|  | 08959/2003  |
|--|---|
| ASSI   | JUMENT:   |
| From: Date:                                  | Veh No: SLZ 6370M Yr Regn; 115/18                                   |
| Estimated Cost:                              | Type: N.Carl M.Cycle / Bus / Van / Lorry I. Taxl / Prime Mover /    |
| OD ITPI WS ITP RES I OD RES I EVA I INV I MV | Truck / Traller or  |
| To Inspect Vehicle No:                       | Make: Toyota Prius Alpha c.c 1798                                   |
| at Workshop m/s                              | Colour Silver A/C: Insured / Std / MINA                             |
| of   | Sp.Reading 150-030 T/Radio: Insured / Std / NI / NA                 |
| Insured:                                     | Eng/No:   |
| Policy No.                                   | CNO: 2VW 4000 28697.  |
| Claims No.                                   | Gen. Cond: Good / Fald/ Poor / Burnt                                |
| Sum Insured: Excess:                         | Steering: Inorden/ Jammed / Leaked / Burnt or                       |
| (Client's Record)                            | Brake: Inorder/ Jammed / Leaked / Burnt or                          |
| Make of Veh;                                 | Modi: NII / SIRIM / STD AIRIM OF                                    |
|  | Tyre Size: F: 195/65 R /5   |
| (Policy Condition)                           | . R:  |
| Remark: The veh had commenced its N/S O/S    | BS I DUN I EXNOVA I GY I FS I LIZA I MIC I OHTSU I PIR I SUMI       |
| repair at the time of inspection.            | TOYO / YOKO or  |
| Ball or Market Value:                        | Front Rear  |
| IDAC Accident Rport Consistent? : Yes or No  | R/Bal. mm , 1884.   |
| GIA / PR Seen: Consistent? : Yes or No       | UBal. W mm  |
| Est Repairs: days Res.: Yes or No            | D.O.A. 9/6/77   |
| Lum Sum: % · 3 Val.: Yes or No               | Survey held at AF & COS   |
|  | Des. of Damages : Frt / Real / O/S / N/S / U/C / Rooftop or         |
| CA / REV / REP. / 24 HRS                     | The U/C / Chassis frame / Body Structure affected due to collision. |
| Date:Person Contacted:                       | The U/C / Chassis frame / Body Structure chaster than               |
| Date / Time   Action / Instruction           |   |
| NIV95K                                       |   |
|  |   |
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|  |   |
|  |   |
|  | Days Of Repair:   |
| Dale/Time, File Pass to? : Prell. Report     | Resurvey No. of Trip: Survey Fee:                                   |
| 1) Final Report                              | Transportation:   |
| Date/Time, File Return to?                   | Fee: : Site Insp (\$)s +RSSI  |
| . 2)   | :Interview (\$) Photos  |
| Samuel Country                               | :Tech, Invs (\$) Others   |
| Report Formel:<br>Lump Sum (I.B.): (\$       | : Weel end (*   |
| -  |   |

NO.48 TOH GUAN ROAD EAST STELL (LKK)
#01-121 ENTERPRISE HUB
SINGAPORE 608586
M: 86118181

ASIA CARZ LEASING PTE LTD

M

M

L/S

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Co.

Vel

Vel Code: Date

the Repairer of the following: . To resurvey before after spray painting . To display dear agent. Intical disting resurvey · Parts endes aire sa notes most fallos

