ASS. REC. BY: REF: MSG/	210127061K
1.1011	SSIGNMENT
Estimated Cost:	
OD TP WS / TP RES / OD RES / EVA / INV / MY	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
To hispect vehicle No:	Truck / Trailer or . Wegon
at Workshop m/s	Make: Toy Pienta c.c 1496
of Amic	Colour M. P. White A/G: Insured / Std / NI / NA
Insured:	Sp.Reading 3194/ T/Radio: Insured / Std / NI / NA
Policy No.	Eng/No:
Claims No.	C/No: NITP170 . 7772757
Sum Insured: Excess:	Gen. Cond: Good / Fair / Poor / Burnt
(Client's Record)	Steering: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	Brake: Inprder / Jammed / Leaked / Burnt or
	Modi: MII S/Rim I STD A/Rim or
(Policy Condition)	Tyre Size: F: Toyo 185/60R15
Remark: The veh had commenced its N/S O/S	R: <i>B</i> ,5
repair at the time of inspection.	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
Bal. or Market Value: & 81	TOYO/YOKO or
IDAC Accident Rport: Consistent? : Yes or No	Front O Rear
GIA / PR Seen: Consistent?: Yes or No	R/Bal. 7 mm R/Bal. 5 mm
5 1 D 1 NO	L/Bal. / mm L/Bal. 5 mm
	D.O.A. 10/12/21 D.O.I. 21/1/2022
7 7 70 O Val 1es Of No	Survey held at 11.2 can
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Date:Person Contacted: Vehicle: IN / OUT	- Kea NIS
Date / Time Action / Instruction	The U/C / Chassis frame / Body Structure affected due to collision.
Est not recy	
The state of the s	
Date/Time, File Pass to? Preil. Report Da	ys Of Repair:
Date/Time, File Return to?	the second of th
Add Fee:	Transportative:
Add Fee:	: Site Insp (\$)s - Rssı
	: Interview (\$) Fires
Report Format :	Tech Invs (\$) Others
Lump Sum / I.B.I: (S	-
	Weekend (\$
	107AL

Cheng Hoe Motor Pte Ltd

Blk 1019, Yishun Industrial Park A #01-374/382, Singapore 768761 TEL: 67556142 (YIS) FAX: 67557719 (YIS) Email: chmotor@singnet.com.sg

Not Not herind

Renover B4 pain 404, GST:201001158E RCB NO:201001158E

M/S: NTUC INCOME INSURANCE CO-OPERATIVE LTD

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSE

SINGAPORE 189556

TEL:

67886616

ATTN: Motor Claim Department

TP/MSIG/AMK

Claim Type: Accident Date:

WS Ref:

Third Party 10/12/2021

TP Veh Reg No:

FBL1819L

Estimate No:

ES2290073/AMK

Date:

20 Jan 2022 GA588510

Policy No: Veh Reg No:

SMO7558T

Make/Model:

TOYOTA SIENTA 1.5X

AUTO

Chassis No:

NHP1707172757 1NZR783014

Engine No: Reg. Date:

29/11/2019

Estimate Repair Cost to Vehicle No :SMO7558T

FAX: 67883777

	Description	U/	Price	Quantity	List Price	Amoun
	List Price				<u>ss</u>	S
1	REAR BUMPER	Bulled	200 10	1 PC	309.10	_
2	REAR BUMPER TOP PROTECTOR	nd	180 50	1 PC	189.50	
3		ner		1 PC	45.20	_
4		nel		1 PC	129.10	
5		M	3.50	6 PC	21.00	
6	REAR TAILGATE	-	110.90	1 PC	1,110.90	_
7	TAILGATE LOGO	Mec		1 PC	67.50	—
8	TAILGATE EMBLEM 'HYBRID'	Nu		1 PC	56.00	_
•	TAILGATE WINDSCREEN GLASS MOULDING	M	99.80	1 PC	99.80	
		· vu	,,,,,,		2,028.10	
				Less 25%	507.03	1,521
	Special Net	340			207.03	1,021
)	REVERSE SENSOR		200	1 SET	fin 200.00	_
	REAR WINDSCREEN GLASS SEALANT		40	1 PC	Mer 40.00	
						240
	Labour				240.00	240
	REMOVE AND REFIX REAR WINDSCREEN GLASS					
			120	1 LA	120.00	"
	REMOVE & REFIX REAR BUMPER & ATTACHMENTS, TAILGATE & ATTACHMENTS; KNOCK!	INIC 6	500	1 LA	500.00	4001
	REPAIR REAR END PANEL & REALIGN THE SAME	ING &				•
	PUTTY & RESPRAY REAR BUMPER, TAILGATE, REAR E	ND .	700	11.1		1-
	PANEL & ALL AFFECTED AREAS	ND	700	1 LA	700.00	0001
	REMOVE & REFIX REVERSE CAMERA,RESET & REALI	GN	50	1 LA	50.00	~
	ΓHE SAME			_	20.00	
F	RUSTPROOFING		30	1 LA	30.00	
					1,400.00	-
	<u>;</u>				1,400.00	1,40

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:

SA1921CD000F / AH LIM MOTOR COMPANY (MAIN) ENTRY DATE & TIME: 13/12/2021 15:32 (SGT) SUBMITTED BY: EILEEN CHUA VERSION: 1 (13/12/2021 15:32 (SGT))

G SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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	12/12/2021 15:22 (007)
Date of Accident	13/12/2021 15:32 (SGT)
Date of Accident	10/12/2021 19:20 (SGT)
Exact Location of Accident	10/12/2021 19:20 (501)
2. Cocation of Accident	Singapore
Additional Location Information	• .
	AYE
Country/State of Loss	•
	Singapore
	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	 SMQ7558T

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MAXANNE ONG MEI XIAN
NRIC No	Annual control of the
Fmail Address	SXXXX193C
Email Address	MAXANNEONG.MX@GMAIL.COM
Mobile Phone No	
Alternative Phone No	(Phone) +65-90079237
, mornaute i none no	+65-90079237

VEHICLE PARTICULARS

Manufacturar

Mariuracturer	Toyota
Model	SIENTA HYBRID 1.5X CVT
Variant	SICITIA HTBRID 1.5X CVT
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	AXA Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	GA588510
Cover Note Number	29/11/2021 - 28/11/2022

DRIVER

Name of Driver		MAXANNE ONG MEI XIAN
NRIC No	necessary continues on the continues of the continues on	SXXXX193C

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorized 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 Insurence 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 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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes,

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre Personnel

Sketch Plan

E Self skalege BF 9501G Continuous in Accional in Acci