SE PEN: CS MSG	22000231 Dy3
ASSI	GNMENT
From: Date:	Veh No: GBL 1778X YT REUTI: 2021 March
Estima Ellost	Type: M.Car   M.Cycle   Bus   (Van  ) Lorry   Taxi   Prime Mover
OD FE FMS ITP RES / DD RES / EVA / NV / MV	Truck/Trailer or
To inspetition No:	Make: Cutruen Berlingo as 1499
st Work on the	Colour White AIC: Insured   Still FR   NA
if	
Insured SJE 7333Z	
Policy 27. A29146267AT2	
Claimes h 639376	C/No: VR7EFYH2R=LJ959162  Gen. Cond. Good   Fair   Poor   Burní
Sum Ireani Excess.	Steering: Worder i Jammed i Leaked i Burni or
(Cfierikecom) ·	Brake: Worder / Jammed / Leaked / Burnt or
Make Civer	Modi: (MI )SATION / STD AARION OF
	Tyre Size: F: 205/60 7-16
(Policy Condition)	R:
Remarkation vehical commenced its WS O/S ispair at the firms of inspection.	BS   DUN   EXNOVA   GY   FS   LIZA   MIC   DHTSU   PIR   SUMM
	TOYOTYDKO OF Mchelin
Bal of Maket Value: 85 k	Front Rear R.Bail S
GIA / PR Seem _ Consistent? : Yes or No	I Rei
Est Repais: 2 days Res.: Yes or No	D.O.A. 17 12 20 20 D.O.L. 11 01 22 22
Ling Sum 3 Val.: Yes or No	Survey held at JWG AMIC
CA / REV / REP. / 24 HRS	Des. of Damages : Fri / Rear / O/S / N/S / U/C / Rooftop or
Dafe:Person Contacted: Vehicle: IN / O	UT Rew
Date /Time   Action / Instruction	The U/C / Chassis frame / Body Structure affected due to collision.
MSIG SJE 7333Z	
19/1/22 Bryan informed LS \$750 (Red 20,7	(60.10, 96%)
	·
Date/Time, File Pass to?	
Prefi. Report  1) : Final Report	Days Of Repair: 2
Date/Tane, File Return to?	Resurvey No. of Trip: 1 Survey Fee:
2) 19/1/22-typist Add	Fee: Site insp (\$ )_s+Rs_si
	: Interview (\$ ) Photos

## > Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Business
Owner ID: Vehicle Details	005M
Vehicle No.:	GBL1778X
Vehicle to be Exported:	Yes
Intended Deregistration Date:	10 Jan 2022
Vehicle Make:	CITROEN
Vehicle Model:	BERLINGO VAN 1.5 BLUEHDI EAT8 L2
Primary Colour:	White
Manufacturing Year:	2020
Engine No.:	10Q4DR0027572
Chassis No.:	VR7EFYHZRLJ959162
Maximum Power Output:	•
Open Market Value:	\$23,958.00
Original Registration Date:	30 Mar 2021
First Registration Date:	30 Mar 2021
Transfer Count:	1
Actual ARF Paid: Intended PARF Rebate Details	\$1,198.00
PARF Eligibility:	No
PARF Eligibility Expiry Date:	
PARF Rebate Amount: Intended COE Rebate Details	\$0.00
COE Expiry Date:	29 Mar 2031
COE Category: a St. Buts	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$30,298.00
COE Rebate Amount:	\$24,238.00
Total Rebate Amount:	\$24,238.00

The information contained herein is correct as at 10 Jan 2022



## SINGAPORE ACCIDENT STATEMENT

1. Please report correctly the details of the accident to speed up the claims process.

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

21/12/2021 22:18 (SGT) 17/12/2021 18:25 (SGT) Singapore DUNEARN RD TOWARDS NEWTON RD SLIP RD Singapore

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

**GBL1778X** 

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No **Email Address** Mobile Phone No Alternative Phone No.

J&W LOGISTICAL SERVICES 53386005M jandwlogs@gmail.com (Phone) +65-87263105 +65-87263105

VEHICLE PARTICULARS

Manufacturer Model Variant

Citroen Berlingo Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to your vehicle?