LKK Auto Consultants hence notify

Estimate Signature: AF-000084

3-Jun-22 Vehicle No SLZ6370M

TOYOTA PRIUS ALPHA Model CHASSIS# ZVW40-0028697

|   |  | С            | HASSIS #                             | ZVW40-0028697 |
|---|--|--------------|--------------------------------------|---------------|
| IO. Particular  |  | Quantity     | Unit Price                           | Amount        |
| LIST PRICE PART   |  |              |                                      |               |
| 1 REAR BUMPER   | - 00)  | 1            | \$580.10                             | \$580.10      |
|   | ERETAINER LIR / BK                               | 2            | \$190.10                             | \$380.20      |
| REAR BUMPER RE  |  | 2            | \$230.10                             | \$460.20      |
|   | T & WASHER & #                                   | 1            | \$61.90                              | \$61.90       |
| 5 REAR TAILLAMP LH  |  | 1            | \$780.00                             | \$780.00      |
|   | 40   | 1            | \$1,718.90                           | \$1,718.90    |
|   |  | 2            | \$230.10                             | \$460.20      |
| ,   |  | 2            | \$380.10                             | \$760.20      |
| REAR TAILGATE DA  |  | 1            | \$780.10                             | \$780.10      |
| REAR TAILGATE ME  |  | 1            | \$61.90                              | \$61.90       |
| 0 REAR TAILGATE ME  | CHANISM LOCK STRICKER X                          | 1            | \$61.70                              | \$61.70       |
| 1 REAR TAILGATE LO  | GO EMBLEM / MC                                   | 1            | \$61.29                              | 56129         |
| REAR TAIL GATE PR   | IUS EMBLEM ///                                   |              | \$51.90                              | \$51.90       |
| 3 REAR TAILGATE HY  | BRID EMBLEM - MR<br>HER TRIMBOUND & CTAllyck gam | 14) 100      | \$890.10                             | \$890.10      |
| 1 REAR TAILGATE INN                                       | IER TRIMBOUND 💥 ( 1777 )                         | 1 100        |                                      | \$80.00       |
| RE R TAILGATE INN   | IER TRIMBOUND CLIPS Y                            | 10           | \$8.00                               | \$108.40      |
| REAR TAILGATE BU  |  | 2            | \$54 20                              | \$91.30       |
| READ TAILGATE DO  |  | 1            | \$91 30                              |               |
| DEAD THE GATE WE  | ATHER STRIP / CRY                                | 1            | \$478 10                             | \$478.10      |
| REAR END PANEL (II  | NNER) & R  | 1            | \$978 10                             | \$978.10      |
| THE TANK TANKEL (C  | DUTER) / M                                       | 1            | \$580 20                             | \$580.20      |
| REAR SNE PANEL (C   |  | 1            | \$370.10                             | \$370.10      |
| POR END PANEL TO  | DP GARNISH A                                     | SUB-TOTAL BE | FORE DISCOUNT                        | \$9,794.89    |
|   |  | PERCENTAGE   | DISCOUNT 25%                         | \$2,448.72    |
| 1   |  | Sub-total 1  |                                      | \$7,346.17    |
|   |  |              |                                      |               |
| SPECIAL NETT PRI  | CE PARTS   |              |                                      | \$350.00      |
| REAR BUMPER REVE  | RSE SENSOR(SET) / STATE                          | 1            | \$330.00                             | \$35.00       |
| REAR BUMPER CLIPS   | S(SET) / MC                                      | 1            | \$35.00 <b>%</b><br>\$25.00 <b>%</b> | \$25.00       |
| SEAD MUMPED DI ATI  | - / (1)  | 1            | \$25.00                              | \$25.00       |
| REAR NUMBER PLATE   | GARNISH / CM                                     | 1            | \$25.00                              | \$435.00      |
| KEAR HOMBERT  |  | Sub-total 2  |                                      |               |
|   |  |              |                                      |               |
| LABOUR  |  | 1            | \$80.00                              | 0 \$80.00     |
| To remove & refix parking                                 | sensor assy and retify for                       | •            |                                      |               |
| proper functioning  | 1001   | 1            | \$200.00 50                          | \$200.00      |
| To diagnose, replace/or re                                | pair on the front portion                        | -            | 3                                    |               |
| electrical system for prope                               | er functioning                                   |              |                                      | \$800.00      |
| and where consistent to the                               | he accident                                      | 1            | \$800.00                             | \$800.00 /    |
| To respray, painting on th                                | e change bodyparts, repair portion               |              |                                      | \$800.00 /    |
| and where consistent to the                               | anship to change damaged                         | 1            | \$800.00                             | \$800.00/     |
| To provide labour, working<br>bodyparts, repair, align bo | ody structure & damaged                          |              |                                      |               |
| and where consistent to t                                 | he accident                                      | Sub-total 3  |                                      | \$1,880.00    |
|   |  |              |                                      |               |

SA0D22630001 / AMK Autopoint Pte Ltd ENTRY DATE & TIME: 03/06/2022 14:00 (SGT) SUBMITTED BY: Joelle Tan VERSION: 1 (03/06/2022 14:00 (SGT))



# 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. 2. This Form most be completed by the Full Andrew Length 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.

