ASS. REC. BY:	22003210/ke
From:	Veh No: JKR 69337 Yr Regn: D1 13 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or A) . Lugar Make: John Foresta c.c / PP5 Colour M. Cary A/C: Insured / Std / NI / NA Sp.Reading / 3009 T/Radio: Insured / Std / NI / NA Eng/No: C/No: JF/15KE SE G-0410 H Steering: Inorder / Jammed / Leaked / Burnt or Brake: Inorder / Jammed / Leaked / Burnt or Modl: Nil / SKIm / STD A/Rim or Tyre Size: F: 225/60R/7 R: BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Gotorm Front Rear R/Bal. 9 mm L/Bal. 9 m
Date/Time, File Pass to? Prell. Report Days	Sof Repair: 3 Invey No. of Trip: Survey Fee: Transportation: Site Insp (\$) S + RS SI Interview (\$) Fire 35 Tech Invs (\$) Others Weekend (\$

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Singapore NRIC

Owner ID: 254G

Vehicle Details

Vehicle No.: SKR6933T

Vehicle to be Exported: Yes

Intended Deregistration Date: 20 May 2022
Vehicle Make: SUBARU

Vehicle Model: FORESTER 2.0I-L CVT ABS D/AIRBAG AWD S/R

Primary Colour: Grey
Manufacturing Year: 2014

Engine No.: FB201561333

Chassis No.: JF1SJ5KC5EG041078
Maximum Power Output: 110.0 kW (147 bhp)

Open Market Value: \$14,969.00

Original Registration Date: 28 Feb 2015
First Registration Date: 28 Feb 2015

Transfer Count:

Actual ARF Paid: \$14,969.00

Intended PARF Rebate Details

PARF Eligibility: Yes

PARF Eligibility Expiry Date: 27 Feb 2025
PARF Rebate Amount: \$8,981.00

Intended COE Rebate Details

COE Expiry Date: 27 Feb 2025

COE Category: B - Car above 1600cc or 97kW (130bhp)

COE Period(Years):

 QP Paid:
 \$70,890.00

 COE Rebate Amount:
 \$19,642.00

 Total Rebate Amount:
 \$28,623.00

The information contained herein is correct as at 20 May 2022

OK

SC1G225K000B / CHENG HOE MOTOR PTE LTD[768761] ENTRY DATE & TIME: 20/05/2022 20:33 (SGT) SUBMITTED BY: CHIONG BENG CHOON VERSION: 1 (20/05/2022 20:33 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 20/05/2022 20:33 (SGT) Date of Accident 20/05/2022 12:30 (SGT) Exact Location of Accident Singapore Additional Location Information OPEN CARPARK @WHAMPOA FOOD CTR Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number **SKR6933T**

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner **QUEK KAI LOO** NRIC No. SXXXX254G Email Address kailooq@gmail.com Mobile Phone No (Phone) +65-96779776 Alternative Phone No +65-96779776

VEHICLE PARTICULARS

Manufacturer Subaru Model FORESTER 2.0I-L CVT ABS D/AIRBAG AWD S/R 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 1995

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Type of Coverage Comprehensive Fleet Policy Policy Number 5120969301-01 Cover Note Number 28/02/2022 -27/02/2023

DRIVER

Name of Driver QUEK KAI LOO NRIC No SXXXX254G

Date Of Birth 26/08/1959 Occupation Indoor Date Of Driving Pass 25/08/1984 Driving experience 37 YEARS AND 9 MONTHS Gender Male Mobile Number (Phone) +65-96779776 Alt. Phone Number +65-96779776 Email Address kailooq@gmail.com Address BLK 213 BISHAN ST 23 #06-243 Address complement Postcode 570213 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured 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 Hit and run / Vandalism / Damaged whilst parked Type of Accident Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) 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 SKETCH ATTACHED ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number YP3754H Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour

Commercial vehicle

Contact Number Address

Vehicle Category

Name of Driver

Address complement

Sketch Plan DESCRIBE CIRCUMSTANCES OF THE ACCIDENT Time: 1230hrs NThe NS: Doa: 20/5/22 to my vehicle legacic lunch came m lovry (B) truching Was onto that my driver waited for the Darked vahicle come Vack lomins later to show him that his loven had frontal. out my Vehicle Note: Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information. DECLARATION I/We declare the foregoing particulars are true in every respect. Reporting Centre Personnel's Signature Policyhelder's Signature **Driver's Signature** (If driver is not the policyholder) Name: Date & Time: Date & Time: NRIC/FIN No .: () Claim Own Policy (Claim Third Party () Reporting Only () Claim OD/TP at other workshop (_

0.1	A growing	CH	D.I	ABI
-	(t- 1	I.H	P 1	MA

1.VEHICLE NO.:

2.INSURER CO: NTM (

3.ACCIDENT DATE & TIME:

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.

- 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 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)

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

's Signature / Date & Policyholog Time

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

Witnessed by Reporting Centre

Personnel

Sketch Plan PLEASE TURN-OVER





Cheng Hoe Motor Pte Ltd

Blk 1019, Yishun Industrial Park A #01-374/382, Singapore 768761 TEL: 67556142 (YIS) FAX: 67557719 (YIS) Email: chmotor@singnet.com.sg GST:201001158E RCB NO:201001158E



ES2290857

23 Aug 2022

SKR6933T

SUBARU SUBARU FORESTER 2.0i

JF1SJ5KC5EG041078

Estimate No: ES2290857/YISHUN

M/S: GREAT AMERICAN INSURANCE COMPANY

16-01 CENTENNIAL TOWER

SINGAPORE 039190

3 TEMASEK AVE,

TEL:

68046037 FAX: 62353354

ATTN: Motor Claim Department

TP GA

Claim Type: Accident Date:

WS Ref:

Third Party

20/05/2022

Berny Stee Pain Engine No:

Not Asthains

Reg. Date:

Claim No:

Policy No:

Veh Reg No:

Make/Model:

Date:

28/02/2015

Estimate Repair Cost to Vehicle No: SKR6933T

	Description	U/Price	Quantity	Cost	Amount
	Cost Plus	0		<u>S\$</u>	<u>SS</u>
	FRONT BUMPER	$Bu/cm_{320.00}$	1.00	220.00	, _
	FRONT BUMPER REINFORCEMENT		1 PC	$\mathcal{N} = \frac{320.00}{205.00}$	d
		205.00	1 PC	_	X
	FRONT BUMPER REINFORCEMENT OUTER PANEL	98.00	1 PC	90.00	×
	HEADLAMP RH	1,200.00	1 PC	/ 1,200.00	7
				1,823.00	•
		Add 1	5%	273.45	2,096.45
	FRONT NUMBER PLATE	35.00	1 PC	9 2 35.00	35.00
	Labour				
]	REMOVE & REFIX FRT BUMPER ASSY,HEADLAMP,GRILI KNOCK & REPAIR FRT SUPPORT PANEL AND REALIGN T SAME		1 LA	480.00	2501
	PUTTY & RESPRAY ON FRT BUMPER,GRILLE,REINFORCEMENT	550.00	1 LA	550.00	350
					1,030.00

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 : "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:

Date:

Total

S\$ 3,161.45

Add GST @ 7%

221.30

Total Amount payable

S\$ 3,382.75

For Cheng Hoe Motor Pte Ltd

AUTHORISED SIGNATURE