pre. [11]	72
ASS. REC. BY:	220084281Kc
	ASSIGNMENT
From: Date:	Veh No: Sp. ( Sf3 CV-7 C/ //
Estimated Cost:	The state of the s
OD TIP WS I TP RES / OD RES / EVA / INV / MV	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or
To Inspect Vehicle No:	
at Workshop m/s Rang Avto	1 21 1 X 2007 C.C 1 170
of	I misured / Std / NI / NA
Insured:	Sp.Reading /45222 T/Radio: Insured / Std / NI / NA Eng/No:
Policy No.	The real page.
Claims No.	- 0071.112/4 0 0 200013
Sum Insured: Excess:	Gen. Cond: Good / Fair / Poor / Burnt
(Client's Record)	Steering: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	Brake: Inerder / Jammed / Leaked / Burnt or
	Modi: Nil / S/Rim / STDA/Rim or  Tyre Size: F: 23.5/6.00.0
(Policy Condition)	
Remark: The veh had commenced its N/S O/S	R:
repair at the time of inspection.	BS / DUN / EXNOVA / GY / FS / LIZA / MIC TOHTSU / PIR / SUMI /
Bal. or Market Value:	Front
IDAC Accident Rport: Consistent? : Yes or No	P/Rail G
GIA / PR Seen: Consistent? : Yes or No	mm R/8a!. O mm
Est. Repairs: O 7 days Res.: Yes or No	Dai. O Irim
Lum Sum: 20 % 3 Val.: Yes or No	Survey held at D.O.I. 30/8/202
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear   O/S / N/S / U/C / Rooftop or
Vehicle: IN / OUT	T   Rear   O/S   N/S   U/C   Rooftop or
	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	directed doe to comsion.
1 0001 132	
1915 0/ Im & Food Call (80)	Anac
The Centre Centre Con	d \$5502.75,442)
hate/Time, File Pass to? : Prell. Report	Days Of Repair:
√ : Final Report	Pocument
site/Fime, File Return to?	Survey Fee:
Add Fee:	: Site Insp (\$ ) _ s - Rssi
*	Interview (\$
eport Format: TP	Tech Invs (\$ ) Others
ump@um / I.B.I: (\$ 7,000)	Weekend (\$
	And transformers to the second state of the se
	ICTAL

