ASS. REG. BY: STEVE CS/MS(1)	9004698/11/93
ASSI	GNMENT
From: Date:	Veh No: SML 8909X Yr Regn: 20/10/18
Estimated Cost:	Type: M.Car / M.Cycle / Bus / (Van / Lorry / Taxl / Prime Mover /
OD / P/WS/TP RES/OD RES/EVA/INV/MV	Truck / Trailer, or
To Inspect Vehicle No:	Make: Hondo relet co 1496
at Workshop m/s	Colour 3/6/K A/C: Insured / Std / NI / NA
of	Sp.Reading 156445 T/Radio: Insured / Std / NI / NA
Insured: GBG 4429K	Eng/No:
Policy No. 1001803973	C/No: RU3/168/04
Claims No. 274632	Gen. Cond: Good Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Ingrider / Jainmed / Leaked / Burnt or
(Client's Record)	Brake: Indider / Jammed / Leaked / Burnt or
Make of Veh;	Modl: NII / SRIm / STD A/Rim or
	Tyre Size: F:
(Policy Condition)	R://
Remark: The veh had commenced its N/S O/S	BS / PUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO / YOKO or
Bal. or Market Value:	Front Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. W mm , R/Bal. W mm
GIA / PR Seen: Consistent? : Yes or No	U/Bal. U/ mm U/Bal. 4 mm
Est. Repairs: days Res.: Yes or No	D.O.A. 13 1/15/1/2 Prime D.O.I. 1915/11
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/OUT Date:Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	
MV-88V.	
24/5/22 51 15 40 521 62 5	
31/5/22 Final fig \$3524.80 confirmed by er	nail (red 1118.52, 24%)
<u> </u>	
	AF 1144
Date/Time, File Pass to? : Prell. Report	Days Of Repair: 5
	Resurvey No. of Trip: 1 Survey Fee:
Date/Time, File Return to?	Transportation:
2) 31/5/22typist Add Fee	
	: Interview (\$) Photos
Reputer: Merimen	: Tech, Invs (\$) Others
Lunap Sum/ LBJ: (\$\$3524.80	: Weekend (\$
	TOTAL
•	



Prime Auto Claims Service Pte Ltd

GST Reg. No : 201606560M 6 Benoi Place Singapore 629927 Tel: 6861 0908 Fax: 6515 2948

Date: 18.05.2022

MSIG Insurance (Singapore) Pte Ltd 4 Shenton Way #21-01 SGX Centre 2 Singapore 068807

Attn: Motor Claims Dept

RE: ESTIMATE COST OF REPAIR TO SME8909X HONDA VEZEL (HYBRID) (Registration date: 22.10.2018)

To Supply

	Rear bumper lower garnish ~ 00	\$	985.00
1) lpc		\$	245.00
2) lpc	Left rear bumper / (kg	\$	189.00
3) lpc	Rear bumper left reflector – BR	\$	1,100.90
4) lpc		\$	38.00
5) lpc	Tailgate "H" emblem	\$	60.00
6) lpc	Tailgate "Vezel" emblem / //	\$	60.00
7) lpc	Tailgate "Hybrid" emblem / M(\$	520.00
8) 1pc	Rear end panel	-	
			2 107 00

Sub total Parts	\$ 3,197.90
Less: 20% discount	\$ (639.58)
,	\$ 2,255.12

To supply S.Nett Parts

2)	1 set 1 tube	Rear bumper clips Reverse sensors Rear glass sealant Rear glass moulding (4pcs)	\$ \$ \$ 40 \$ 120	30.00, 200.00, 45.00 200.00
7,	1501	Trem Branch () - 1		

Sub total S.Nett Parts \$ 475.00

L/charges

1)	To tuff kote affected portion.	\$ 30	50.00
2)	To transfer tailgate trim board, handle, mechanism parts & etc.	\$ 30	60.00
3)	To remove & refit rear glass.	\$	120.00/
4)	To remove & replace reverse sensors & refit rear camera, check wiring.	\$ 30	80.00
5)	To knock & repair rear end panel. Remove rear bumper lower garnish, left rear bumper, tailgate & etc. Replace the above parts, adjust & align rear bumper & tailgate	\$ 42 0	700.00
6)	To putty respray painting tailgate's inlet & oute, rear end panel & left rear bumper. To polish.	\$ 400	600.00
	Sub total L/charges Estimated Grand Total	\$	1,610.00 4,340.12

Steve (LKK)

Stere (LKK) m Rc
19/5/12, 1.19ph L/S

My My
4 My

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

Signature:



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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 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 Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

18/05/2022 15:58 (SGT) 14/05/2022 18:13 (SGT) Woodlands Ave 3, Singapore WOODLANDS AVE 3 Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SME8909X

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

Company Reg No **Email Address** Mobile Phone No

Alternative Phone No

Yes

PRIME TRANSPORT & LIMOUSINE SERVICES PTE LTD

2XXXXX118N

aliceleong@primeautoclaims.com

(Phone) +65-68628878 (Office) +65-68610908

VEHICLE PARTICULARS

Manufacturer Model

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

Honda Vezel

Private hire

No - Claiming third party

Private hire Auto 1496

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage Fleet Policy Policy Number Cover Note Number NTUC Income Insurance Co-operative Ltd

ThirdParty Yes

\$119544594-01-000026

DRIVER

Name of Driver NRIC No

RYAN STEPHEN CHARLES SXXXX203J



Accident report SP0T225I0004

Page 1 of 17

e Of Birth scupation

Jate 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

OTHER 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?

PASSENGER 1

Name Gender

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address

Was notice of intended Prosecution given?

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT NO T/20220514/2074

ATTACHMENT(S)

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

Was there any audio recorded?

Vehicle Registration Number Vehicle Manufacturer

GBG4429K

05/09/1958

27/01/1982

40 YEARS AND 4 MONTHS

aliceleong@primeautoclaims.com

BLK 118 MARSILING RISE #06-144

(Phone) +65-88696255

Collision - Head to Rear

Outdoor

730118

No

No

Hirer

Clear

Dry

No

Yes

No

Yes

2

No

Male

No

Yes

Yes

No

NOT KNOWN

Woodlands West Neighbourhood Police Centre

1 Woodlands St 12 Singapore 738622

(Phone) +65-18003639999

(Fax) +65-63640997

DETAILS OF OTHER VEHICLE PROPERTY 1

Accident report SP0T225I0004

Page 2 of 17

Scanned with CamScanner

nicle Model ehicle Variant

Vehicle Colour Vehicle Category

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)

Commercial vehicle

MSIG Insurance (Singapore) Pte. Ltd.

2

INJURED PERSONS DETAILS

Name of injured person

Gender Phone No Address

Address Complement

Post Code

Approximate Age Years Old

Injuries Sustained

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

RYAN STEPHEN CHARLES

(Phone) +65-88696255

SHOULDER / NECK SPRAIN, LOWER BACK PAIN

SME8909X

Yes No

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the chimn 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 witcholding of material facts may allow insurance companies to repudiate policy liability
- 4. The issue and acceptance of this Formby 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 GN 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)

Funderstand, 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
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims

(collectively the "Purposes")

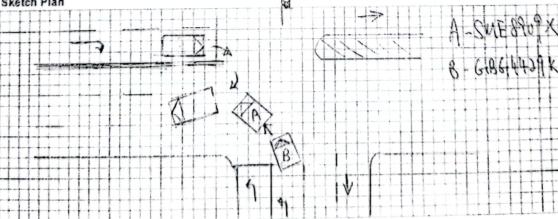
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the 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 & Time

Driver's Signature (if driver is not the policyholder) / Date

Witnessed by Personnel

Sketch Plan



Describe Circumstances of the Accident	
Retur to Police Report No. 7/20220514/2074	

Declaration

We declare the foregoing particulars are true in every respect.

noider's Skinature / Date &

Policyholder's Signature / Date & Time

12:57 pm

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

Witnessed by Reporting Centre





Report No. T/20220514/2074



Police Station Of Origin: Woodlands West N.P.C. 1 Woodlands Street 12 SINGAPORE 738622 Tel No: 1800-363 9999

Date/Ti 14/05/2	me Report I 022 18:13	vlade:	Vide Report No.:	Station Diary No. 67
Informa	ant's Partic	ulars		
Name o	f Informant: STEPHEN C		Address: APT BLK 118 MARSILING RI 730118	ISE #06-144 SINGAPORE
ID Type NRIC N	/ ID No.: O / S13412	03J	Contact No.: Home/Office:	Mobile: 88696255
National SINGAP	lity: PORE CITIZ	EN	Email: RYAN.HIPTOS@GMAIL.COM	
Sex: Male	Age: 63	Date of Birth: 05/09/1958	Type of Informant:	vi
Race: Eurasiar	1	The state of the s	Language: English	Institution / School Name:
Occupat SELF EN	ion: MPLOYED		Driving Licence Information: Class: 2B,3	Date of Expiry:

	Man Interes	AND Y A		
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 13/05/2022 22:00	Type of Location T-Junction
Location: WOODLAND Weather:	S AVENUE 3	Road Surface:		Road Speed Limit:
		Dry	1	
Clear Traffic Flow: Dual Carriage	Way	Dry Traffic Control: Traffic Light - Wo	1	Traffic Volume:

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBG4429K	Van				Seriously Damaged	1
SME8909X	Car				Seriously	1

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



T/20220514/2074

Police Station Of Origin: Woodlands West N.P.C. 1 Woodlands Street 12 SINGAPORE 738622 Tel No: 1800-363 9999

2 of 3 Report No. T/20220514/2074

CONTINUA	TION OF	REPORT

Name	RYAN STEPHEN CHARLES		160	
			ID No.	S1341203J
Related Vehicle	SME8909X (Car)	The Party of the Section Secti		
	anicosos (Car)		Contact No.	88696255
Hospital/Clinic	NIL			
Ole lig	THE		Class of	Class: 2B,3
			Driving	Date of Expiry: NIL
			Licence &	
Date Treatment			Expiry Date	
	NIL	Date Disc	harge NIL	
No. of Days gran	ted Medical Leave NIL	Degree of		

Brief Details.

On the above mentioned date, time and place, I was at the T-Junction of Woodlands Street 13 turning into Woodlands Avenue 3 heading towards Woodlands Avenue 5 when I had to make a sudden stop as there was a vehicle (SKV5261J) making an illegal U-turn. I had to do so to avoid a collision which resulted in me being rear ended by another vehicle. At that point in time, the traffic light was green, allowing me to make a left turn. I would like to mentioned that the Junction was for vehicles to make a right turn only and that the next U-turn point is just meters ahead.

I would like to mentioned that the whole incident was captured on my in car camera and I have the video footage of the incident, That is all.





Police Station Of Origin: Woodlands West N.P.C. 1 Woodlands Street 12 SINGAPORE 738622 Tel No: 1800-363 9999

Report No. T/20220514/2074

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report: L / SGT 3 TANG CHIN WEE	Signature of Informatic
Signature Of Interpreter: Not applicable	Date/Time: 14/05/2022 18:13
Officer In Charge Of Case: TP / GIA / SI TAN JEOK LENG Contact No.: 65476151	Classification Of Case:
NP168	