Vehicle Category Transmission CC

**Employment** 

No - Claiming third party Commercial vehicle Auto 1499

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number

NTUC Income Insurance Co-operative Ltd Comprehensive No 5122673773 26/06/2021 - 25/06/2022

DRIVER

Name of Driver NRIC No

ONG LYE JUAT S1455384C



Date Of Birth Occupation

Date Of Driving Pass Driving experience

Gender

Mobile Number Alt. Phone Number

**Email Address** 

Address

Address complement

Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

Vehicle Registration Number of Other Vehicle Owned by Driver

Insurance Company of Other Vehicle Owned by Driver

733180

No

**Employee** 

04/07/1960

31/07/1981

40 YEARS AND 5 MONTHS

(Phone) +65-87952892

emmykok68@gmail.com

BLK 180C MARSILING ROAD #20-2228

Outdoor

Male

No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Weather Conditions Road Surface

Collision - Head to Rear AFTER RAIN

Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?

Number of vehicles involved in the accident

Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other vehicle or property damaged?

Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance?

PASSENGER 1

Name

Gender

No 2

Yes

No

Yes 2

No

**EMMY KOK KUN LIN** 

Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Police Station Name

Police Station Phone No. Alt. Police Station Phone No

Police Station Address

Was notice of intended Prosecution given?

If yes, against whom?

Yes

Traffic Police

(Phone) +65-65470000

(Fax) +65-65474900

10 Ubi Avenue 3 Singapore 408865

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT

ATTACHMENT(S)

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

Was there any audio recorded?

Yes

No

No

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number Vehicle Manufacturer

SJE7333Z

Accident report SC0921CL0003

Vehicle Model	_
Vehicle Variant	_
Vehicle Colour	_
Vehicle Category	Private car
Name of Driver	-
Contact Number	_
Address	-
Address complement	-
Postcode	=
Insurance Company Name	2"
N	_
No. Of Passenger (Including Driver)	_
	Vehicle Variant Vehicle Colour Vehicle Category Name of Driver Contact Number Address Address complement Postcode Insurance Company Name Nature Of Damage Details of property damaged in accident

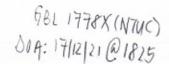
### INJURED PERSONS DETAILS

#### INJURED 1

Name of injured person	
Gender	Male
Phone No	
Address	
Address Complement	
Post Code	-
Approximate Age Years Old	_
Injuries Sustained	4 DAYS MC
Injured person in which vehicle?	GBL1778X
eWere seat belts worn?	
Was this injured conveyed to hospital by ambulance?	No
INJURED 2	
Name of injured person	EMMY KOK KUM LIN
Gender	Female
Phone No	-
Address	_
Address Complement	
Post Code	
Approximate Age Years Old	
Injuries Sustained	4 DAYS MC
Injured person in which vehicle?	GBL1778X
Were seat belts worn?	
	Yes
Was this injured conveyed to hospital by ambulance?	No

#### SKETCH PLAN

#### IMPORTANT NOTICE



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

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel IV M (AWK) 21/2/21

Sketch Plan

Duneam Rd towards Newton Ad sip Rd uehicle A- GBL 1778X Whicle B - ST673337

Newton

	6,	the	State o	date	ard	time,	t, vet	nicle	AL	68117	78x	) was	-trave	lling	along a
the slip															
saggetz	to	give	way	0.4	A J	udden ,	1 felf	an	im	act.	Aom	my	rear	por trer	, vehicl
B (SJE	7333	<del>2</del> )	collide	d onto	+He	rlar	pertan	र्न	My	veh	lde	CAUSIN	g da	magis	
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#### Declaration

We declare the foregoing particulars are true in every respect.

