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| at Workshop mys  Chess Colour  Clour  Accilians No.  Claims No.  Sum insured:  Excess:  (Clients Record)  Make of Veh:  (Clours Record)  Make in notifier Jammed / Leaked / Burnt or  Mod: (MI) SRRm / STO ARim or  Tyre State: F: 2 0.5 / 85/R/Ib  TOYO 1/0/0/0 or  Eight State of Insured I stad IN INA  Mod: (MI) SRRm / STO ARim or  Mys State : Incoder Jammed / Leaked / Burnt or  Mod: (MI) SRRm / STO ARim or  Mys State : Incoder Jammed / Leaked / Burnt or  Mod: (MI) SRRm / STO ARim or  Mys State : Incoder Jammed / Leaked / Burnt or  Mod: (MI) SRRm / STO ARim or  Mod: (MI) SRRm / STO ARim or  Mys State : Incoder Jammed / Leaked / Burnt or  Mod: (MI) SRRm / STO ARim or  Record)  Mod: (MI) SRRm / STO ARim or  Record or  Rec  | To Inspe             | c Vehicle No:  |                                       | uck / Trailer or   | <del>(A) '.</del>  |  |
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| Claims No.  Claims No.  Claims No.  Sum insured:  (Clent's Record)  Make of Vehi:  Make of Vehi:  Remark: The veh had commenced its repair at the time of inspection.  Bal. or Market Value:  IDAC Accident Rport:  Consistent?: Yes or No  Est. Repairs:  CA / REV / REP. / 24 HRS  Date:  Person Contacted:  Person Contacted:  Person Contacted:  Vehicle: IN / OUT  The UIC / Chassis frame / Body Structure affected due to collision.  Time, File Return to?  Add Fee:  Size for insured:  Statein; Ingogr/Jammed / Leaked / Burnt or  State:  Ingogr/Jammed / Leaked / Burnt or  Statein; Ingogr/Jammed / Leaked / Burnt or  State:  Ingogr/Jammed / Leaked / Burnt or  Mod: #III State / Ingogr/Jammed / Leaked / Burnt or  State:  Ingogr/Jammed / Leaked / Burnt or  Nod: #III State:  Ingogr/Jammed / Leaked / Burnt or  In  | Insured:             |  |                                       | 0 200276   | T/Radio: Insured / :   | Std / NI / NA                          |
| Sum insured:  (Clent's Record)  Maxe of Vah:  (Policy Condition)  Ramat: The veh had commenced its repair at the time of inspection.  Bal. or Market Value:  (DAC Accident Rport:  Consistent?: Yes or No  Est. Repairs:  CA / REV / REP. / 24 HRS  Date:  Person Contacted:  Date / Time Action / Instruction  Action / Instruction  Excess:  Steering: Inquagr) Jammed / Leaked / Burnt or Modi: MID SRim / STD ARItim or Tyre Stax: Inquagr) Jammed / Leaked / Burnt or Modi: MID SRim / STD ARItim or Tyre Stax: Inquagr) Jammed / Leaked / Burnt or Modi: MID SRim / STD ARItim or Tyre Stax: Inquagr) Jammed / Leaked / Burnt or Modi: MID SRim / STD ARItim or Tyre Stax: Inquagr) Jammed / Leaked / Burnt or Modi: MID SRim / STD ARITIM or Tyre Stax: Inquagr) Jammed / Leaked / Burnt or Modi: MID SRim / STD ARITIM or Tyre Stax: Inquagr) Jammed / Leaked / Burnt or Modi: MID SRim / STD ARITIM or Tyre Stax: Inquagr) Jammed / Leaked / Burnt or Modi: MID SRim / STD ARITIM or Tyre Stax: Inquagr) Jammed / Leaked / Burnt or Modi: MID SRim / STD ARITIM or Tyre Stax: Inquagr) Jammed / Leaked / Burnt or Modi: MID SRim / STD ARITIM or Tyre Stax: Inquagr) Jammed / Leaked / Burnt or Modi: MID SRim / STD ARITIM or Tyre Stax: Inquagr) Jammed / Leaked / Burnt or Modi: MID SRim / STD ARITIM or Tyre Stax: Inquagr) Jammed / Leaked / Burnt or Modi: MID SRim / STD ARITIM or Tyre Stax: Inquagr) Jammed / Leaked / Burnt or Modi: MID SRim / STD ARITIM or Tyre Stax: Inquagr) Jammed / Leaked / Burnt or Modi: MID SRim / STD ARITIM or Tyre Stax: Inquagr) Jammed / Leaked / Burnt or Modi: MID SRim / STD ARITIM or Tyre Stax: Inquagr) Jammed / Leaked / Burnt or Modi: MID SRim / STD ARITIM or Tyre Stax: Inquagr) Jammed / Leaked / Burnt or Modi: MID SRim / STD ARITIM or Tyre Stax: Inquagr) Jammed / Leaked / Burnt or Tyre Stax: Inquagr) Jammed / Leaked / Burnt or Tyre Stax: Inquagr) Jammed / Leaked / Burnt or Tyre Stax: Inquagr) Jammed / Leaked / Burnt or Tyre Stax: Inquagr) Jammed / Leaked / Burnt or Tyre Stax: Inquagr) Jammed / Leaked / Burnt or Tyre Stax: Inquagr) Jammed  | Policy No            | THE CAMP CAMP CAMP PROPERTY OF THE CAMP CAMP CAMP CAMP CAMP CAMP CAMP CAMP   |                                       |  |  |  |
| Steering: Inor@ij Jammed / Leaked / Burnt or  | Claims No            | ).   |                                       | 138  | 1417710  | 130                                    |
| (Ckent's Record) Make of Veh:    Consistent's Year or No   Consistent's Year or No   Call February   Sale   Toyo   York   Call February   Call  | Sum Insur            | cd: Fyrace   | Gen, Cond                             |  |  |  |
| Botaks:   Inadign / Jammed / Lesked/ Burnt or   | (Client's            |  |                                       |  |  |  |
| Tyre Stax: F: 205/85/R18   Tyre Stax: Fixed Stax:    |                      | ·  |                                       |  |  |  |
| Romark: The veh had commenced its repair at the time of inspection.  Bal or Market Value:  IDAC Accident Rport: Consistent?: Yes or No  GIA / PR Seen: Consistent?: Yes or No  Lum Sum: IU % 3 Val.: Yes or No  CA / REV / REP. / 24 HRS  Date: Person Contacted: Vehicle: IN / OUT  Date / Time   Action / Instruction  Time, Fise Pass to?  I: Final Report   Days Of Repair:  Time, Fise Pass to?   Survey Fee: Instruction   Transportation:  Add Fee: Site Insp (\$ ) Survey Fee: Instruction   Su |                      | 10 on  | _                                     | I / S/Rim / STD A/Rim o  | 2 1  |  |
| Remark: The veh had commenced its repair at the time of inspection.  Ball or Market Value:  IDAC Accident Rport: Consistent?: Yes or No GIA / PR Seen: Consistent?: Yes or No Lum Sum: Line Seen: Ves or No CA / REV / REP. / 24 HRS  Date / Time Action / Instruction  Time, Fise Pass 167  Final Report  Add Fee: Site Insp (\$   | (Policy Co           |  | Tyre Size:                            | F:   | :05/85R  | 16                                     |
| Bal. or Market Value:  IDAC Accident Rport: Consistent?: Yes or No  GIA / PR Seen: Consistent?: Yes or No  Lum Sum: J % 3 Val.: Yes or No  Date / Time   Action / Instruction    Date / Time   Action / Instruction    True, Fise Return to?    Add Fee: Site Insp. (\$ )   |                      |  | NIE OF                                | R:   |  | - (0)                                  |
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| IDAC Accident Rport: Consistent? : Yes or No  GIA / PR Seen: Consistent? : Yes or No  Est. Repairs: OP days Res.: Yes or No  Lum Sum: 2   |                      |  | TOYO I YOU                            | OKO'or   |  | 1.                                     |
| GIA / PR Soon:  Consistent? : Yes or No  Est. Repairs:  Date:  Person Contacted:  Date / Time   Action / Instruction    Time, File Pass to?  I Prell. Report   Presult   Presult    Consistent? : Yes or No    Consistent : Yes  |                      |  | Front                                 |  | Rear   |  |