		IC:INTERNATION		
Date of Accident:	28/8/2022	Time of Accident:		4:30 AM
Exact Location:				
	DETAL	a selection with the selection of the se		
Vehicle Registration No.		NRIC / FIN / Passpo	rt no:	812187928
Name of Registered Owne		FAW KWANG	~	
Owner's Email:		erentere e e me de metado e en en monero en esta pero empo. En un esta esta esta en entre en entre en entre en		enterno en
Owner's Address:	JZB PENDING	ROAD #06-137	5) 6:	70778
Vehicle Make:	70407A	Vehicle Model:		JEXUS RX 200
Engine Capacitty (cc):		Transmission:		Auto / Manual
Type of Claim:	Own Damage / Thin	d Party / Reporting Only		
Vehicle Category:	Private / Commercia	/ Motorcycle / Private Hire		
Name of Insurance Co:	SOMPO	)		
Type of Policy:	Comprehensive / Th	nird Party / Third Party, Fire &	& Theft	
Policy Number:	DOJUMTPRO	010570		
		DRIVER		
lame of Driver:	1 1/2/1021 04	160KG HAM HUI		sam sam
RIC / FIN / Passport no:	59244268	The state of the s	T	24/11/1882
	Indoor / Outdoor	Driving Pass Date:		2 (101/1)
ontact Number			-	Mala / Female
ontact Number:	906 foo 87	Gender:		Male / Female
	906foody			83 5) 760 81
ontact Number: ddress:	906 for fy BIK fiz Yishun Owner/Employee/Sp	Gender:  V RIA P Rd # 11.  pouse / Child / Hirer / Other:	- 41	83 5) 760 81
ontact Number: ddress:	906 for of F BIK fiz YISHUI Owner / Employee / Sp GENERAL INFORM	Gender:  V R 19 Rd 47 11  Douse / Child / Hirer / Other:  ATION OF THE ACCIDENT	- 41 FRIC	83 S) 760 81 and
ontact Number: ddress: elationship with Owner:	906 for of F BIK fiz YISHUI Owner / Employee / Sp GENERAL INFORM	Gender:  V RIA Rol # 11  Douse / Child / Hirer / Other:  ATION OF THE ACCIDENT  Swipe / Front to Rear / Others	- 41 FRIC	83 5) 760 81
ontact Number: ddress: elationship with Owner: //pe of Collision:	GENERAL INEORN Chain collision / Side S Clear / Raining / Other	Gender:  V RIA Rol # 11  Douse / Child / Hirer / Other:  ATION OF THE ACCIDENT  Swipe / Front to Rear / Others	- 41 FRIC	83 S) 760 81 and
ontact Number: ddress: elationship with Owner:  pe of Collision: eather Condition:	906 for fy BIK f12 YISHUI Owner / Employee / Sp GENERAL INFORM Chain collision / Side S	Gender:  V RIA RA 4 11  Douse / Child / Hirer / Other:  ATION OF THE ACCIDENT  Swipe / Front to Rear / Others:  S:	FRICE R	83 S) 760 81 and
ontact Number: ddress: elationship with Owner:  pe of Collision: eather Condition: oad Surface:	GENERAL INFORMATION OWNER / Employee / Sp.  GENERAL INFORMATION / Side St.  Clear / Raining / Other  OD / Wet / Others:  Hes / No	Gender:  V RIA Rol # 11  Douse / Child / Hirer / Other:  ATION OF THE ACCIDENT  Swipe / Front to Rear / Others	FRICE R	63 S) 760 81 Pad EAR
ontact Number: ddress: elationship with Owner:  pe of Collision: eather Condition: oad Surface: as anybody injured?	GENERAL INFORMATION OWNER / Employee / Sp.  GENERAL INFORMATION / Side St.  Clear / Raining / Other  OD / Wet / Others:  Hes / No	Gender:  V R 19 R A 4 11  Douse / Child / Hirer / Other:  ATION OF THE ACCIDENT  Swipe / Front to Rear / Others:  Police Report Made?	FRICE R	83 S) 760 81 PA OL EAR
ontact Number: ddress: elationship with Owner:  pe of Collision: eather Condition: oad Surface: as anybody injured?	GENERAL INFORMATION Owner / Employee / Sp.  GENERAL INFORMATION / Side St.  Clear / Raining / Other  Op / Wet / Others:  //es / No  acluding driver):	Gender:  V R 19 R A 4 11  Douse / Child / Hirer / Other:  ATION OF THE ACCIDENT  Swipe / Front to Rear / Others:  Police Report Made?	FRICE R	83 S) 760 81 PA OL EAR
ontact Number: ddress: elationship with Owner:  pe of Collision: eather Condition: oad Surface: as anybody injured? o. of passenger onboard (in	GENERAL INFORMATION Owner / Employee / Sp.  GENERAL INFORMATION / Side St.  Clear / Raining / Others:  Wes / No acluding driver):  DETAILS OF Vehicle 1	Gender:  V R 19 Rol 4 11  Douse / Child / Hirer / Other:  DATION OF THE ACCIDENT  Swipe / Front to Rear / Others:  Police Report Made?	FRICE R	83 S) 760 81 PA OL EAR
ontact Number: ddress: elationship with Owner:  pe of Collision: eather Condition: oad Surface: as anybody injured? o of passenger onboard (in	GENERAL INFORM Chain collision / Side S Clear / Raining / Other Dr / Wet / Others: Wes / No acluding driver):  DETAILS OF Vehicle 1 PC 3494 H	Gender:  V RIA RA A II  Douse / Child / Hirer / Other:  ATION OF THE ACCIDENT  Swipe / Front to Rear / Others:  Police Report Made?  OTHER VEHICLE	FRICE R	83 s) 760 81 PA OL EAR Fe81 No / 17/2022087
ontact Number: ddress: elationship with Owner:  pe of Collision: eather Condition: oad Surface: as anybody injured? o. of passenger onboard (in	GENERAL INFORMATION Owner / Employee / Sp.  GENERAL INFORMATION / Side St.  Clear / Raining / Others:  Wes / No acluding driver):  DETAILS OF Vehicle 1	Gender:  V RIA RA A II  Douse / Child / Hirer / Other:  ATION OF THE ACCIDENT  Swipe / Front to Rear / Others:  Police Report Made?  OTHER VEHICLE	FRICE R	83 s) 760 81 PA OL EAR Fe81 No / 17/2022087
ontact Number: ddress: elationship with Owner:  //pe of Collision: eather Condition: oad Surface: as anybody injured? o. of passenger onboard (in	GENERAL INFORM Chain collision / Side S Clear / Raining / Other Dr / Wet / Others: Wes / No acluding driver):  DETAILS OF Vehicle 1 PC 3494 H	Gender:  V RIA RA A II  Douse / Child / Hirer / Other:  ATION OF THE ACCIDENT  Swipe / Front to Rear / Others:  Police Report Made?  OTHER VEHICLE	FRICE R	83 s) 760 81 PA OL EAR Fe81 No / 17/2022087
ontact Number: ddress: elationship with Owner:  pe of Collision: eather Condition: oad Surface: as anybody injured? o. of passenger onboard (in hicle Registration No: hicle Make / Model: me of Driver: IC / FIN / Passport no:	GENERAL INFORM Chain collision / Side S Clear / Raining / Other Dr / Wet / Others: Wes / No acluding driver):  DETAILS OF Vehicle 1 PC 3494 H	Gender:  V RIA RA A II  Douse / Child / Hirer / Other:  ATION OF THE ACCIDENT  Swipe / Front to Rear / Others:  Police Report Made?  OTHER VEHICLE	FRICE R	83 s) 760 81 PA OL EAR Fe81 No / 17/2022087
ontact Number: ddress: elationship with Owner:  //pe of Collision: eather Condition: oad Surface: as anybody injured? o. of passenger onboard (in hicle Registration No: hicle Make / Model: me of Driver: IC / FIN / Passport no: htact Number:	GENERAL INFORM Chain collision / Side S Clear / Raining / Other Dr / Wet / Others: Wes / No acluding driver):  DETAILS OF Vehicle 1 PC 3494 H VAN / BUS	Gender:  V RIA Rol 4 11  Douse / Child / Hirer / Other:  PATION OF THE ACCIDENT  Swipe / Front to Rear / Others:  Police Report Made?  Vehicle 2	FRICE R	83 s) 760 81 PA OL EAR Fe81 No / 17/2022087
ontact Number: ddress: elationship with Owner:  pe of Collision: eather Condition: oad Surface: as anybody injured? o. of passenger onboard (in hicle Registration No: hicle Make / Model: me of Driver: IC / FIN / Passport no:	GENERAL INFORM Chain collision / Side S Clear / Raining / Other Dr / Wet / Others: Wes / No acluding driver):  DETAILS OF Vehicle 1 PC 3494 H	Gender:  V RIA Rol 4 11  Douse / Child / Hirer / Other:  PATION OF THE ACCIDENT  Swipe / Front to Rear / Others:  Police Report Made?  Vehicle 2	FRICE R	83 s) 760 81 PA OL EAR Fe81 No / 17/2022087