GISTICAL SERVICES AND SERVICES

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel (AMK)





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20211218/7046

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/12/2021 19:58		Made:	Vide Report No.:	Station Diary No.:		
Informa	nt's Partic	ulars				
Name of ONG LY	Informant: E JUAT	733160	Address: 180C MARSILING ROAD #20	0-2228 SINGAPORE 733180		
ID Type NRIC NO	/ ID No.: D / S14553	84C	Contact No.: Home/Office:	Mobile: 87952892		
Nationality: SINGAPORE CITIZEN			Email: benong1960@gmail.com			
Sex: Age: Date of Birth: Male 61 04/07/1960			Type of Informant: Driver			
Race: Chinese			Language: English	Institution / School Name:		
Occupation: courier			Driving Licence Information: Class: 3	Date of Expiry:		

General Infor	mation of the Acci	dent		
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of . Accident; 17/12/2021 18:25	Type of Location Slip Road
Location: DUNEARN R	OAD			
Weather: After Rain	1 50000 LM B	Road Surface: Wet	R	oad Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		raffic Volume: oderate
Type of Collisi Between Movi	ion: ing Vehicles - Head	To Rear		nyone conveyed by mbulance:

Details of V	enicie invo	ived				
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
GBL1778X	Van					1
SJE7333Z	Car					0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

2 of 3 Report No. T/20211218/7046

#### CONTINUATION OF REPORT

Passenger	THE RESERVE THE PARTY OF THE PARTY.		S 1869 POLICINARIO	
Name	EMMY KOK KUM LIN	ID No.	S6840558J	
Related Vehicle	GBL1778X (Van)	1	Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: ,3 Date of Expiry: NIL
Date	17/12/2021	Date	17/12	2/2021
	ted Medical Leave 04	Degree of Slight		
Driver		Marie Calculus		
Name	ONG LYE JUAT		ID No.	S1455384C
Related Vehicle	GBL1778X (Van)		Contact No.	87952892
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	17/12/2021	Date		/2021
No. of Days grant	ed Medical Leave 04	Degree of	THE RESERVE OF THE PERSON NAMED IN COLUMN 2 IS NOT THE PERSON NAME	

#### **Brief Details**

On 17/12/2021 at about 1825hrs, I was driving my vehicle bearing plate number GBL1778X was travelling along the slip road of Dunearn Road towards Newton Road. As there were the vehicles at the main road, I stopped to give way. Out of sudden, I felt an impact from my rear portion, vehicle bearing plate number SJE7333Z collided onto the rear portion of my vehicle causing damages.

My passenger Emmy Kok Kun Lin, knocked her right knee against the glove compartment as a result of the accident. I had also hit the back of my head against the head rest due to the impact.

Shortly after the accident, we both also started feeling soreness over our neck and back areas as well.

Hence, we went to Emmy's family doctor at Healthway Medical at 710 Tampines to consult the doctor and we were given 4 days MC each.



Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000



Report No. T/20211218/7046

CONTINUATION OF REPORT

Sketch Plan 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: 18/12/2021 19:58
Officer In Charge Of Case: TP / TPIB / BOON YEN KIAN Contact No.: 65476172	Classification Of Case:

# JWG INTERNATIONAL PTE. LTD.

10, ANG MO KIO IND PARK 2A, #03-08 AMK AUTOPOINT, SINGAPORE 568047

H/P: 8299 6103 | FAX: 6909 9592 E-Mail: jwg.claims@yahoo.com

To: MSIG INSURANCE SINGAPORE PTE LTD

Att: Motor Claims Dept

ACCIDENT INVOLVING SJE7333Z [YOUR INSURED] & GBL1778X [OUR CLIENT] ON 17/12/2021.

#### ESTIMATED REPAIR COSTS FOR GBL1778X

$\overline{\mathbf{Q}}\overline{\mathbf{T}}\mathbf{Y}$	PARTS	<b>AMOUNT</b>
1PC	RIGHT TAILGATE NH	\$ 1,460.90
1PC	RIGHT TAILGATE DOOR WINDSCREEN MOULDING	\$ 229.30
1PC	RIGHT TAILGATE DOOR WEATHER STRIP HH	\$ 196.40
1PC	RIGHT TAILGATE CITROEN LOGO HA	\$ 128.00
1PC	RIGHT TAILGATE CITROEN EMBLEM HH	\$- 149.00
1PC	RIGHT TAILGATE C&C EMBLEM	\$ 127.00
1PC	LEFT TAILGATE HW 1.081.90	\$ 1,681.90
1PC	LEFT TAILGATE WINDSCREEN MOULDING	\$ 253.20
1PC	LEFT TAILGATE 'BERLINGO' EMBLEM HW	\$ 75.00
1PC	LEFT TAILGATE WEATHER STRIP HA	\$ 206.40
1PC	LEFT TAILGATE LOCK HA	\$ 305.50
2PC	TAIL LAMP LH / RH @ \$436.50 EACH HH	\$ 873.00
1PC	REAR BUMPER dystoral 1007med 782.30	\$ 1,481.90
2PC	REAR BUMPER SIDE RETAINER L+R @ \$75.00 EACH	\$ 150.00
1PC	REAR END PANEL INNER HA	\$ 982.30
1PC	REAR END PANEL OUTER	\$ 1,098.40
1PC	REAR END PANEL TOP GARNISH	\$ 285.00
1PC	REAR FLOOR PANEL HA	\$ 1,950.90
1PC	REAR FLOOR PANEL TOP BOARD 🛏	\$ 1,599.90
1PC	REAR EXHAUST PIPE HA	\$ 1,350.00
1PC	REAR EXHAUST MOUNTING HH	\$ 95.00
1PC	REAR EXHAUST HEAT SHIELD HA	\$ 210.00

