ALAN'S UNITED AUTO PTE. LTD.

Block 7, Sin Ming Industrial Estate, #01-76, Singapore 575642.

Tel: 6453 8686 (3 Lines) Fax: 6459 6550

Company Reg. No.: 201113667N

GST Reg. No.: 201113667N

No.: 06489

Vehicle Insured : SLN1245M

Accident Date : 21-Nov-2021

Date: 22-Nov-2021

Our Ref : 021172 (AUTO & GEN) / SHIJIE

PAGE: 1

LIU HONGWEI

11 SERANGOON AVE 2

#11-33

Singapore 556135

ESTIMATED COST OF REPAIR FOR TOYOTA ALTIS SKR4343J

2 I I I I I I I I I I I I I I I I I I I	oc ocs ocs ocs	Rear bumper Rear bumper retainer LH Rear bumper retainer RH Rear bumper reflector Parking sensors Rear bumper reinforcement Rer end panel End panel top garnish Bootlid striker lock cover Antenna sensor Spare tyre floor panel Spare tyre floor board Bootlid Bootlid chrome moulding Bootlid hinge LH Bootlid reflector LH Bootlid reflector RH	@	S\$ 63.40 S\$250.00	520.56 111.24 111.24 126.80 500.00 413.32 628.24 247.97 63.18 187.60 849.85 274.32 707.40 250.02 72.25 72.25 358.45 358.45
722	pc	Toyota logo			62.96 43.20
100	рс	"COROLLA" emblem			48.92
	pc	"ALTIS" emblem Bootlid inner trim			373.46
	pc	Bootlid lock			409.54
- X	pc pc	Bootlid locker striker			19.44
0.30	pc	Bootlid weatherstrip			179.71
		Tail lamp		S\$423.25	846.50
		Tail lamp gasket		S\$ 28.08	56.16
		Tail lamp panel	@	S\$129.60	259.20
					8,152.23
			T.	ess 25% :	2,038.06

6,114.17

Con't Page 2 ...

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Vehicle Insured : SLN1245M Page : 2

60.00 sn 1 pc Rear number plate with casing To remove, cut-out damaged parts, panel beating, welding, align, 1,200.00 refix and to renew above parts 1,000.00 To putty and spray replaced parts 60.00 To apply undersealing 50.00 To remove trims and boards 50.00 To remove and renew parking sensors 60.00 To rewire damaged parts

S\$ 8,594.17

=========

Total:

Singapore Dollars Eight Thousand Five Hundred and Ninety Four and Cents Seventeen Only

SA0W21BM0002 / ALAN'S UNITED AUTO PTE LTD ENTRY DATE & TIME: 22/11/2021 12:11 (SGT) SUBMITTED BY: KHONG SHI JIE VERSION: 1 (22/11/2021 12:11 (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.

 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 22/11/2021 12:11 (SGT) Date of Accident 21/11/2021 10:30 (SGT) xact Location of Accident Singapore dditional Location Information UPPER SERANGOON RD TOWARDS SERANGOON AVE 2 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Private use

Vehicle Registration Number SKR4343J

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner LIU HONGWEI NRIC No SXXXX982J **Email Address** HONGWEI.LIU2@GMAIL.COM Mobile Phone No (Phone) +65-93601378

Alternative Phone No +65-93601378

VEHICLE PARTICULARS

anufacturer Toyota Model Corolla Variant ALTIS 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?

No - Claiming third party Vehicle Category Private car Transmission Auto CC 1598

INSURANCE COMPANY

Name of Insurance Company EQ Insurance Company Ltd Type of Coverage Comprehensive Fleet Policy No Policy Number DMPPHQ21-001154

Cover Note Number

DRIVER

Name of Driver LIU HONGWEI NRIC No SXXXX982J

Date Of Birth 11/10/1966 Occupation Indoor Date Of Driving Pass 20/09/2005 Driving experience 16 YEARS AND 2 MONTHS Gender Mobile Number (Phone) +65-93601378 Alt. Phone Number +65-93601378 Email Address HONGWEI.LIU2@GMAIL.COM Address 11 SERANGOON AVE 2 #11-33 Address complement Postcode 556135 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured 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 oad 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No PASSENGER 1 Name LIU LI YEI Gender Female **DETAILS OF POLICE ACTION** Was the accident reported to the police? No as notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO 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 SLN1245M Vehicle Manufacturer Mazda Vehicle Model 3

Private car

Vehicle Variant Vehicle Colour Vehicle Category

Name of Driver	UDANYAN JOSH
Contact Number	
Address	:
Address complement	-
Postcode	
Insurance Company Name	
Nature Of Damage	
Details of property damaged in accident	(1000) (1000)
No. Of Passenger (Including Driver)	120

SKETCH PLAN

IMPORTANT NOTICE

- 1. Rease report correctly the details of the accident to speed up the claims process.
- 2. This Formmust 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 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)

Lunderstand, 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' 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;
- (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' 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 lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date 8 Driver's Signature (if driver is not the policyholder) / Date Time 22/11/21 11:30 ANS Time Sketch Plan 1/00/21 Secondary 2004 2004

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Declaration

VWe declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

22/11/2021

11:50 AM.

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

Witnessed by Reporting Centre Personnel

EQ Insurance Company Limited

5 Maxwell Road #17-00 Tower Block MND Complex Singapore 069110 tel 65 6223 9433 | fax 65 6224 3903 | www.eqinsurance.com.sg reg no. 1978-00490-N



CERTIFICATE OF INSURANCE

ROAD TRANSPORT ACT 1987 (MALAYSIA)

THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1959 (FEDERATION OF MALAYSIA)
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP.189 OF THE REVISED EDITION)
(REPUBLIC OF SINGAPORE)

THE MOTOR VEHICLES(THIRD-PARTY RISKS AND COMPENSATION) RULES 1996 EDITION(REPUBLIC OF SINGAPORE)
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF

PRIVATE CAR Comprehensive Classic

Certificate No.: DMPPHQ21-001154

Classic Plan - EQ Authorised Workshop Only

Form: MX2 Excess:

Insured/Named Driver: Unnamed Drivers: YEID Additional:

S\$500.00 S\$1,000.00 S\$3,000.00

 Index Mark and Registration Number of Vehicles SKR4343J

2. Name of Policyholder

LIU HONGWEI

3. Effective Date of the Commencement of Insurance for the purpose of the Act 09/02/2021

4. Date of Expiry of Insurance 08/02/2022

5. Person or Classes of persons entitled to drive*

(a) The Policyholder

(b) Any other person who is driving on the Policyholder's order or with his permission,

EQI Motor Accident Hotline

6311 3211



* Provided that the person driving is permitted in accordance with the licensing or other laws or regulation to drive the Motor Vehicle or has been permitted and is not disqualified by order of Court of Law or by reason of any enactment enactment or regulation in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act has not been cancelled at the time of accident loss or damage.

6. Limitation as to use*

Use for social, domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover:

(a) use for hire or reward

(b) use for racing, pace-making, reliability trials or speed testing

(c) use for the carriage of goods (other than samples) in connection with any trade or business

(d) 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 headings.

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 Road Transport Act, 1987 (Malaysia) or and Amendment, Act or Acts passed in substitution thereof.

Hire Purchase: Tokyo Century Leasing (Singapore) Pte Ltd

a000258/SGDrivers Pte Ltd Date of Issue: 01/02/2021 12:08

Authorised Signatory EQ Insurance Company Limited

Exp No.: DMPPHQ20-000707

A Member of Citystate