ontact Number: ddress: elationship with Owner:  //pe of Collision: eather Condition: oad Surface: as anybody injured? o. of passenger onboard (in hicle Registration No: hicle Make / Model: me of Driver: IC / FIN / Passport no: htact Number:	GENERAL INEURAL  Chain collision / Side S  Clear / Raining / Others:  Hes No  Coluding driver):  DETAILS OF  Vehicle 1  PC 3494 H  VAN / BUS	Gender:  V RIA ROLA III  Douse / Child / Hirer / Other:  DATION OF THE ACCIDENT  Swipe / Front to Rear / Qthers:  Police Report Made?  Vehicle 2	FRICE R	83 s) 760 81 PA OL EAR Fe81 No / 17/2022087
ontact Number: ddress: elationship with Owner:  //pe of Collision: eather Condition: oad Surface: as anybody injured? o. of passenger onboard (in hicle Registration No: hicle Make / Model: me of Driver: IC / FIN / Passport no: htact Number:	GENERAL INEURAL  Chain collision / Side S  Clear / Raining / Others:  Hes No  Coluding driver):  DETAILS OF  Vehicle 1  PC 3494 H  VAN / BUS	Gender:  V RIA Rol 4 11  Douse / Child / Hirer / Other:  PATION OF THE ACCIDENT  Swipe / Front to Rear / Others:  Police Report Made?  Vehicle 2	FRICE R	83 s) 760 81 PA OL EAR Fe81 No / 17/2022087
ontact Number: ddress: elationship with Owner:  //pe of Collision: eather Condition: oad Surface: as anybody injured? o. of passenger onboard (in hicle Registration No: hicle Make / Model: me of Driver: IC / FIN / Passport no: htact Number: ne of Insurance Co:	GENERAL INFORMATION Owner / Employee / Sp.  GENERAL INFORMATION / Side St.  Clear / Raining / Others:  Wes / No including driver):  DETAILS OF Vehicle 1  PC 3494 H/  VAN / 845  CHINA TAIPING	Gender:  V RIA ROL A III  Douse / Child / Hirer / Other:  PATION OF THE ACCIDENT  Swipe / Front to Rear / Others:  Police Report Made?  Vehicle 2  OF WITNESS  Contact Info:	FRICE R	83 s) 760 81 PA OL EAR Fe81 No / 17/2022087
ontact Number: ddress: elationship with Owner:  //pe of Collision: eather Condition: oad Surface: as anybody injured? o. of passenger onboard (in hicle Registration No: hicle Make / Model: me of Driver: IC / FIN / Passport no: htact Number: ne of Insurance Co:	GENERAL INFORMATION Owner / Employee / Sp.  GENERAL INFORMATION / Side St.  Clear / Raining / Others:  Wes / No including driver):  DETAILS OF Vehicle 1  PC 3494 H/  VAN / 845  CHINA TAIPING	Gender:  V RIA Rol 4 11  Douse / Child / Hirer / Other:  PATION OF THE ACCIDENT  Swipe / Front to Rear / Others:  Police Report Made?  Vehicle 2  OF WITNESS	FRICE R	83 s) 760 81 PA OL EAR Fe81 No / 17/2022087
ontact Number: ddress: elationship with Owner:  //pe of Collision: eather Condition: oad Surface: as anybody injured? o. of passenger onboard (in hicle Registration No: hicle Make / Model: me of Driver: IC / FIN / Passport no: htact Number: ne of Insurance Co:	GENERAL INFORMATION Owner / Employee / Sp.  GENERAL INFORMATION / Side St.  Clear / Raining / Others:  Wes / No including driver):  DETAILS OF Vehicle 1  PC 3494 H/  VAN / 845  CHINA TAIPING	Gender:  V RIA ROL A III  Douse / Child / Hirer / Other:  PATION OF THE ACCIDENT  Swipe / Front to Rear / Others:  Police Report Made?  Vehicle 2  OF WITNESS  Contact Info:	FRICE R	83 s) 760 81 PA OL EAR Fe81 No / 17/2022087

