIGNMENT

From: (Date)
Estimated Cost:
To Inspect Vehicle No:
at Workshop/s:
Insured:
Policy No:
Claims No:
Sum Insured:
Make of Vehicle:

Vehicle No: SMF3738A
Type: M. Car
Make: Honda Jazz
Colour: Brown
Sp. Reading: 26999
Eng/No:
O/Nr: JHMGK38501X227153
Gen. Cond: Good
Steering: Inspected
Brakes: Inspected
Mod: III
Tyre Size: P1 175/55R15

(Policy Condition)
Remarks: The vehicle commenced its repair at the time of inspection.



Decl. or Market Value:
IDAC Accident Report: Consistent? Yes or No
SIA / PR Scam: Consistent? Yes or No
Est. Repair: days
Cum Sum: %
QA / REV / REP. / 24 HRS
Date: Person Contacted:

BY: DUN EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or
Front R/Wal: 4 mm
L/Wal: 4 mm
D.O.A.: 16/11/21
Survey held at: Automotive Repair Centre
Days of Damages: Front / Rear / O/S / H/S / U/C / Roof top or Rear RH.
The W/O / O/S / H/S / U/C / Body structure affected due to collision

Table with columns: Date / Time, Action / Instruction. Entry: 11/11/18, MV-67K

Final Report
Final Report

Table for 'Days of Repair' and 'Add Fees'. Includes rows for Site Insp, Interview, Tech. Invo, and VV&I/Invo. Also includes a 'Survey Fee' table with rows for Transport, etc.



Automotive Repair Centre Pte Ltd

CO. Reg. No. : 201312913C
GST Reg. No. : 201312913C

Estimate

48 Toh Guan Road East (Enterprise Hub)
#02-146, Singapore 608586
Tel: 64688834 Fax: 64622278
E-mail: info@automotiverepaircentre.com.sg

ESTIMATE NO. : EST2111-273-TG
DATE : 19-Nov-2021
POLICY NO. : P10462165R01
VEHICLE REG. NO. : SMF3738A
VEHICLE MAKE : HONDA JAZZ 1.3 CVT 2018

TO Motor Claim Department
China Taiping Insurance (Singapore) Pte. Ltd
3 Anson Road, #15-00 Springleaf Tower
Singapore 079909
Tel: 6389 6116, Fax: 6222 1033

FOR SURVEYOR

ESTIMATE REPAIR COST

| NO. | DESCRIPTION | QUANTITY | UNIT COST | TOTAL COST |
|-----------------------------|--|----------|-----------|--------------------|
| SPARE PARTS | | | | |
| 1 | Rear Bumper / CRU | 1 | \$ 880.00 | \$ 880.00 |
| 2 | Rear Bumper Clip / MC | 10 | \$ 3.00 | \$ 30.00 |
| 3 | Rear Bumper Retainer RH / DR | 1 | \$ 30.00 | \$ 30.00 |
| 4 | Rear Bumper Retainer LH X | 1 | \$ 30.00 | \$ 30.00 |
| Total Spare Parts | | | | \$ 970.00 |
| SPECIAL NETT | | | | |
| 6 | Reverse Sensor X | 2 | \$ 200.00 | \$ 400.00 |
| Total Special Nett | | | | \$ 400.00 |
| LABOUR | | | | |
| 7 | Spray painting Rear Bumper | 1 | \$ 300.00 | \$ 300.00 |
| 8 | Remove, Refit and Repair Accident-Affected Parts | 1 | \$ 300.00 | \$ 300.00 |
| 9 | Remove and Refit Rear Bumper Reverse Sensor | 2 | \$ 80.00 | \$ 160.00 |
| 10 | Check and Rectify Electrical Wiring | 1 | \$ 30.00 | \$ 30.00 |
| Total Labour | | | | \$ 790.00 |
| Amount Before Excess | | | | \$ 2,160.00 |
| Add GST @ 7% | | | | 151.20 |
| Total Amount Payable | | | | \$ 2,311.20 |

Estimate prepared by: RAZALI

The above is an estimate based on our inspection and does not cover any additional parts or labour which may be required after work has been started. Occasionally, worn or damaged parts are discovered which may not be evident on the first inspection. Because of this, the above price are not guaranteed. Quotation on parts and labour are current and subject to change.