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.
 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.
 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

03/06/2022 14:00 (SGT) 02/06/2022 14:00 (SGT) Yishun Ave 8, Singapore YISHUN AVENUE 8 TOWARDS YISHUN AVENUE 1 Singapore

# **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

SLZ6370M

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No Email Address Mobile Phone No Alternative Phone No

VEHICLE PARTICULARS

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

INSURANCE COMPANY

CC

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

DRIVER

Name of Driver NRIC No

Accident report SA0D22630001

ALTITUDE CAR LEASING PTE LTD 201703858E leasing@asiacarz.com.sg (Phone) +65-85228455 (Office) +65-85228455

Tovota Prius

Private hire

No - Claiming third party Private hire Auto 1797

NTUC Income Insurance Co-operative Ltd Comprehensive Yes 5121203946-01

ONG WEE LOONG S7525333H

Page 1 of 14



. Of Birth coupation Date 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

PLEASE REFER TO ACCIDENT STATEMENT AS ATTACHED.

ATTACHMENT(S)

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

Was there any audio recorded?

Yes

24/08/1975

06/11/2000

21 YEARS AND 7 MONTHS

weeloongsteven@gmail.com

BLK 933A HOUGANG AVENUE 9 #15-112

(Phone) +65-96207577

Collision - Head to Rear

WONG YEN YING CATHERINE

Hougang Neighbourhood Police Centre

60 Hougang Ave 9 Singapore 538775

(Phone) +65-18004890999

(Fax) +65-63128989

Outdoor

531933

No

No

Hirer

Clear

Dry

No

Yes

No

Yes

2

No

Female

Yes

No

2

No

No

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number Vehicle Manufacturer YQ4382K Toyota

Accident report SA0D22630001

Page 2 of 14



de Model shicle Variant Vehicle Colour Vehicle Category

Name of Driver NRIC No Contact Number

Address

Address complement

Postcode

Insurance Company Name Nature Of Damage

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

Dyna

Commercial vehicle

TAN CHIN NGUAN \$1233134G

(Phone) +65-94309818

### INJURED PERSONS DETAILS

INJURED 1

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?

ONG WEE LOONG

(Phone) +65-96207577

BLK 933A HOUGANG AVENUE 9 #15-112

531933 46

SLIGHT DEGREE OF INJURY - OBTAINED 4 DAYS MC

SLZ6370M

Yes No

Accident report SA0D22630001

Page 3 of 14



#### SKETCH PLAN

### IMPORTANT NOTICE

- 1. Please report correctly the details of the edularit to speed up the cliams process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Crizer.
- 3. Information provided must be as truthful and accurate as possible. Any will disrepresentation or with his orginal meterolifacts 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 contoining
- 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 prohiving and that copies of this report will for a fee be made available upon application by interested parties.
- 7. By the ladgement 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)

Tunderstand, 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 naurer(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' lawyers/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;
- (a) carrying out anctior dealing with my instructions or responding to any enquiries by me;
- (iv) administering my claims (including the maling of correspondence, statements, involces, 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/mell packages); and/or
- (v) complying with applicable law in administering, processing, handing and/or dealing with my claims.

(collectively the "Purposes")

- (b) altinsurer(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.

Witnessed by Reporting Centre Personnel Joelle Tan Driver's Signature (if driver is not the policyholder) / Date Policyhelder's Signature / Date & AMK MUTOPOINT & Time Time ! Sketch Plan PIL 03.06.2022 YA 43224

Accident report SA0D22630001

| On 02th Tablet 2022, I was driving along From Are & for some how is server deadly that find As the vertical in first of me I depressed my feel brake on force but feel an import them have been but feel an import them | dealing a nutrition broke.   |
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| dectare the foregoing particulars are true in every respect.  |  |

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

Accident report SA0D22630001

Folloyheider's Signature / Cate & Time

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Wilnessed by Reporting Centre
Pursonnel Jelle Tan
AME SUTUPOINT P/L
03.06.7022