ASS. REC. BY: REF: 2G2/	
Kenneth	CICADACCAN
From: Date:	Veh No: SLA 3604R Yr Regn: 02, 16
OD VIP/WS/TP RES/OD RES/EVA/INV/MV	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
To Inspect Vehicle No:	Truck / Trailer or
	Make: 104 Alth C.C 1598
of NGS	Colour M. Pilve AC: Insured / Std / NI / NA
Insured:	Sp.Reading 128925 T/Radio: Insured / Std / NI / NA
Policy No.	Eng/No:
Claims No.	CNO: MRO53REH-104540264
Sum Insured: Excess:	Gen. Cond: 2600 / Fair / Poor / Burnt
(Client's Record)	Steering: Inorder Jammed / Leaked / Burnt or
Make of Veh:	Brake: Inprder / Jammed / Leaked / Burnt or
	Modi: NII / S/Rim / STD-A/Rim or
(Policy Condition)	Tyre Size: F: 205/55R16
Remark: The veh had commenced its N/S O/S	R:
repair at the time of inspection.	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
Bal. or Market Value;	TOYO/YOKO or
IDAC Accident Rport: Consistent? : Yes or No	Fron! Rear
GIA / PR Seen: Consistent?: Yes or No	mm roba: 7 mm
Est. Repairs: Of days Res.: Yes or No	L/Bal. 7 mm L/Bal. 7 inm
Lum Sum: 20 % 3 Val.: Yes or No	D.O.A. 30/6/22 D.O.I. 4/7/2022
	Survey held at
CA / REV / REP. / 24 HRS Vehicle: IN / OUT	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Date:Person Contacted:	The U.C. / Charala frame / D. t. C.
Date / Time Action / Instruction	The U/C / Chassis frame / Body Structure affected due to collision.
Data/Time, File Pass to? : Prell. Report Da	ys Of Repair:
Oute/Time, File Return to?	survey No. of Trip: Survey Fee:
Add Fee:	Transportation (C
Add Fee:	: Site Insp (\$)_s - RSSI
L d Formand (: Interview (\$) Fortis
Report Format :	Tech Invs (\$) Others
ump Sum / I.B.I: (\$	Weekend (\$
	TOTAL

ID) GLA St. Im

1,400.00 50d 1,400.00

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NGSAUTOMOTIVE

Blk 10 Ang Mo Kio Ind. Pk 2a #02-01 AMK AutoPoint Singapore 568047 Tel: 64815727 Fax: 64815772 Email: evelyn1911ngsautomotive@gmail.com Reg No.:53405718K

QL	OTATION	No.	: AQT-0064	
ERGO INSURANCE PTE LTD		Your Ref.	: CDMCG2200	1268
5 TEMASEK BOULEVARD		Our Ref	: AQT-0064/S	
#04-01 SUNTEC TOWER FIVE SINGAPORE 038985		C. C.	1	
21110VLOKE 029282		Date	: 01/07/2022	
TEL : 6829 9194 SURVEY FAX :	1	Page	: 1 of 2	
Description		Qty	U/ Price	Amount
ACCIDENT ON 2015 Inc.	Not.	Asthair	✓ S\$	S\$
ACCIDENT ON 30/6/22 @8:45HRS ALONG BOON LAY	WAY (1)	Pry &		
INVOLVING SLA3604R/GBE8059D	Kenny	Afhr	Pain	
REPLACEMENT PARTS	,	Notheire Pry & Afhr	, ,	
CEL DICEPLENT PARTS			,	
REAR BOOT LID		1	783.90	ح _{783.90} ر
BOT LAMP RH/LH	416	7 2	293.18	586.36 4
TAILLAMP RH/LH		2	385.80	771.60 X
REAR BUMPER		1	573.30	Bu 573.30 -
REINFORCEMENT, RR BUMPER		1	336.20	B ₄ 336.20
ARM, REAR BUMPER RH/LH		2	60.80	امر 121.60 X
RETAINER RH/LH UPP		2	71.70	143.40 X
RETAINER SIDE RH/LH		2	70.00	140.00 A
END PANEL		1	655.60	655.60 X
END PANEL GARNISH		1 Mt	Ch 236.50	<u> </u>
LUGGAGE COMPARTMENT PANEL - REPAIR		•	,	250,50
RUBBER, TRUNK		1	196.88	Pm 196.88
REVER SENSOR RH/LH SET		1 Res		2-66 499.62
EMBLEM 'BADGE'		1	1a 59.00	<i>→</i> 59.00
EMBLEM 'CORROLLA'		1	Nec 56.70	→ 56.70
EBLEM 'ALTIS'		1	M 62.00	→ 62.00
LOCK, RR BOOT INNER		1	Res 357.00	
CLIPS, RR TRIM	258	20	NA 5.00	X 100.00
SubTotal	256		2.00	5,679.66
LESS 25%		1	-1,419.92	-1,419.92
NO PLATE C/W CASING S.NET		1	RC 50.00	
HO I EATE OF THE SHIELD		-	30.00	2 30.00