782.30

704.07

**PARTS SUM:** \$ 14,889.00

PARTS LESS 10%: \$ 1,488.90

PARTS TOTAL: \$ 13,400.10

#### LABOUR & SPECIAL NETT ITEMS

*	TO SUPPLY LEFT TAILGATE WINDSCREEN SEALANT	\$ 80.00 🗶
*	TO SUPPLY LEFT TAILGATE WINDSCREEN DAMPING SEAL HA	\$ 30.00
*	TO SUPPLY LEFT TAILGATE WINDSCREEN INNER SEAL HA	\$ 80.00
*	TO SUPPLY RIGHT TAILGATE WINDSCREEN SEALANT	\$ 80.00 🗡
*	TO SUPPLY RIGHT TAILGATE WINDSCREEN DAMPING SEAL HA	\$ 30.00 🗶
*	TO SUPPLY RIGHT TAILGATE WINDSCREEN INNER SEAL HH	\$ 80.00 ×
*	TO SUPPLY TAIL LAMP CLIPS HA	\$ 50.00 🖈
*	TO SUPPLY REAR BUMPER CLIPS HIC	\$ 50.00 🗶
*	TO SUPPLY REAR END PANEL TOP GARNISH CLIPS HA	\$ 50.00 ⊀
*	TO SUPPLY '70KM' STICKER HIM	\$ 50.00 🗡
*	TO SUPPLY '6PAX' STICKER HA	\$ 50.00 ⊀
*	TO SUPPLY 1 SET REVERSE SENSOR SAL	\$ 300.00 🗡
*	TO REMOVE ALL INTERIOR UPHOLSTERLY ITEMS TO FACILIATE REPAIRS	\$ 300.00 HH
*	TO REMOVE & PANEL BEAT ALL DAMAGED ABOVE PARTS & PANELS	\$ 2,400.00 200  -
*	TO RESPRAY NEW PAINTWORK FOR ALL DAMAGED AREAS	\$ 2,400.00 ₩₩
*	TO TUFF COAT DAMAGED AREAS	\$ 300.00 ₩₩
*	TO RNR TAILGATE MECHANISM TO FACILITATE REPAIRS	\$ 300.00 HA
*	TO RNR REVERSE CAMERA	\$ 100.00 HH
******	TO RNR REAR WINDSCREEN TO FACILITATE REPAIRS	\$ 400.00 HA
*	TO RNR REAR BUMPER SENSOR TO FACILITATE REPAIRS	\$ 150.00 40 -
141 <b>*</b> T PA	TO RNR EXHAUST SYSTEM AND ATTACHMENT PARTS	\$ 250.00 HH
<b>*</b> 30 .	TO CHECK & RE-FIX ALL ELECTRICAL WIRINGS	\$ 200.00 HH
E)*a 00	TO COMPUTERIZE DIAGNOSE FAULT CODES & CONTROL UNITS. RESET ALL MEMORIES TO FACTORY DEFAULT SETTINGS	\$ 300.00 HH

LABOUR & S/N TOTAL: \$ 8,110.00

GRAND TOTAL ESTIMATED REPAIR COSTS (NON-INCLUSIVE OF 7% GST): \$ 21,510.10

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: