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Truck Trailer or Make: Colour Col		
To Inspect Vehicle No: at Workshop m/s of at Worksh	OD (TP) WS / TP RES / OD RES / EVA / INV / MV	
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CA / REV / REP. / 24 HRS Date: Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision. Date/Time Action / Instruction M/V - Strain File Pass to? Date/Time, File Pass to? Date/Time, File Pass to? Calefrine, File Return to? Add Fee: Streen Survey Fee: Transportation: Transportation: See: Streen St	2 Val. Van er No	Survey held at Borneo
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Co. Reg No.: 196700086Z GST Reg No.: MR-8500000-9 No.2 Pandan Crescent Singapore 128462, Tel no.: 6631 1388

ESTIMATE

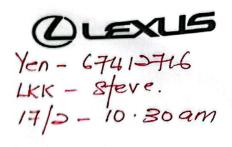
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		otor Claims Dept			Document I 15/02/20			e: 982682				
Ye	ar	Model	Variant	Re	eg. Date	Reg. No.	Kilome	ters \	Nip No.	Order No	o. / Re	marks
20	18	MZAA10R A	WXBB L1	15	/03/2019	SMJ6678Z		0	20677 61	TP/SMJ6	66782	V130222
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JT	HY	35BHX02005705	M20AN010242		60	Carine Yeo C	L	//	0.00		-	0.00
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		behalf of Motors (Singapore) Pte L	td Customer'	s Sigi	nature	Charge Su	ımmary		Total			
-			Please acknowledg	e recei	pt of vehicle	Parts Labour Sublet Lubrication/Fluid Others			Less)ue		

Customer Copy

Borneo Motors

Co. Reg No.: 196700086Z GST Reg No.: MR-8500000-9

No.2 Pandan Crescent Singapore 128462, Tel no.: 6631 1388



ESTIMATE

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3 Ansor #16-00	aiping Insurance (S) Pte L n Road Springleaf Tower ore 079909	td	S100000 Document I	3 / ICCI1 No.	Ms Goh Mui Che 717 Woodlands #10-100 Singapore 7307	Drive 70		
Singapo Attn: Mo	otor Claims Dept		Document I 15/02/202		Mobile: 9826823	37		
Year	Model	Variant	Reg. Date	Reg. No.	Kilometers \	Nip No.	Order No. /	Remarks
2018	MZAA10R	AWXBB L1	15/03/2019	SMJ6678Z	0	20677 61	TP/SMJ667	8Z/130222
	Chassis No.	Engine No.	Terms	SA / Counter	Ve	ehicle In	Collec	cted On
JTHY	35BHX02005705	M20AN010242	60	Carine Yeo C L	//	0.00		0.00
L Cd		Job/Parts Desc	cription		Qty	Unit Price	Disc %	Amount
2 B 3 B B 5 B 6 B	T/P INS: CHINA TA T/P VEH: SMY8092 DATE SURVEY: DATE AUTHORIZE BP-LAB3 TO REI TO ENABLE REPAI REAR BUMPER, RI BP-RES3 TO SPI BP-LAB3 TO REI SENSOR TO NEW (NETT) BP-LAB3 TO CHI FUNCTIONING ANI (NETT) BP-ECU3 TO RE (NETT)	X DATE IN:	ARY PARTS HTEN ON K NEW PARTS R BUMPER ER REAR H F DAMAGE GHTS ER LEAK TEST	866 7 4 2	Ste 171	ve CLK 1122-11	86	747 1855.00 216.50 216.50 216.50 96.00
	behalf of Motors (Singapore) Pr	Rigess reckbelotedgi To display damaged (Parts prices are subjict third party survey is No illegal modification	following: bereceipt of Welfible part(s) during resurvey ect to confirmation on a "Without Prejudic on(s) is allowed (s) must be resurveyed proval from Insurance	Subjet Lubrication/Fluid	nmary	Less Amount E	WL A PIP Jobe J	- 5 9
		Signature: Date:	Custome	er Copy				

Borneo Motors



Inchcope

Co. Reg No.: 196700086Z

GST Reg No.: MR-8500000-9

No.2 Pandan Crescent
Singapore 128462, Tel no.: 6631 1388

ESTIMATE

						and the second second second	The state of the s	
	Account	Details	Account No		AM C LOSS	Customer	Details	
Anson Ro	ingleaf Tower	Ltd	S1000003 Document N		Ms Goh Mui Cher 717 Woodlands D #10-100 Singapore 73071	Orive 70		
Singapore (Attn: Motor	Claims Dept		Document D 15/02/202		Mobile: 98268237	7		
Year	Model	Variant	Reg. Date	Reg. No.	Kilometers W	/ip No.	Order No. /	Remarks
2018	MZAA10R	AWXBB L1	15/03/2019	SMJ6678Z	0 2	20677 61	TP/SMJ667	8Z/130222
Ch	assis No.	Engine No.	Terms	SA / Counter	Vel	hicle In	Collec	cted On
JTHY35	5BHX02005705	M20AN010242	60	Carine Yeo C	L/	0.00		0.00
L Cd		Job/Parts Des	cription	111	Qty	Unit Price	Disc %	Amount
18 8 L 19 9 L 20 0 L 21 1 L 22 2 L 23 3 L 24 4 L 25 5 L 26 6 L 27 7 L 28 8 L	52591-76020 52576-76020 52575-76020 52575-76020 52461-76020 52461-76010 90467-07215 89348-12070 G1 89348-12140 G1 89341-33220 G4 81920-76010 75606-76010	SEAL, RR BUMPER SEAL, RR BUMPER RETAINER, RR BUMP RETAINER, RR BUMP PAD, RR BUMPER PAD, RR BUMPER CLIP / /*(RETAINER, ULTRAS RETAINER, ULTRAS SENSOR, ULTRAS REFLECTOR ASSY, MOULDING SUB-ASS MOULDING SUB-ASS	SONIC AL SONIC AL SONIC,		1.00 1.00 1.00 2.00 2.00 2.00 2.00 2.00	90.10 90.10 179.30 14.60 14.60 2.70 44.10 490.10 51.60 387.50		90.10 90.10 179.30 29.20 27.00 88.20 980.20 51.60 387.50
For & on b	Dehalf of Motors (Singapore)	Pie Lia	's Signature ge receipt of vehicle	Charge Su Parts Labour Sublet Lubrication/Fluid Others	4,508.66 5,202.55 96.00 0.00	Less		9,807.10 686.50 0.00 10,493.60

Customer Copy

2F0001 / Borneo Motors Pte Ltd DATE & TIME: 15/02/2022 09:36 (SGT) SION: 1 (15/02/2022 09:36 (SGT))

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

15/02/2022 09:36 (SGT) 13/02/2022 09:58 (SGT) Singapore CTE TOWARDS CITY Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No **Email Address** Mobile Phone No Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model

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? Vehicle Category Transmission

CC

SM#6678Z

No

GOH MUI CHENG

SXXXX906Z

GOHMC@YAHOO.COM.SG (Phone) +65-98268237

(Home) +65-98268237

Lexus UX200

No - Claiming third party

Private car Auto 2000

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage Fleet Policy Policy Number Cover Note Number

DRIVER

Name of Driver NRIC No

Accident report SB0G222F0001

MSIG Insurance (Singapore) Pte. Ltd.

Comprehensive

No

A29149797AL2

NG CHOON LEE SXXXX985J

Page 1 of 30

arth on **Driving Pass** g experience ble Number

A. 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

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Weather Conditions Road Surface

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

PASSENGER 2

Name Gender

DETAILS OF POLICE ACTION

Was the accident reported to the police? Was notice of intended Prosecution given?

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO ATATCHED SKETCH PLAN AND STATEMENT.

ATTACHMENT(S)

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

Yes Yes No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer

SMY8092X

Accident report SB0G222F0001

Page 2 of 30

Scanned with CamScanner

730717 No

03/03/1965

19/08/1994

27 YEARS AND 6 MONTHS

AUDIOIN33@GMAIL.COM

BLK 717 WOODLANDS DRIVE 70 #10-100

(Phone) +65-91729188

Indoor

Male

Spouse No

Collision - Head to Rear

Clear Dry

No

2 No

Yes 3

No

GOH MUI CHENG

Female

TEO KHEH Female

No

No

ariant
Colour
Category
of Driver
tact Number
dress
ddress complement
Postcode
Insurance Company Name
Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

Private car
DALEN KOH

1002 TOA PAYOH IND PARK #03-1411

319074

FRONT PORTION

Accident report SB0G222F0001

on 13.2.22 art 9.73am, my ear is tremering alone CIE tremering city. A car stratt897 in front of me. scattery bracked his vehicle and I have bracked mine at mell Unfortunitely the car no sny8092 × behind mine knocked rate my car. The bumper of my car is (my 60182)	cribe Circumstances of the Accident
surdenly briked his vehicle and I have braked mine as well. Unfortuntely the car no smy 8092 x holind mine knowled into my car, the bumper of	
surdenly briked his vehicle and I have broked mine as well unfortuntely the car no sny 8092 x bound wine knowled into my car, the sumper of	on 13.2.22 at 9.57am, my car is trevering alone CIE
mine as well. Unfortuntely the car no enyBogs X	The city of the second of the
mine and need. Chalacterately the car no englaces x behind mine knowled acts my car, the bunger of my car is (my 66)B)	and I have braked
mine knowled note my car, the purper of my car is (my 6678)	and well confectiontely the cor no smy 8092 x
behind mind knowled into my con is (m) 6618.2	mine of men when the bunder of
M COR ST (MT. 66.18)	behind wine knowled into my
	my car = 1 (m/ 60 18)

Declaration

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

SKETCH PLAN

ORTANT NOTICE

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.
- 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 w ith 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.

Policyholder's Signature / Date &	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
Sketch Plan		
	CTE towards City	
A - SMJ 6678 Z		and the second s
B - SMY 8092 X		
		□ □ Jedi



