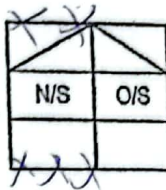


ASS. REC. BY: Steve REP: CS/CT122001526/EVY3

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
OD/TP/W3/TP RES/OD RES/EVA/INV/MV
 To Inspect Vehicle No: _____
 at Workshop m/s _____
 of _____
 Insured: SMC 6425Z
 Policy No. DMPCSNW00130222100
 Claims No. SNM22D200700/C02/IRENE
 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: _____
 IDAC Accident Rpt: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: _____ days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Veh No: SMN349S Yr Regn: 23/7/19
 Type: (M) Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Honda Freed c.c. 1496
 Colour: White A/C: Insured / Std / NI / NA
 Sp. Reading: 979V-799 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: GB71072769
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or
 Brake: Inorder / Jammed / Leaked / Burnt or
 Mod: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 185/60R15
 R: _____

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

Front Rear
 R/Bal. 4 mm R/Bal. 4 mm
 L/Bal. 4 mm L/Bal. 4 mm
 D.O.A. 24/1/22 D.O.I. 17/2/22
 Survey held at ETHOZ
 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
	<u>MV-97K</u>
16/3/22	Steve informed LS \$3300 (red 2682.20, 44%)

Date/Time, File Pass to?

☐ : Prell. Report
☐ : Final Report

1) Date/Time, File Return to?

2) 17/3/22-typist

Report Format: Merimen

Lump Sum / L.S.: \$3300

Days Of Repair: 5

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$)
☐ : Interview (\$)
☐ : Tech. Invs (\$)
☐ : Weekend (\$)

Survey Fee:

Transportation:

S + RS \$

Photos

Others

FO-244

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

Selamatshahh
CLAIM DEPARTMENT
DID : 66547519
FAX :

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	REPAIRER AMT (\$)	SURVEYOR APP.
List Item			
1	REAR BUMPER / OD	780.00	
2	REAR BUMPER RETAINER / GR	54.00	
10	REAR BUMPER CLIPS / RC	30 50.00	
1	TAILGATE / OD	2,175.00	
1	TAILGATE LOCK X	135.00	
1	EMBLEM - FREED / RC	63.00	
1	EMBLEM - HYBRID / RC	82.00	
1	REAR WINDSCREEN MOULDING / RC	90.00	
1	END PANEL X		
	RESTORE		

Let 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 resurvey
- subject to final approval from Insurance

acknowledged by Repairer

Signature:

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	REPAIRER AMT (\$)	SURVEYOR APP.
1	FRONT BUMPER / CR4	745.00	
10	FRONT BUMPER CLIPS / MC	30 50.00	
1	FRONT BUMPER REINFORCEMENT ?	435.00	
	Sub Total	4659.00	
	Discount 20% On Parts	(931.80)	
	Special Nett Item		
1	REVERSE SENSOR / Shld	700 220.00	
1	REAR WINDSCREEN SEALANT / MC	40 50.00	
1	FRONT NUMBER PLATE X	35.00	

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	REPAIRER AMT (\$)	SURVEYOR APP.
	Sub Total	305.00	
	<u>Labour & Misc</u>		
	LABOUR TO FACILITATE REPAIR	800.00	600
	TO RESPRAY AFFECTED AREAS	800.00	600
	TO CHECK AND RECONNECT ALL NECESSARY WIRINGS	50.00	30
	TO REMOVE AND REFIT REAR WINDSCREEN GLASS	150.00	120
	TO REMOVE AND TRANSFER TAILGATE COMPONENTS	150.00	50

Steve CLKK)
17/2/22, 3.15pm

W R
L/S
My ALY
5 Lys

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	REPAIRER AMT (\$)	SURVEYOR APP.
	Sub Total	1950.00	

5,982.20

Remarks:

SUB TOTAL

GST 7.0 % 418.75

TOTAL 6,400.95

Surveyor's name: _____

Principal's name: AT RENTAL

Survey Date & Time: _____

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 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. 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	27/01/2022 19:31 (SGT)
Date of Accident	24/01/2022 10:15 (SGT)
Exact Location of Accident	AYE, Singapore
Additional Location Information	AYE AFTER CLEMENTI AVE 2 EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMN349S

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	AT RENTAL
Company Reg No	5XXXX924C
Email Address	ken.tanping@gmail.com
Mobile Phone No	(Phone) +65-90499926
Alternative Phone No	+65-90499926

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Freed
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 hire
Transmission	Auto
CC	1500

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2070093181-01
Cover Note Number	-

DRIVER

Name of Driver	KEN TAN PING
NRIC No	SXXXX729C



Date Of Birth	09/10/1987
Occupation	Indoor
Date Of Driving Pass	20/08/2008
Driving experience	13 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90499926
Alt. Phone Number	-
Email Address	ken.tanping@gmail.com
Address	BLK 753 JURONG WEST ST 74 #04-30
Address complement	-
Postcode	S(640753)
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
Does Driver Own Other Vehicles?	No
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

KINDLY REFER TO SKETCH PLAN.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMC6425Z
Vehicle Manufacturer	BMW
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Private car
Name of Driver	NG GUAN KIAT
NRIC No	SXXXX175G
Contact Number	(Phone) +65-94236760
Address	-

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	SLM3697J
Vehicle Manufacturer	Toyota
Vehicle Model	Sienta
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MOHAMMED ZAKI BIN MOHD ILYAS
NRIC No	SXXXX780J
Contact Number	(Phone) +65-88777618
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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

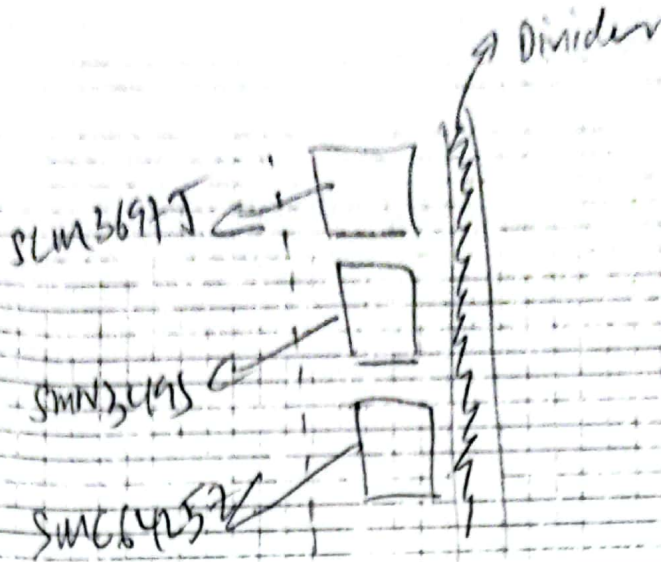
Policyholder's Signature
Date & Time:

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

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Dry hatched road & clear weather, accident happened at the time period of 10-11am to 12:20 am on the 24/1/22.

Accident involves 3 cars, my vehicle SMN3495, white Honda Civic was the middle car.

Front (1st) car jammed brake (SMN3697J), I applied brakes & managed to stop in time.

Last (3rd) car slammed into my car (SMC64252), causing me to bump into the 1st car.

No injuries reported.

You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a **Fourteen (14) days clause** whereby the claim must be made within the stipulated timeframe from the day of occurrence.

Reporting Only
Claim OD
☒ Claim TP
Claim OD / TP at other workshop

DECLARATION

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

24/1/22
AT RENTAL

24/1/22

Policyholder's Signature
Date & Time: 24/1/22
Bik 753 Jurong West St 74
Singapore 640753

Driver's Signature
Date & Time: 24/1/22
Note: Driver is not the policyholder)

Reporting Centre Personnel's signature
Name:
NRIC/FIN No.:

ETHOZ
LKK

Notification Letter

Date : 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)