ASS. REC. BY: Kenneth

REF: FCL / 2200122 0 IKV

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s Convince

of _____

Insured: _____

Policy No. _____

Claims No. _____

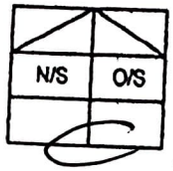
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value: $78K

IDAC Accident Rport: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 4-5 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SLD 3501S Yr Regn: 06, 16

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or Wagon

Make: Honda Odyssey c.c 2356

Colour M. Black A/C: Insured / Std / NI / NA

Sp.Reading 73077 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: RC1 - 1110788

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modl : Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: 215/55R17

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or _____

Front		Rear	
R/Bal.	7 mm	R/Bal.	7 mm
L/Bal.	7 mm	L/Bal.	7 mm
D.O.A.	31/1/22	D.O.I.	9/2/2022

Survey held at ✓

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or _____

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
/	

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Report Format :

Lump Sum / I.B.I: ($ _____)

Survey Fee: _____

Transportation: _____ $ + RS. _____ SI

Parking _____

Others _____

TOTAL _____

CONVINCE

M/S: **MS First Capital Insurance Limited**
36 Robinson Road
#16-01
City House
Singapore 068877

Not Withdrawn
Liby &
Resurvey After Paint
4-5days
Kenneth
96910663

Tel: 6507 3848 **Fax:** 6507 3849

Attn : **Motor Claim Department**

ESTIMATE

GST Regn No. : 200516575H
Co .Regn No. : 200516575H
Estimate No : E2202001
Date : 08/02/2022
Accident Date : 31/01/2022
Claim No : TP Claim
Policy No .: DMPG22000126
Chassis No .: RC11110768
Year : 2016

Make & Model : Honda Odyssey 2.4 **Vehicle No.:** SLD3901S

S/No	Description	Qty	Unit Price	Amount
	List Item :			
1	Rear Bumper Buffing	1	$ 852.30	$ 852.30
2	Rear Bumper Side Retainer LH	1	$ 52.50	$ 52.50
3	Rear Bumper Side Retainer RH	1	$ 52.50	$ 52.50
4	Rear Bumper Reflector LH	1	$ 116.70	$ 116.70
5	Rear Bumper Reflector RH	1	$ 116.70	$ 116.70
6	Rear Bumper Side Guide LH	1	$ 286.70	$ 286.70
7	Rear Bumper Side Chrome Moulding	2	$ 145.30	$ 290.60
8	Rear End Panel	1	$ 485.00	$ 485.00
9	Rear End Panel Top Garnish	1	$ 210.80	$ 210.80
10	Tail Gate	1	$ 1,231.50	$ 1,231.50
11	Tail Gate Chrome Moulding	1	$ 335.80	$ 335.80
12	Tail Gate Lamp RH CM	1	$ 620.10	$ 620.10
13	Tail Gate Centre Garnish "Odyssey Absolute"	1	$ 428.10	$ 428.10
14	Tail Gate Rubber	1	$ 285.60	$ 285.60
15	Tail Gate Inner Board	1	$ 487.32	$ 487.32
16	Tail Gate Inner Board Handle Garnish	1	$ 120.60	$ 120.60
17	Emblem	1	$ 75.10	$ 75.10
18	Rear Windscreen Moulding	1	$ 158.10	$ 158.10
				$ 6,206.02
	- List Item Discount 20%			$ 1,241.20
				$ 4,964.82
	Special Nett Item :			
1	Rear Bumper Clip	10	$ 3.50	$ 35.00
2	Reverse Sensor	1	$ 280.00	$ 280.00
3	Windscreen Sealant	1	$ 50.00	$ 50.00
				$ 365.00

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
Sign...

CONVINCE AUTO PTE LTD
176 Sin Ming Drive #04-04 Sin Ming Autocare Singapore 575721
Tel: +65 6556 1131 Fax: +65 6553 1131 Email: convinceapl@convinceauto.com.sg

CONVINCE

M/S: **MS First Capital Insurance Limited**
36 Robinson Road
#16-01
City House
Singapore 068877

Tel: 6507 3848 **Fax:** 6507 3849

Attn : **Motor Claim Department**

ESTIMATE

GST Regn No. : 200516575H
Co .Regn No. : 200516575H
Estimate No : E2202001
Date : 08/02/2022
Accident Date : 31/01/2022
Claim No : TP Claim
Policy No .: DMPG22000126
Chassis No .: RC11110768
Year : 2016

Make & Model : Honda Odyssey 2.4 **Vehicle No.:** SLD3901S

S/No	Description	Qty	Unit Price	Amount
	Labour :			
1	To Repair Panel Beating, Welding & Straighten Damaged parts And Replace Above Parts On Damaged Area.	1	$ 1,100.00	$ 1,100.00
2	To Spray Painting Affected Area.	1	$ 1,000.00	$ 1,000.00
3	To Remove & Refix Reverse Sensor	1	$ 120.00	$ 120.00
4	To Apply Anti-Rust	1	$ 100.00	$ 100.00
5	To Check Wiring Function	1	$ 50.00	$ 50.00
6	To Apply Joint Sealant	1	$ 100.00	$ 100.00
7	To Transfer Tail Gate Components	1	$ 150.00	$ 150.00
8	To Remove & Refix Interior Upholstery	1	$ 100.00	$ 100.00
9	To Remove & Refix Rear Windscreen Glass	1	$ 150.00	$ 150.00
	Labour Item :			**$ 2,870.00**
			TOTAL :	$ 8,199.82
			GST 7% :	$ 573.99
			Total Amount :	**$ 8,773.80**

CONVINCE AUTO PTE LTD

CONVINCE AUTO PTE LTD
176 Sin Ming Drive #04-04 Sin Ming Autocare Singapore 575721
Tel: +65 6556 1131 Fax: +65 6553 1131 Email: convinceapl@convinceauto.com.sg

Your NCD will be affected due to late reporting

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	07/02/2022 12:51 (SGT)
Date of Accident	31/01/2022 14:00 (SGT)
Exact Location of Accident	Upper Bukit Timah Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD3901S

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	YUE WEI YEE
NRIC No	SXXXX439C
Email Address	liewjas@hotmail.com
Mobile Phone No	(Phone) +65-90090124
Alternative Phone No	+65-85110031

VEHICLE PARTICULARS

Manufacturer	Honda
Model	ODYSSEY ABSOLUTE CVT
Variant	-
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	2356

INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPG22000126
Cover Note Number	-

DRIVER

Name of Driver	LIEW MEI LING
NRIC No	SXXXX199J

SKETCH PLAN

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 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)**

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.

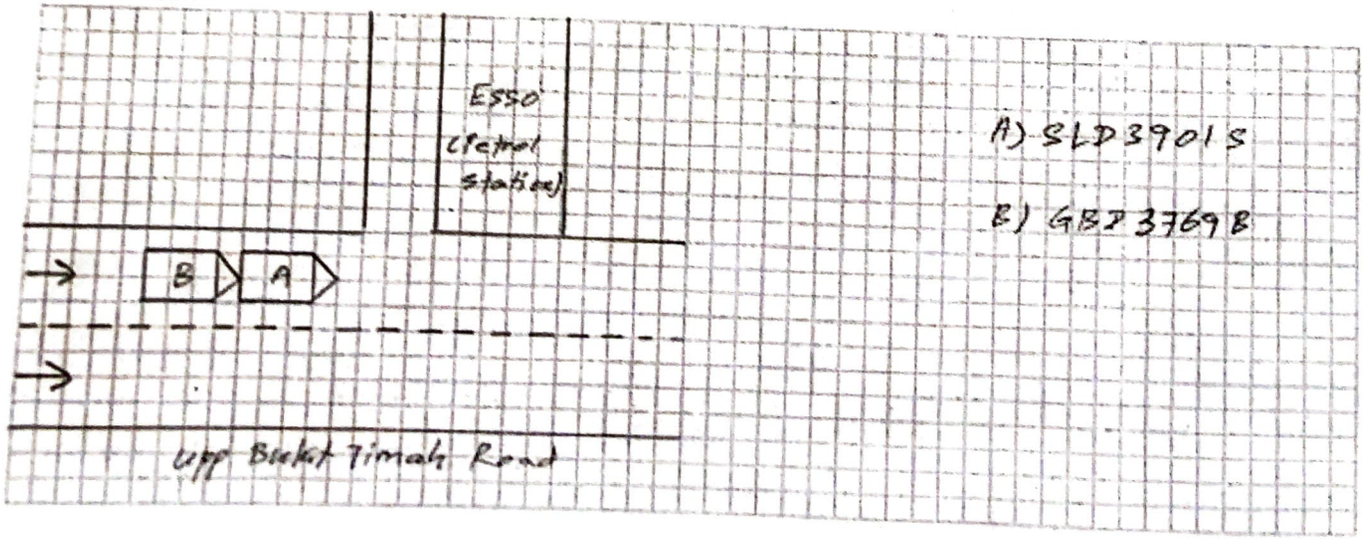
FALCON AUTO SERVICES PTE LTD SIN MING

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



SINGAPORE POLICE FORCE

T/20220207/7015

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

Report No. T/20220207/7015

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
07/02/2022 11:14		

Informant's Particulars

Name of Informant: LIEW MEI LING			Address: 29 HILLVIEW AVENUE #10-10 SINGAPORE 669561	
ID Type / ID No.: NRIC NO / S8009199J			Contact No.: Home/Office: Mobile: 85110031	
Nationality: SINGAPORE CITIZEN			Email: LIEWJAS@HOTMAIL.COM	
Sex: Female	Age: 41	Date of Birth: 31/03/1980	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Housewife			Driving Licence Information: Class: 3A	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 31/01/2022 14:00	Type of Location: Straight Road
Location: UPPER BUKIT TIMAH ROAD				
Weather: Sunny		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Stationary (head to rear collision)				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBD3769B	Van	NISSAN	NV350	Black		1
SLD3901S	Car					0

Details of Person Involved

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

SINGAPORE POLICE FORCE

T/20220207/7015

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

CONTINUATION OF REPORT

Driver			
Name	OH YUN SHENG	ID No.	S8402391D
Related Vehicle	GBD3769B (Van)	Contact No.	92772216
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL		
No. of Days granted Medical Leave	NIL	Date	NIL
		Degree of	NIL

Driver			
Name	LIEW MEI LING	ID No.	S8009199J
Related Vehicle	SLD3901S (Car)	Contact No.	85110031
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3A Date of Expiry: NIL
Date	NIL		
No. of Days granted Medical Leave	03	Date	NIL
		Degree of	Slight

Brief Details.

On 31/1/2022 at about 1400 hours, I was driving my vehicle (SLD3901S) along Upper Bukit Timah Road. My stationary vehicle is queuing/waiting to go into Esso petrol kiosk. After afew minutes, i feel an impact from behind, the van (GBD3769B) hit onto my stationary vehicle. Due to the impact, I lurge forward even with my seat belt on, my chest hit on the steering wheel. I experience pain on my chest. I have built in camera in my vehicle.