

Vin's

Vin's Motor Pte Ltd
160 Sin Ming Drive
#03-03 Sin Ming Autocity
Singapore 575722
Tel : 6453 2121 Fax : 6459 9795
GST Registration No. 199906067G

Estimated Cost of Repair

Attention To : China Taiping Insurance
(Singapore) Pte Ltd
3 Anson Road
#15-00 Springleaf Tower
Singapore 079909

Claim Details

Case Ref. No. : TP/032022/5278
Date : 14-03-2022
Accident Date : 06-03-2022

Vehicle Details

Make & Model : Honda HRV 1.5 DX CVT
Chassis No : JHMRU1810GX202474
Registration No : SLN5370H

Third Party Vehicle Details

Registration No : SLL7149D

S/N	Description	Qty	Amount (S\$)
1	FRONT RH DOOR X Repair	1.00	\$950.20
2	FRONT RH DOOR OUTER MOULDING X	1.00	\$60.20
3	FRONT RH DOOR FRAME PILLAR STICKER X 3 new	1.00	\$78.60
4	REAR RH DOOR 1 new	1.00	\$930.60 ✓
5	REAR RH DOOR OUTER MOULDING X 2 new	1.00	\$65.30
6	REAR RH DOOR FRAME PILLAR STICKER 1 new	1.00	\$78.60 ✓
7	REAR RH DOOR VERTICAL RUBBER 1 new	1.00	\$49.20 ✓
			\$2,212.70 1058.4
Discount: -20%			(\$442.54)
			846.72
			\$1,770.16
8	TO REPAIR RH DAMAGES	1.00	\$480.00 400
9	TO SPRAY PAINTING	1.00	\$680.00 400
Subtotal w/o GST:			\$2,930.16
			1646.72

4 Days.
P/P.
before paint photos.
Gino Ariant.
15/3/22

Issued by Elaine Lee

This is a computer-generated document. No signature is required.

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 of 1
Signature:
Date:

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	07/03/2022 16:46 (SGT)
Date of Accident	06/03/2022 18:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG BLK 641 ANG MO KIO AVE 4
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN5370H
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NG GEOK LING EILEEN
NRIC No	SXXXX874F
Email Address	NGLEILEEN@GMAIL.COM
Mobile Phone No	(Phone) +65-98395042
Alternative Phone No	(Home) +65-98395042

VEHICLE PARTICULARS

Manufacturer	Honda
Model	HRV 1.5 DX CVT
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	FWD Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	PNPV2020-00003134-01
Cover Note Number	-

DRIVER

Name of Driver	YEO KIAN MIN
NRIC No	SXXXX213G

Valid Driving Pass	26/07/2001
Driving experience	20 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92955970
Alt. Phone Number	-
Email Address	KIANMINYEO@GMAIL.COM
Address	5 ANG MO KIO STREET 66 #04-26
Address complement	-
Postcode	567707
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	Collision - U-Turn
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
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

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	SLL7149D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
Name of Driver	TOH KIM HENG
NRIC No	SXXXX022J
Contact Number	-
Address	-

Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

SKETCH PLAN

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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' law firms/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 firms/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 firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

[Signature]

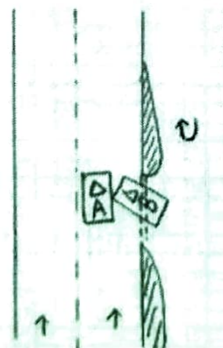


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A : SLN5370H
B : SLL7149D

Describe Circumstances of the Accident

On 6 Mar 2022 at around 18:30 hrs. I was driving straight on my lane at along Ang Mo Kio Avenue 4 near Blk 641. Suddenly a vehicle 9LL7149D made a u-turn from my right side and then accidentally hit onto my right portion of vehicle.

Declaration

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

