PRECISE AUTO SERVICE

NO. 1 KAKI BUKIT AVE 6 #02-33/34/36 AUTOBAY SINGAPORE 417883 TEL: 67457367 FAX: 68413390

CO. REG. NO.: 35766600C

GST REG. NO.: 35766600C

17-06-22

Date Of Accident :10/05/2022 OUR REF: YN 5278M/T/22

3G Technologies(S) Pte Ltd

6 Clementi Loop

#01-14

Singapore 129814

LKK- morcus (SJE)

Date Mout: 10/05/22 to 18/05/22

ESTIMATE BILL ON VEH. NO.: YN 5278M

MODEL: MITSUBISHI CANTER CHASSIS NO.: FEB21EA00415

LIST ITEM

Tail Lamp RH 230.91

Tail Lamp Bracket 98.00

Rear Rubber Stopper RH 120.00

Real Rubber Stopper Bracket 90.00

Rear End Panel 867.10 1,406.01

Less Discount 10%: 140.60

1.265.41

SPECIAL NETT ITEM

Rear Bumper 1,200.00

Rear Bumper Bracket 2pcs @ 150.00 300.00

LABOUR CHARGE

To Check Wiring System 80.00

To Tuff Coat Affected Areas 180.00

To Respray Affected Areas 750.00

To Renew Damaged Parts, Straighten & Repair Rear RH Tail Gate. 750.00 Tail Gate Pillar, RH Body Panel Lower Member And Aligned All Parts

> 4,525.41 GST 7%: 316.78

TOTAL AMOUNT: 4,842.19 SS1Y225B0002 / SME MOTOR PTE LTD ENTRY DATE & TIME: 11/05/2022 10:47 (SGT) SUBMITTED BY: Chia Pei Ying VERSION: 1 (11/05/2022 10:47 (SGT))

SINGAPORE ACCIDENT STATEMENT

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

- 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 11/05/2022 10:47 (SGT) Date of Accident 10/05/2022 09:20 (SGT) Exact Location of Accident AYE, Singapore Additional Location Information FROM CLEMENTI AVE 6 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

YN5278M

INSURED/POLICYHOLDER Is company? Name Of Registered Owner 3G TECHNOLOGIES (S) PTE LTD Company Reg No 200402106E **Email Address** keni@threeg.com.sg Mobile Phone No (Phone) +65-96709968 Alternative Phone No +65-96709968

VEHICLE PARTICULARS

Vehicle Registration Number

Manufacturer Model Canter Variant Exact purpose for which vehicle was being used at time of accident **Employment** Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category Transmission

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number

DRIVER

CC

Name of Driver Passport No/FIN Mitsubishi

No - Claiming third party Commercial vehicle Auto 2998

NTUC Income Insurance Co-operative Ltd Comprehensive No 5119979819-01

GOVINDARAJ THIYAGARAJAN

G5368473X



Date Of Birth 20/05/1987 Occupation Outdoor Date Of Driving Pass 12/08/2020 Driving experience 1 YEAR AND 9 MONTHS Gender Mobile Number (Phone) +65-82803350 Alt. Phone Number Email Address keni@threeg.com.sq Address 6 CLEMENTI LOOP #01-14 Address complement Postcode 129814 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured **Employee** 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 - Head to Rear 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? Yes Was any injured conveyed to hospital by ambulance? No 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

ON 10/05/2022 AT ABOUT 9.20AM, I WAS DRIVING MY COMPANY'S LORRY (YN5278M) ALONG CLEMENTI AVE 6 EXIT TO AYE. UPON REACHING THE SLIP ROAD JUNCTION TO AYE, WHILE I EXITING TO THE MAJOR ROAD, SUDDENLY I FELT AN IMPACT FROM BEHIND AND I REALISED THAT A TAXI (SHB338X) DIDN'T KEEP A PROPER LOOKOUT AND THEN COLLIDED ONTO REAR RIGHT PORTION OF MY LORRY (YN5278M). I FELT DISCOMFORT AFTER THE ACCIDENT. SO I WENT TO SEEK FOR MEDICAL TREATMENT AND WAS GIVEN 2 DAYS MC. HENCE, I HERE TO LODGE THIS REPORT TO CLAIM AGAINST TAXI (SHB338X)'S INSURANCE FOR MY ACCIDENT DAMAGES.