| Est. Repairs:   |                      |  | , , , , , , , , , , , , , , , , , , , | <u>9</u> mm  |  | 5 mm                                   |
| Lum Sum: 2 % 3 Val.: Yes or No  CA / REV / REP. / 24 HRS  Date: Person Contacted: Vehicle: IN / OUT  Date / Time  |                      | -72  | WOW.                                  | 9 mm   | L/Bal. 5   |  |
| Date: Person Contacted: Vehicle: IN/OUT  Date / Time   Action / Instruction   Days Of Repair:   Prell. Report   Press to?   Prell. Report   Press to?   Prell. Report   Press to?   Press   |                      | 1  | 10.00.                                | 1/4/22   | D.O.I. 20/6  |  |
| Date   Person Contacted: Vehicle: IN / OUT   The U/C / Chassis frame / Body Structure affected due to collision.    Date / Time   Action / Instruction   Action / Instruction   | com sum:             | 20 % 3 Val.: Yes or  | No Survey held :                      | et .   | -0/7   | 101                                    |
| Date / Time   Action / Instruction   The UIC / Chassis frame / Body Structure affected due to collision.    Date / Time   Action / Instruction   Action / Instruction   | CA / REV             | / REP. / 24 HRS  | Des. of Dama                          | ges: Frt / Rear / O/S /  | NIS / IVO / 5  |  |
| Date / Time Action / Instruction  Time, Fise Pass to?  Prell. Report Days Of Repair:  Final Report Resurvey No. of Trip:  Survey Fee:  Transpondator:  Add Fee:  Site Insp (\$ ) _ S + RS _ SI  Interview (\$ ) _ Fise / 25  Tech Invs (\$ ) Others   | Date:                | Person Contested   | hide: IN / OUT                        | 015 181  | NIS I UIC I Rooftop  | or                                     |
| Time, File Pass to?  : Prell. Report  Days Of Repair:  : Final Report  Resurvey No. of Trip:  Survey Fee:  Transportative:  Add Fee:  : Site insp (\$ ) _ S + RS _ SI  : Interview (\$ ) _ Fin / 35  Tech Invs (\$ ) Others   | Date / Time          |  | The U/C                               |  | Structure affected due   | to situat                              |
| Days Of Repair:    Final Report   Resurvey No. of Trip:   Survey Fee:   |                      | Action / Instruction   |                                       |  | and the same of th | to consion.                            |
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| Add Fee: Site Insp (\$ )S+RSSI  Interview (\$ ) Fire is  Tech Invs (\$ ) Others   |                      |  |                                       | - The second sec |  |  |
| Add Fee: : Site Insp (\$ )S+RSSI  : Interview (\$ ) Fire is  Tech Invs (\$ ) Others   | Time, File Return to |  | Resurvey No.                          | of Trip:   | Survey Fee:  |  |
| : Interview (\$ ) Firsts  It Format:  Tech Invs (\$ ) Others  |                      |  | Add Facility                          |  | Transportativi:  |  |
| rt Format :   | CONTRACTOR OF STREET |  | add Fee: Site Ins                     | p (\$)   | S + RSSI   |  |
| rt Format: Tech Invs (\$ ) Others   |                      | ,  | : Interview                           | w (\$  |  |  |
| Or let's  | rt Format :          |  | Tech In                               | vs (\$   | /  |  |
| AAGGATIO (A   |                      | <b>(S</b>  | h                                     | /  | Ociet2   | _                                      |
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|   |                      |  |                                       |  |  |  |

## CHEONG CHEONG MOTOR SERVICE PTE LTD

BLK 5032 ANG MO KIO IND. PARK 2 #01-293 SINGAPORE 569535

TEL: 6481 4152 FAX: 6481 4157 e-mail: c2msvc@singnet.com.sg

Our Ref : 0574/04/2022

Page: 1 Date:

M/S

ACCIDENT REPAIR ON

: PA 5688 M - MITSUBSHI ROSA

CHASSIS NO

DATE OF ACCIDENT

:11/04/2022

APPENDED BELOW ARE THE ESTIMATED COST OF REPAIR & PARTS TO BE REPLACED :-

#### REPLACEMENT OF PARTS

S\$

1 FRONT RIGHT SIDE MIRROR

- 2 FRONT RIGHT SIDE MIRROR BRACKET
- 3 FRONT RIGHT SIDE SIGNAL LIGHT
- 4 FRONT RIGHT SIDE LAMP
- 5 FRONT WINDSCREEN RUBBER
- 6 FRONT RIGHT DOOR GARNISH

124.50 388.30 388.30 98.70 44 138.50 228.40 50fa 1,165.90 116,59

SS

**LESS: 10%** 

1,049,31

#### **LABOUR CHARGES:**

7 STRIP/REFIT FRONT WINDSCREEN

8 KNOCKING PUSH OUT RIGHT SIDE ACCIDENT PARTS STRIP/REFIT ABOVE ACCESSORIES

9 SPRAY PAINT & SPRAY ANTI-TUFF-KOTE ON RIGHT SIDE ACCIDENT AFFECTED AREAS

1*20*/

680.00 500

700.00 60d



Not bothaird 11 hap & Renny After Pains Eday

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

Signaturge 1

Date:

SJ0B224C0001 / Jin Auto Services Pte Ltd ENTRY DATE & TIME: 12/04/2022 11:05 (SGT) SUBMITTED BY: Lim Hong Guo VERSION: 1 (12/04/2022 11:05 (SGT))

# SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

ASS. RE nner From: Estima

OC. /A To Inst

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insured Policy Claims Sum li

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Make

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P.em

Bal

IDA

GU Es

C

D

 Please report <u>correctly</u> the details of the accident to speed up the claims process.
 This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>
 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.

A. 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

12/04/2022 11:05 (SGT) 11/04/2022 14:40 (SGT) Tampines Ave 1, Singapore

Singapore

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

PA5688M

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No

**Email Address** Mobile Phone No Alternative Phone No Yes

ZHENG XING YUN SERVICE

52917205D

louistan@zhengxingyun.net (Phone) +65-91188261 (Office) +65-91188261

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

Mitsubishi Rosa

**BUS BE641JRMDEB** 

**Employment** 

No - Claiming third party Commercial vehicle

Auto

2998

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage Fleet Policy Policy Number Cover Note Number China Taiping Insurance (Singapore) Pte. Ltd.

Comprehensive

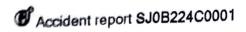
No

DMB1SNA00011102102

DRIVER

Name of Driver NRIC No

ONG WEI ZHENG S9445666E



### SKETCH PLAN

#### IMPORTANT NOTICE

- Pease report correctly the details of the accident to speed up the claims process.
- 3 information provided must be as truthful and accurate as possible. Any wilful misrepresentation or widthfolding of material facts may allow insurance companies to condition.
- 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. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for each of proceeding martins. 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 loagement 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 associated and to copies of the report being made available aforesaid
- 8 Consent under the Personal Data Protection Act (PDPA)

funderstand, acknowledge, agree and consent that

(a) My insurer i 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 of 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 yers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of

(ii) 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,
- (N) administering my claims (including the making 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 yers/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 yers/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 12/04/22 954Am

Witnessed by Reporting Centre Personnel

#### Sketch Plan

DOM: 11/04/2022 14:40Pm

PA 5685 M

B: XE GATL.

(Ampines 7