200
200
30

Steve (LKK)
27/11/21, 11.30am

MC MC
4 days
R/S
By MC sy

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:

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 willful 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. 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 18/11/2021 16:32 (SGT)
Date of Accident 16/11/2021 15:30 (SGT)
Exact Location of Accident Near Nuh, Singapore
Additional Location Information Approaching the runabout towards low kent ridge road
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMF3738A

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LIM EU GENE
NRIC No SXXXX486G
Email Address rate1620@gmail.com
Mobile Phone No (Phone) +65-86111854
Alternative Phone No (Home) +65-86111854

VEHICLE PARTICULARS

Manufacturer Honda
Model Jazz
Variant -
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 1318

INSURANCE COMPANY

Name of Insurance Company Auto & General Insurance (Singapore) Pte. Limited.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number P10462165R01
Cover Note Number -

DRIVER

Name of Driver LIM KIAN HOE
NRIC No SXXXX620G

| | |
|--|------------------------|
| Date Of Birth | 14/07/1946 |
| Occupation | Indoor |
| Date Of Driving Pass | 16/12/2002 |
| Driving experience | 18 YEARS AND 11 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-98795103 |
| Alt. Phone Number | - |
| Email Address | rate1620@gmail.com |
| Address | 196E West Coast Road |
| Address complement | - |
| Postcode | 127380 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Parent |
| 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? | No |
| Was any injured conveyed to hospital by ambulance? | - |
| Was any other vehicle or property damaged? | Yes |
| Number of Passengers (Including Driver) | 2 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

PASSENGER 1

| | |
|--------|-------------|
| Name | LIM EU GENE |
| Gender | Male |

DETAILS OF POLICE ACTION

| | |
|---|----|
| Was the accident reported to the police? | No |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

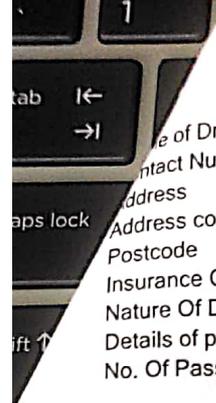
Refer Sketch Plan

ATTACHMENT(S)

| | |
|---|-----|
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera? | No |
| Was there any audio recorded? | No |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|--------------|
| Vehicle Registration Number | SKS9790M |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private hire |



Name of Driver -
Contact Number -
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

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.
3. Information provided must be as truthful and accurate as possible. Any willful 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 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)

I understand, 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) 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.

engoa
 Policyholder's Signature / Date & Time
 15/11/21 1530 HRS

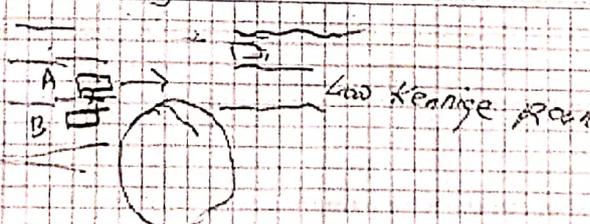
Lim KIAN HOE
 Driver's Signature (if driver is not the policyholder) / Date & Time

[Signature]
 Witnessed by Reporting Centre Personnel

Sketch Plan

A - SMF 3738 A

B - SKS 9790 M



Describe Circumstances of the Accident

On 16 Nov 2021 at around 3:30 p.m. I was on my way home from the Nuffield Medical Centre. When I approached the circle toward the Low Kentridge Road, I heard my car was knocked from behind. I noticed it was an ambulance. I stopped at the road side. I found my car rear right side had few scratches. The private ambulance, it has some few scratches on its left front side. The driver is ZULHADHU BIN ZAINAL. This ambulance NO: SKS 9780 P.M.

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time
18/11/21 15:30 HRS


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


Witnessed by Reporting Centre Personnel