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration NumberSHB338XVehicle Manufacturer-Vehicle Model-Vehicle Variant-Vehicle Colour-Vehicle CategoryTaxi



Name of Driver

Contact Number

Address

Address complement

Postcode

Insurance Company Name

Nature Of Damage

Details of property damaged in accident

No. Of Passenger (Including Driver)

- (Phone) +65-96229587

- (Phone) + (Phone) +

INJURED PERSONS DETAILS

INJURED 1

0 1	OVINDARAJ THIYAGARAJAN lale
Address -	
Address Complement	
Post Code	
Approximate Age Years Old	
Injuries Sustained	
	N5278M
	es
Was this injured conveyed to hospital by ambulance?	0

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Formmust 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.
- Any false reporting may be referred to the Police for investigation.
- 6. The report will be forwarded by the insurers of the GM 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' law yers/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 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 flaw 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

Winessed by Reporting Centre

Sketch Plan

(A) YN 5078 M.

B) SHB, 338X

Along AYE.

(From Clementi Ave.6)

Describe Circumstances of the Accident

On 10-05 - 2012 (a)	about 09:20 am, luas	driving my moment
long (YN 5178M) ale	ng Clement; Are 6 exit to	AVE. Chan reacht the
dip road Tuestion to	ATE while i exiting to t	the major and soldholm
T felt an impact from	m behind and i realized t	test of trave (CHR 330X)
didn't keep a syrna.	look out and then collided	onto non rigidat puttan
of my lower (4N525	Hom) I gett discomfort affec	- the accidedt on
west to seed for a	edical treatment and inc	area la de de mar
Hence I have to lador	this report to claim as	15 L T. : (SHE 288X)
Insuppose for my	redical treatment and was a this report to claim aga accident damages.	1001 1001
	J. J.	
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Martin		
Declaration		,¥
IMA declare the formular made to	A see fee to the control of	
I'We declare the foregoing particular		
If you wish to claim against your own must be made within the sipulated to	n policy, please be advised that your insurer may have imeframe from the day of occurrence. Kindly check w	re a fourteen (14) days clause whereby the claim with your insurer for more details.
	This (solar los) (14	.43)
Policyholder's Signature / Date &	Driver's Signature (If driver is not the policyholder)	Date Minescent by Properties Conten
Time	8. Time	/ Date Witnessed by Reporting Centre Fersonnel



Vehicle Details

Vehicle No.

YN5278M

Make / Model

MITSUBISHI / CANTER FEB21ER3SDEB (CBU)

Vehicle Type:

A50 - Goods (Closed) Van/Van Panel (Delivery)

Vehicle Scheme:

Normal

Propellant:

Diesel

Motor No.:

-

Power Rating:

Maximum Laden Weight:

5000 kg

Year Of Manufacture:

2014

Lifespan Expiry Date:

04 Jun 2034

Quota Premium:

\$36,301.00

Road Tax Expiry Date:

04 Jun 2022

Inspection Due Date:

04 Jun 2022

CO2 Emission:

Vehicle Attachment 1:

No Attachment

Chassis No.:

FEB21EA00415

Engine No.:

4P10B18089

Engine Capacity:

2998 cc

Maximum Power Output:

**

Unladen Weight:

2440 kg

Original Registration Date:

05 Jun 2014

COE Category:

C - Goods Vehicle & Bus

COE Expiry Date:

04 Jun 2024

PARF Eligibility Expiry Date:

**

Intended Transfer Date:

10 May 2022

CEV/VES Rebate Utilised Amount: