From:    Date:   Veh No:   SIP SISM   Yr Ragn:   OF   2/2	2005657/KV	ASS. REID. BY: REF: ASM
Estimated Cost:  OD (F) WS / IP RES / OD RES / EVA / INV / INV To Inspect Vehicle No:  all Workshop m/s  Form:  OD (F) WS / IP RES / OD RES / EVA / INV / INV To Inspect Vehicle No:  all Workshop m/s  Form  Colour  All Colour  All Colour  All Insured:  Policy No.  Claims No.  Sum Insured:  Collect's Record)  Make of Vehicle  (Client's Record)  (Client's Record)  (Client's Record)  (Client's Record)  (Client's Record)  (Policy Condition)  Remark: The veh had commenced its repair at the time of inspection.  (Policy Condition)  Ration Market Value:  B / J H  Consistent?: Yes or No.  GUA / PR Seen:  Consistent?: Yes or No.  CLum Sum:  All J M;  3 Valt: Yes or No.  CA / REP / REP, / 24 HRS  Vehicle: IN / OUT  Date:  Person Contacted:  Well-de: IN / OUT  Date:  Person Contacted:  Press No.  CA / REP / REP, / 24 HRS  Vehicle: IN / OUT  Date:  Person Contacted:  Type Is Repair:  CA / Repair:  Person Contacted:  Type Is Repair:  Person Contacted:  Type Is Repair:  Survey held at  Dec. of Dameges: Frt / Rear / O/S / N/S / IVE / Rooftop or  CA / Rep / Repair:  The UIC / Chassas frame / Body Structure affected due to collision  The UIC / Chassas frame / Body Structure affected due to collision  The UIC / Chassas frame / Body Structure affected due to collision  The UIC / Chassas frame / Body Structure affected due to collision  The UIC / Chassas frame / Body Structure affected due to collision  The UIC / Chassas frame / Body Structure affected due to collision  The UIC / Chassas frame / Body Structure affected due to collision  The UIC / Chassas frame / Body Structure affected due to collision  The UIC / Chassas frame / Body Structure affected due to collision  The UIC / Chassas frame / Body Structure affected due to collision  The UIC / Chassas frame / Body Structure affected due to collision  The UIC / Chassas frame / Body Structure affected due to collision		Menneth
Types M.Car / M.Cycle / Bus / Van I. Lorry / Taxil / Prime Mover / To inspect Vehicle No: at Workshop m/s  of Octobur  All 2504 cc / 90  Colour  All 2504 fell 11 poor / Burnt  Colour   12 poor / Burnt		From: Date:
Truck / Trailler or  To inspect Vehicle No:  at Workshop m/s  of  Insured:	Type: M.Car / M.Cucla / Bita / Van / Land / Tarif / Edit /	Estimated Cost:
at Workshop m/s  at Wor		OD VIPIWS / TP RES / OD RES / EVA / INV / MV
at Workshop m/s  of		To Inspect Vehicle No:
Insured:   So.Reading 23867 Tradic Insured Ist In IN IN A Tradic Insured Ist In		at Workshop m/s EM
Policy No.   Claims No.   Sum Insured:   Excess:   Sen. Cond. Geod   Fair   Poor   Burnt   Second   Sen. Cond. Geod   Fair   Poor   Burnt   Sen. Cond. Geod   Fair   Poor   Fair   Poor   Burnt   Fair   Fair   Sen. Cond. Geod   Fair   Poor   Fair	771.0129	of
Claims No.  Claims No.  Sum insured:  (Client's Record)  Make of Veh:  (Podicy Condition)  Permark: The veh had commenced its repair at the time of inspection.  Bal. or Market Value:  IDAC Accident Rport:  Consistent?: Yes or No  GLA / PR Seen:  Consistent?: Yes or No  Lum Sum:  Lum Sum:  Action / Instruction  CA / REV / REP. / 24 HRS  Vehicle: IN / OUT  Date:  Person Contacted:  Vehicle: IN / OUT  Date / Time  Action / Instruction  Action / Instruction  CA / Present or Consistent or Con	* Transferred de management des	Insured:
Sum Insured:  (Client's Record)  Make of Veh:  (Policy Condition)  Permark: The veh had commenced its repair at the time of Inspection.  Bal. or Market Value:  IDAC Accident Rport:  Consistent?: Yes or No  Lum Sum:  Est. Repairs:  CA / REV / REP. / 24 HRS  Date:  Date / Time   Action / Instruction  Sum (Policy Condition)  Person Contacted:  Vehicle: IN / OUT  The UIC / Chassis frame / Body Structure affected due to collision  Transportation  Days Of Repair:  Survey Fee:  Days Of Repair:  Days O		Section 1 and 1 an
Sum Insured: Excess:  (Client's Record)  Make of Veh:  (Policy Condition)  Remark: The veh had commenced its repair at the time of inspection.  Bal. or Market Value: B / 4 / K  IDAC Accident Rport: Consistent?: Yes or No  GIA / PR Seen: Consistent?: Yes or No  Lum Sum: /-Bi/% 3 Val.: Yes or No  Date: Person Contacted: Wehicle: IN / OUT  Date / Time	Gen. Cond: Good Fair / Poor / Burnt	Claims No.
Clearls Record   Make of Veh:   Inocurry Jammed / Leaked J Burnt or   Mode of Veh:   Inocurry Jammed / Leaked J Burnt or   Mode of Veh:   Inocurry Jammed / Leaked J Burnt or   Mode of Vehicle:   Inocurry James   Inocurry Jame		Sum Insured: Excess:
Make of Veh:  (Policy Condition)  Remark: The veh had commenced its repair at the time of inspection.  Ball, or Market Value:  (DAC Accident Rport:  Consistent?: Yea or No  Est. Repairs:  Curry Agy  Cays		•
(Policy Condition)  Pemark: The veh had commenced its repair at the time of inspection.  Bal. or Market Value: 8 / 14k  IDAC Accident Rport: Consistent?: Yea or No  GIA / PR Seen: Consistent?: Yea or No  Lum Sum: /-Bi/% 3 Val.: Yea or No  CA / REV / REP. / 24 HRS  Date: Person Contacted: Vehicle: IN / OUT  Date / Time		Make of Veh:
R:  R:  SIDUM / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMM /  Frepairs: The veh had commenced its repair at the time of inspection.  Bal. or Market Value:		
Remark: The veh had commenced its repair at the time of inspection.  Bal. or Market Value:		
Bal. or Market Value: B / 7 4/k  IDAC Accident Rport: Consistent?: Yes or No  GIA / PR Seen: Consistent?: Yes or No  Est. Repairs: O days Res.: Yes or No  Lum Sum: B / 8 / 8 / 8 / 8 / 8 / 8 / 8 / 8 / 8 /	The state of the s	
Bal. or Market Value: B / T // Consistent? : Yes or No  GIA / PR Seen: Consistent? : Yes or No  Est. Repairs:		_
IDAC Accident Rport:   Consistent? : Yes or No   GIA / PR Seen:   Consistent? : Yes or No   UBal.   7 mm   LBal.   7 mm   LB	Total	
GIA / PR Seen: Consistent?: Yes or No  Est. Repairs:	R/Bal. Z mm B/Bs/ Z	IDAC Accident Rport: Consistent? : Yes or No
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Lum Sum: /-Bi / % 3 Val.: Yes or No  CA / REV / REP. / 24 HRS  Date: Person Contacted: Vehicle: IN / OUT  Date / Time   Action / Instruction   Action / Instruction   Action / Instruction   Prelia Report   Days Of Repair:   Final Report   Contacted   Contacte	— — — mm USai, 7 mm	
CA / REV / REP. / 24 HRS  Date: Person Contacted: Vehicle: IN / OUT  The U/C / Chassis frame / Body Structure affected due to collision  Action / Instruction  a/Time, File Pass 10? Prelii. Report  Tensportable: Prelii. Report  Days Of Repair:  Final Report  Resurvey No. of Trip: Survey Fee:		
Date: Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision  Date / Time   Action / Instruction    Action / Instruction    Days Of Repair:    Final Report   Preliment    Survey Fee:    Transportably    Transportab	730	The state of the s
Date / Time   Action / Instruction    Date / Time   Action / Instruction    Days Of Repair:    Final Report   Presurvey No. of Trip:    Survey Fee:    Transportably    Transpor	CIC For	Vehicle: IN / OUT
### Action / Instruction  ###################################	The U/C / Chassis frame / Body Structure offended to	Date:Person Contacted:
Transportation  Days of Repair:  Resurvey No. of Trip:  Survey Fee:  Transportation	anected due to coffision.	Date / Time Action / Instruction
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: Final Report Resurvey No. of Trip: Survey Fee:	s Of Repair:	/Time, File Pass 107 : Prell. Report
/Time, File Return to?		Fren. Report
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np Sum / I.B.I: (5	Weekend (\$	np Sum / I.B.I: (S

Corry / Taxi / Prim. :.

## E M Solution Pte Ltd

160 Sin Ming Drive #03-18/19, Sin Ming Autocity Singapore 575722 Tel: 64560226 Fax: 64584500

GST Reg. No: 201016308K

#### **ESTIMATE**

Date: 20th June 2022

Ms Ong Hwee Yan

Corry / Taxi / Prime Mover /

Blk 712 Hougang Ave 2 #04-273

Singapore 530712

Veh No: SLP 8158A

Make/Model: Lexus UX250H

Chassis No: JTHY65BH002094563

Date of Acc: 13.06.22

TP Veh No: GBF 5221R

S/No	Qty	Description	Unit Price	Amount
		Materials		<i>n</i> .
1	1 pc	Bonnet		\$ 2,603.90 X
2	1 pc	Frt Fender RH		\$ 1,285.90 🗶
3	1 pc	Headlamp RH	W	\$ 4,131.60
4	1 pc	Frt Side Bumper RH		\$ 434.80
5	1 pc	Frt Bumper Side Retainer RH		\$ 717 83.00 —
6	1pc	Frt Bumper Bracket RH		\$ 7 249.60 X
		• 2		\$ 8,788.80
			Less 10% :	\$ 878.88
				\$ 7,909.92
7	1 set	Frt Bumper Clips		\$ Na 55.00 -
			Parts Total :	\$ 7,964.92
		Labour		
1	To remove	& rearrange electrical wirings, check lightings		\$ 80.00 201
2		repair & replace damaged bodyparts and where		
-		to the accident.		\$ 800.00 800
3		espray painting on affected portions.		\$ 800.00 600
4		& refit PDC sensor.		\$ 80.00 50x
-				
5	rust prooni	ng on affected portions.	Labour Total	\$ 100.00 ×
			Labour Total :	\$ 1,860.00
			Total Parts & Labour :	\$ 9,824.92

8

for EM Solution Pte Ltd

NOT Swhain Preamy BY pains

## 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:

Date:

Data

SV0S226E0001 / Vin's Motor Pte Ltd [575722]
ENTRY DATE & TIME: 14/06/2022 13:16 (SGT)
SUBMITTED BY: Raymond Teo Yun Loong
VERSION: 1 (14/06/2022 13:16 (SGT))

# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- IMPORTANT NOTICE

  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 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withful and accurate as possible. Any wilful misrepresentation or withful and accurate as possible. Any wilful misrepresentation or withful and accurate as possible. Any wilful misrepresentation or withful and accurate as possible. 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 aforesald.

#### ACCIDENT STATEMENT

Date of Submission Date of Accident **Exact Location of Accident** 

Additional Location Information

Country/State of Loss

14/06/2022 13:16 (SGT) 13/06/2022 13:00 (SGT)

Singapore

**BLOCK 3 DEFU LANE 10 CARPARK** 

Singapore

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

Vehicle Registration Number

**SLP8158A** 

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No

"Car / M. Cycle / Bus / Van / Lory / Taxl / Prime Mo

**Email Address** 

Mobile Phone No

Alternative Phone No

ONG HWEE YAN

S8202417D

jennisong82@gmail.com

(Phone) +65-90900845

(Home) +65-90900845

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Tovota

LEXUS UX250H 5DR SUV (AT) (2WD) LUXURY

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

Private use

No - Claiming third party

Allianz Insurance Singapore Pte. Ltd.

Private car

Auto

1987

**INSURANCE COMPANY** 

Name of Insurance Company

Type of Coverage

Fleet Policy

**Policy Number** 

Cover Note Number

Comprehensive No SP2001601578-01

DRIVER

Name of Driver

NRIC No

ONG HWEE YAN

S8202417D



### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report correctly 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
- 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.
- 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)

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' 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;
- (i) 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. (colectively 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.

