ASS. REC. BY: STEVE J REF: CS/CTI	22-00152-6/EVY3 1
	IGNMENT
From: Date:	Veh No SMN 3495 Yr Regn: 23/7/19
Estimated Cost:	Type: M.Car) M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD (TP) W3 / TP RES / OD RES / EVA / INY / MY	Truck / Trailer or
To Inspect Vehicle No:	Make: Handy Freed co 149h
at Workshop m/s	Colour White AC: Insured / Std / NI / NA
of	The same of the sa
Insured:	Eng/No:
Policy No.	CNO: GR7070759
Claims No.	Gen. Cond: Good) Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil / \$/Rim / STD A/Rim or
(7) For Condition)	Tyre Size: F:
(Policy Condition) Remark: The veh had commenced its N/S O/S	
repair at the time of inspection.	TOYO / YOKO or
y)) -	
Ball. or Market Value: Consistent?: Yes or No	Front Rear R/Bal. mm
IDAG ACCIDENT ROOK	I Del 1
GIA / PR Seen:Consistent? : Yes or No	D.O.A. D.O.I. D.O.I. 17 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
Est Repairs: days Res.: Yes or No	FTLOT
Lum Sum: % 3 Val.: Yes or No	
CA / REV / REP. / 24 HRS	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Vehicle: IN/O	OUT offseted due to collision
Date:Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	
MV-97K	
4	
· **	
bate/Time, File Pass to? : Prell. Report	Days Of Repair:
and the second s	Survey Fee: Survey Fee:
; Final Report	Transportation
	Fee: Site Insp
)	: Interview (\$
	Tech, Invs (\$
Reput Former:	:Weelland (8
Lump Sum / LB.I: (F	



PLEASE ARRANGE TO SURVEY VEHICLE AT 30 BUKIT BATOK **CRESCENT (S 658075)**

Selamatshahh

CLAIM DEPARTMENT

DID: 66547519

Date

14/02/2022

FAX:

To

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

ESTIMATION

Attn

Motor Claim Department

FAX:

Owner

AT RENTAL

AIG ASIA PACIFIC INSURANCE PTE. LTD.

Certificate No

2070093181-01

Accident Date

24/01/2022

Vehicle No

SMN-349-S

Make & Model

HONDA FREED 1.5G HYBRID A 1496

ESTIMATED REPAIR COST DETAILS

Excess

0.00

Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (S) SURVEYOR AP
List !	<u>Item</u>	
1	REAR BUMPER / 00	780.00
2	REAR BUMPER RETAINER / CK	54.00
10	REAR BUMPER CLIPS	70 50.00
1	TAILGATE / 00)	2,175.00
1	TAILGATE LOCK X	135.00
1	EMBLEM - FREED / /	63.00
1	EMBLEM - HYBRID / MC	82.00
1	REAR WINDSCREEN MOULDING / MC	90.00
1	END PANEL X	RESTORE

earto 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
- Inird party survey is on a "Without Prejudica" base
- tio illegal modification(s) is allowed
 - supplementary item(s) must be resurve; subject to final approval from Insurance

sowledged by Repairer

ature:

ETHOZ

Date

14/02/2022

To

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

ESTIMATION

Attn

Motor Claim Department

FAX:

Owner

AT RENTAL

AIG ASIA PACIFIC INSURANCE PTE. LTD.

Certificate No

2070093181-01

Accident Date : 24/01/2022

Vehicle No

SMN-349-S

Make & Model : HONDA FREED 1.5G HYBRID A 1496

ESTIMATED REPAIR COST DETAILS

Excess

: 0.00

Add Excess : 0.00

SURVEYOR APP.

QTY	DESCRIPTION	REPAIRER AMT (S) SURV
1	FRONT BUMPER / CRY	745.00
10	FRONT BUMPER CLIPS / //(₹9 50.00
1	FRONT BUMPER REINFORCEMENT	435.00
	Sub Total	4659.00
	Discount 20% On Parts	(931.80)
Speci	ial Nett Item	20
1	REVERSE SENSOR / SMO	220.00
1	REAR WINDSCREEN SEALANT \diagup	40 50.00
1	FRONT NUMBER PLATE	35.00

ETHOZ

Date

14/02/2022

To

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

ESTIMATION

Attn

Motor Claim Department

FAX:

Owner

AT RENTAL

AIG ASIA PACIFIC INSURANCE PTE. LTD.

Certificate No

2070093181-01

Accident Date : 24/01/2022

Vehicle No

SMN-349-S

Make & Model : HONDA FREED 1.5G HYBRID A 1496

ESTIMATED REPAIR COST DETAILS

Excess

: 0.00

Add Excess : 0.00

QTY	DESCRIPTION				Constitution of the Consti	REPAIRER AMT (S)	SURVEYOR APP.
S	ub Total					305.00	
	& Misc					800.00	600
-	LABOUR TO FACILITATE REPAIR			800.00	600		
	TO RESPRAY AFFECTED AREAS TO CHECK AND RECONNECT ALL NECCESSARY WIRINGS			50.00	Jo		
	O REMOVE AND REFI					150.00	120
TO	O REMOVE AND TRA	NSFER TAI	LGATE C	OMPON	ENTS	150.00	50

Steve CLRK) WM M 17/2/12, 3.15p LIS MM MM 5 LJS

ETHOZ

Date	;	14/02/2022			
То	:	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. ESTIMATION			
Attn	:	Motor Claim Departmen	t	FAX:	
Owner	;	AT RENTAL			
	:	AIG ASIA PACIFIC INSUR	ANCE PTE. LTD.		
Certificate No		2070093181-01	Accident Date : 24/01/2	022	
Vehicle No	:	SMN- 349-S	Make & Model : HOND	A FREED 1.5G HYBRI	DA 1496
ESTIMATED	REP	AIR COST DETAILS	Excess : 0.00	Add Excess :	0.00
QTY DESCRIP	TION		REPA	IRER AMT (S) SURV	EYOR APP.
Sub Total				1950.00	
Remarks:				5,982.20	
			SUB TOTAL		
			GST 7.0 %	418.75	
			TOTAL	6,400.95	
Surveyor's name: Principal's name: Survey Date & Ti		RENTAL	-		
			and a		

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 reputies.

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 (CIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.

7. By the betterment of this report to the insurers, you hereby consent to the archiving of this report to the insurers.

and that copies of this report will, for a fee, or industrial approach 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 untry/State of Loss

27/01/2022 19:31 (SGT) 24/01/2022 10:15 (SGT) AYE, Singapore AYE AFTER CLEMENTI AVE 2 EXIT Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMN349S

Yes

INSURED/POLICYHOLDER

Is company?

Company Reg No

Email Address Mobile Phone No

Alternative Phone No

Name Of Registered Owner

5XXXX924C ken.tanping@gmail.com

(Phone) +65-90499926

+65-90499926

AT RENTAL

VEHICLE PARTICULARS

Manufacturer

del

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

Honda

Freed

No - Claiming third party

Private hire

Auto

1500

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage Fleet Policy Policy Number

Cover Note Number

AIG Asia Pacific Insurance Pte. Ltd.

Comprehensive

No

2070093181-01

DRIVER

Name of Driver NRIC No

Accident report SE0O221R0003

KEN TAN PING SXXXX729C

Page 1 of 32

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

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Weather Conditions

Road Surface

THER 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?

DETAILS OF POLICE ACTION

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

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

KINDLY REFER TO SKETCH PLAN.

ATTACHMENT(S)

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

Was there any audio recorded?

Yes

09/10/1987

20/08/2008

S(640753)

Chain Collision

Clear

Dry

No

3 No

Yes

No

No No

No

No

Child

13 YEARS AND 5 MONTHS

(Phone) +65-90499926

ken.tanping@gmail.com

BLK 753 JURONG WEST ST 74 #04-30

Indoor

Male

Yes

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant

Vehicle Colour Vehicle Category Name of Driver NRIC No Contact Number

Address

SMC6425Z **BMW**

White Private car NG GUAN KIAT SXXXX175G

(Phone) +65-94236760

Accident report SE0O221R0003

Page 2 of 32

Address complement
Postcode
Insurance Company Name
Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number
Vehicle Manufacturer
Vehicle Model
Vehicle Variant
Vehicle Colour
Vehicle Category
Name of Driver

Name of Driver
NRIC No
Contact Number
Address
Address complement
Postcode

Insurance Company Name
Nature Of Damage
Details of property damaged in accident
Of Passenger (Including Driver)

SLM3697J Toyota Sienta

Private car MOHAMMED ZAKI BIN MOHD ILYAS

SXXXX780J (Phone) +65-88777618

.

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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
- 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
- 7. By the lodgment 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 daims 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 daims.(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
- 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

v4111~

(ii) for complying with requirements under any regulations, laws or court orders.

relit 2 Polic holder's Signature Date & Time:

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

Name: NRIC/FIN No .:

AT RENTAL UEN 53399924C Blk 753 Jurong West St 74 #04-30 Singapore 640753

Reporting Centre Personne's Signature

SKETCH PLAN	9 Divider
SWELLS T	
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT	<u></u>
this pried of 10-18ate 13.	my vivile SMN345, white Aside
	ca.
brokes + manged to stop	in time. on car (SWChUZGZ), musing
me to bring into Au 1st car	my car (Shebyzhi), musm
No contact	
No injum ryantedr.	
You had been advised by workshop that in the event against your own policy (OD claim), there is a <u>fou</u> whereby the claim must be made within the stiputhe day of occurance.	rteen (14) days clause Claim 00
Policyholder's Signature Date & TimBik 753 Jurong West St 74 #64tiyer is not the policyholder Signapore 640753 Date & Time:	Reporting Centre Personnel's Signature



Notification Letter

1	-	4	
	- 19	te	

15/02/2022

To

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

3 ANSON ROAD

#16-00, SPRINGLEAF TOWER

079909

Dear Sir / Madam,

We are instructed by ETHOZ PROTECT PTE LTD to notify you of a road traffic accident on 24/01/2022

at about 10:00 at AYE AFTER CLEMENTI AVE 2 EXIT involving our client's/ customer vehicle registration number SMN- 349-S and vehicle registration number SMC6425Z driven by you at the material time.

A copy of Singapore accident statement/traffic police report filed is enclosed.

As a result of the accident, our client's/ customer's vehicle has been damaged. Before our we proceed to repair the damaged vehicle, please let us know within 2 working days of your receipt of this notice whether you would like to conduct a pre-repair survey of the vehicle. If we do not receive any reply from you within the stipulated timeline, we shall proceed to repair the vehicle without further reference to you.

Yours faithfully,

Cc (other insurance companies for chain collision accident)