TO REMOVE ALL DAMAGED PARTS WITH ALL NECESSARY

COMPONENT/ATTACHMENT, REPAIR/RESHAP DENTED BODY PANEL

ID) GLA SSL IM

NGSAUTOMOTIVE

Blk 10 Ang Mo Kio Ind. Pk 2a #02-01 AMK AutoPoint Singapore 568047 Tel: 64815727 Fax: 64815772 Email: evelyn1911ngsautomotive@gmail.com Reg No.:53405718K

QUOTATION No.: AQT-0064 ERGO INSURANCE PTE LTD Your Ref. : CDMCG22001268 5 TEMASEK BOULEVARD Our Ref : AQT-0064/SLA3604 #04-01 SUNTEC TOWER FIVE C.C. SINGAPORE 038985 Date : 01/07/2022 TEL : 6829 9194 SURVEY Page : 2 of 2 **FAX** Description Oty U/ Price Amount S\$ S\$ REPAIR/RESHAPR DENTED BODY PANEL. REPLACE DAMAGED PART. REFIT INTO POSITION. 50/ 180.00 TRANSFER TAILGATE MECHANISM 180.00 1 SPRAY PAINTING 1,200,00 600/1,200.00 1 TO CHECK ALL WIRE HARNESS, ALL RELATED CONNECTORS. CHECK 40.00 40.00 PROPER FUNCTION.

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:

Any other parts which necessitate repair or renewal will incur additional charged. Please contact our Ms Evelyn @ HP 96955547 to arrange for survey. Thank you.

Total

7,129.74

Yours faithfully,

EVELYN

SINGAPORE ACCIDENT STATEMENT

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LA

- 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

 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	
Reported by	30/06/2022 17:33 (SGT)
Date of Accident Exact Location of Accident	Both
Exact Location of Accident Additional Location Information	30/06/2022 08:45 (SGT)
Additional Location Information	Boon Lay Way, Singapore
Country/State of Land	-
Country/State of Loss	Singapore

Country/State of Loss	Singapore	
DETAILS C	PF OWN VEHICLE	
Vehicle Registration Number	SLA3604R	
INSURED/POLICYHOLDER		
la company 0		
Is company?	No	
Name Of Registered Owner	ROY ANG CHONG WEI	
NRIC NO	S7343462I	
Email Address		
Mobile Phone No	(Phone) +65-91469630	
Alternative Phone No	-	
VEHICLE PARTICULARS		
Manufacturer	Toyota	
Model	Corolla	
Variant	-	
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	
CC	1600	
INSURANCE COMPANY		
mod. strop down / mr		
Name of Insurance Company	Singapore Life Ltd	
Policy Number / Cover Note Number	10813741	
DRIVER		
Name of Driver	ROY ANG CHONG WEI	
IRIC No	S7343462I	
Pate Of Birth		
ale OI DII II	08/12/1973	

Indoor

Occupation

IMPORTANT NOTICE

- 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 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
- 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
- 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 (at 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
- (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' lawyers/law tirms, 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 & Timo

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

Witnessed by Reporting Centre Personnel

Sketch Plan

GBES054 D

Scon LA