Date and time

Signature of Driver

#### SKETCH PLAN

#### **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 Actual Driver.
- 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 Traffic Police Department for investigation.
- 6. This report will be forwarded by the insurers to 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:

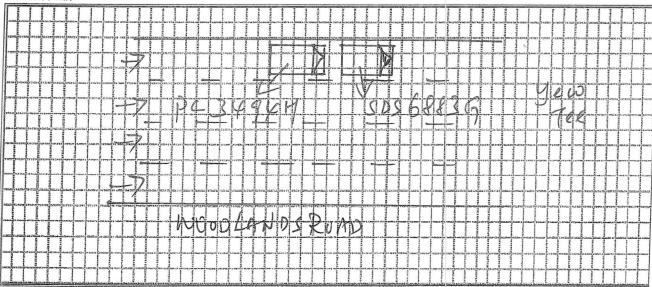
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:
- (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 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 lawyers/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 & Time

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

#### Sketch Plan



Describe Circumstance of the Accident	
- AS PER POLICE REPORT.  7/20220829 2155	
7/20220829/2155	

## Declaration

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)



T/20220920/2155

1 of 3 Report No. T/20220829/2155

Police Station Of Origin: Thomson NPP 25 Sin Ming Road #01-180 SINGAPORE 570025

Tel No: 1800-4529999

REPORT OF A TRAFFIC ACCIDENT

REPURIUE	AIRAFFIC	ACCIDENT		
Date/Time Report Made: 29/08/2022 16:03		ade:	Vide Report No.:	Station Diary No.: 48
Informant	's Particul	ars		
Name of Informant: CLINTON CHEONG HAN HUI			Address: APT BLK 812 YISHUN RING 760812	ROAD #11-4163 SINGAPORE
ID Type / ID No.: NRIC NO / S9244268C			Contact No.: Home/Office:	Mobile: 90680084
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Age: Date of Birth: Male 29 24/11/1992			Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: 7-11 STORE MANAGER			Driving Licence Information: Class: 3	Date of Expiry:

General Informat	ion of the Accident		ramete fr			ran i Francisco de la Companya de l Companya de la Companya de la Compa
Type of Accident:	Injury Others		Drink Drive: No	Date/Ti Accider 28/08/2	1	Type of Location: Straight Road
Location:						
WOODLANDS R	OAD					
Weather:		Road S	Surface:		Ro	ad Speed Limit:
Traffic Flow:		Traffic	Control:		Tra Lig	affic Volume: ht
Type of Collision: Between Moving Vehicles - Head To Rear						yone conveyed by bulance:

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
PC3494H	Van					1
SDS6883G	Car					1

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





T/20220829/2155

2 of 3

Report No. T/20220829/2155

Police Station Of Origin: Thomson NPP 25 Sin Ming Road #01-180 SINGAPORE 570025

Tel No: 1800-4529999

CONTINUATION OF REPORT

					Programme Annual	
Driver						
Name	CLINTON CHEONG	HAN HUI		ID No	0.	S9244268C
Related Vehicle	SDS6883G (Car)			Conta	act No.	90680084
Hospital/Clinic	PHOENIX MEDICAL GROUP			Class of Driving Licence & Expiry Date		Class: 3 Date of Expiry: NIL
			D ( D'			
Date Treatment	29/08/2022		Date Disc	AMERICAN PROPERTY AND PERSONS AND	NIL	
No. of Days gran	ted Medical Leave	02	Degree of	Injury	Slight	t .
Passenger						
Name	QUEK MING JIE			ID No		S9216883B
Related Vehicle	SDS6883G (Car)			Conta	ct No.	96633199
Hospital/Clinic	PROHEALTH 24-HOUR MEDICAL CLINIC			Class Driving Licent Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	29/08/2022		Date Disch	narge	NIL	
No. of Days grant		03	Degree of		Slight	AND A PROPERTY OF A CONTRACT O

#### Brief Details.

On 28/08/2022 at about 0420hrs, I was traveling (SDS6883G) along Woodlands Road towards Yee Tee MRT near a Heavy Vehicle Car Park. I was traveling on the fourth lane. I was stationary waiting for the traffic light.

Suddenly, I felt an impact from the rear. I alighted from my vehicle and make a check. I realized that one vehicle (PC3494H) had hit onto my vehicle's rear. No one was injured at the point of time. No police or ambulance was activated. I did exchange particulars with the driver and took some photos of the accident. My vehicle does not have any in-car camera.

On 29/08/2022, I felt pain on my neck area, and I went to see a doctor. As such, I gotten 2 days of medical certificate. My passenger also felt pain on his neck area, and he went to see a doctor. He gotten 3 days of medical certificate.

Particulars of the driver: Tan Kok Wah, S7123303J HP: 84535808



T/20220829/2155

3 of 3 Report No. T/20220829/2155

Police Station Of Origin: Thomson NPP 25 Sin Ming Road #01-180 SINGAPORE 570025 Tel No: 1800-4529999

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: E / SGT 2 LIM HWEE JIE, SAMUEL	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 29/08/2022 16:03
Officer In Charge Of Case: TP / AEIT / SR STAFF SGT FAHKRUL RAZI BIN SUHAIME Contact No.: 65470000	Classification Of Case:
NP168	Statement of the Control of the Cont



SOMPO

Sompo Insurance Singapore Pte. Ltd.

#### Certificate of Insurance

ROAD TRAFFIC ACT (CHAPTER 276) [REPUBLIC OF BINGAPOWE]
MOTOR VEHICLES (THIRD-PARTY RESIS AND COMPENSATION) ACT (CHAPTER 189)
ROAD TRANSPORT ACT 1997 [MALAYSIA]
ROAD TRANSPORT (AMENIGHENT) ACT 2018 [MALAYSIA] MOTOR VEHICLES (THIRD PARTY RISKS) RULES 1959 (MALAYSIA)

Certificate/Policy No.

: D22MTPV01010570

Insurad

GUER CHEAW KWANG

Motor Vehicle (Registration No.) : 5056891G

Coverage

: Comprehensive - Expellirive GOLD

Pelicy Commencement Date

55 TOTA 3055 00:00

21 JULY 2023 23:59

Policy Explry Date Maximum Liability (Section I) . Market value at time of loss

Excess"

: 5700 - Section |

Voluntary Excess\*

N.A

Windscreen Excess\*

: \$5,00,00 for each and every applicable claim.

\* Subject to GST wherever applicable

Persons or Classes of Persons entitled to drive\*

1. The Insured.

2. Any other person who is driving on the Insured's order or with his permission.

3. In the event of the death of the Insured's family, or a paid driver who has been driving the Motor Vehicle during the life of the Insured and permission to drive had not been withdrawn prior to the death of the fissured; and be any other person who has been given permission to drive the Motor Vehicle prior to the death and such permission had not been withdrawn prior to the death of the fissured;

Provided that the person driving is permitted in accordance with the Economy or other laws or regulations to drive the Motor Vehicle or has been so permitted and is and disqualified by order of a Count of Law or by reason of any enactivent or regulation in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act (Chapter 276) and its registered under the Road Traffic Act (Chapter 278) has not been concolled at the time of the scotdent, loss or damage.

Limitations Aé To Use
Use any for ácidal, demandic and pleasure purpose and for the brouved's business. The Policy does not cover use for him or femald, Use only for ácidal, demandic and pleasure purpose and for the brouved's business. The Policy does not connection with any trade or business or making, passe-making, speed feating, reliability trial, the cardage of goods either than serigles in connection with the Motor Trade.

Excellence Workshops and Accident Reporting
It is a condition precedent to habity that the insured shall call at the Company's Accident Reporting Center with the Mater Vehicle within 24 hours of the accident or by the next working day thereof.

All accident repairs to the Motor Vehicle must be carried out at ExcelDrive Workshops, otherwise the claim is not psychole under the Perey For ExcelDrive Prestige Plan, accident repairs to the Motor Vehicle can be carried out at any workshop other than ExcelDrive Workshops.

For the list of Accident Reporting Centres and ExcelDrive Workshops, please visit our website at www.sompo.com.sg or call our Emergency Holane: (65) 6226-3323.

tive HERENY CERTURY and the policy to which this Certificate relates is based in accordance with (1) the provident of the Michael India Finds and Comparation) Act (Checker 188) and Part N of the Prince Certification (2) the Policy Lamb. Conditions and description of the Prince Certification (2) the Policy Lamb.

Sempo Insurance Singapore Pte. Ltd.

Lui F

Authorised Signatory

Data/Time of lastie : 21 JUNE 2022 13:35

#### MPCHTANT NOTICE

Kees the Certificate is your liketer years.

Center the Certificate is your liketer years.

Center the Research of the Certification of Comparation (Act (Checker (C)), it provides understand for any parent is use or a seas to permit any other persons be use a Certificate of the Certificate of the center of the Certificate of the Ce

Intermediary Code & Name: 11801500. & RCB RIVESTMENTS PTELTD (NEW AID) - CI Code: 22A - 4DQH3-REDBAHRAD

## REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1218792J



Name

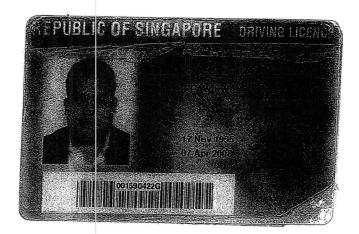
QUEK CHEAW KWANG

第 間 Race

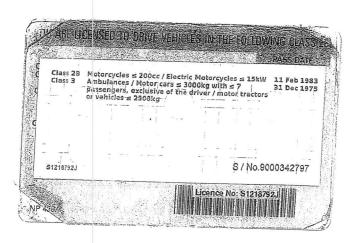
CHINESE Date of birth

17-11-1955 Country of birth SINGAPORE









# REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$9244268C





Name

CLINTON CHEONG HAN HUI



Race CHINESE

Date of birth 24-11-1992

Country of birth



4140699



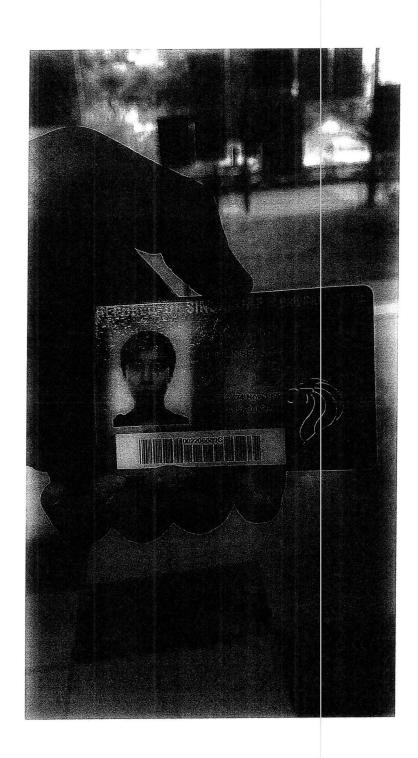
NRIC No. S9244268C

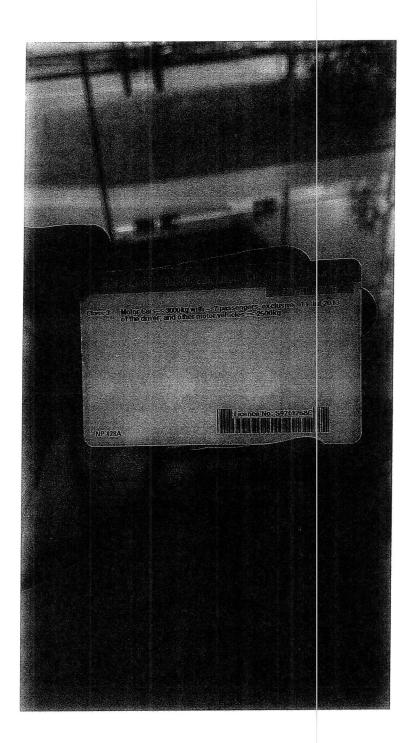


Date of issue 05-12-2007

Address

APT BLK 812 YISHUN RING ROAD #11-4163 SINGAPORE 760812







## Thank You!

The insurance details of the vehicle you enquired can be found below. If you have entered a valid email address, a copy would have been sent to you.

Vehicle No.	Incident Date/Time	Insurance Company Name
PC3494H	28 Aug 2022 / 11:00:00	CH NA TAIPING INSURANCE (SINGAPORE) PTE LTD









## AUTO ENGINEERING PTE LTD

### **Sin Ming Auto City**

160 Sin Ming Drive #02-16 Singapore 575722 Tel: 6556 0103 (Main Line) Fax: 6556 1015 Email: kangauto@singnet.com.sg

> NOT Nothers Rung Afre Painpolicy NO

M/S QUEK CHEAW KWANG

BLK 228 PENDING ROAD

#06-237

SINGAPORE 670228

THIRD PARTY CLAIMS

**OUR REF** TP22/08-1169 VEHICLE NO : SDS6883G

MAKE/MODEL : Toy. Lexus RX200T

DATE OF ACCIDENT : 28-Aug-22

1	PC	TAILGATE GLASS MOULDING	S\$ 135.00 —
1	PC	TAILGATE	1856.50
1	PC	TAILGATE LOCK 377.40	Nes 485.00 —
1	PC	TAILGATE LOCK SENSOR	S <u>~</u> 355.00 ₹
1	PC	TAILGATE HINGE	√ 223.00 X
1	PC	TAILGATE 'LEXUS' LOGO	Ne 55.00 -
1	PC	TAILGATE 'LEXUS' EMBLEM	na 65.00 —
1	PC	TAILGATE 'RX200t) BADGE	14.00 —
2	PCS	TAILGATE LAMPS O/S Mye M	680 EA 1360.00 X
1	PC	REAR BUMPER 1155.30	Balen 1526.00
1	PC	REAR BUMPER REINFORCEMENT	By 486.00 7
1	PC	REAR BUMPER SPONGE 147.80	cnf 221.00 7
1	SET	REAR BUMPER CLIPS	Me 75.00
2	PCS	REAR BUMPER SIDE RETAINER	36.20 EA
2	PCS	REAR BUMPER BRACKETS	135.00 EA O(1) 270.00 2
1	PC	REAR END PANEL	Ry 814.00 2
1	PC	REAR END PANEL TOP GARNISH	5 344.00 X
1	PC	REAR UNDER COVER	<b>¾</b> 562.30 <b>₹</b>
1	PC	REAR UNDER COVER CLIPS	n 128.00 7
2	PCS	REAR EXHUAST COVER - CHROME	115.20 EA B 230.40 —
		Rear exhau pin By 1865.40	9,311.60
		you come page to to	LESS 25% 2,327.90
			6,983.70
1	CET	DEVENCE CENCOD	ch then 100 00 charmer That
1	SET	REVERSE SENSOR	S\$ Show 400.00 S'NETT 2501
1	SET	CAMERA	12300.00 X
2		REAR NUMBER PLATE LAMPS	120.00 X
1	PC	REAR NUMBER PLATE	Net 60.00 85/2







160 Sin Ming Drive #02-16 Singapore 575722 Tel: 6556 0103 (Main Line) Fax: 6556 1015 Email: kangauto@singnet.com.sg

M/S QUEK CHEAW KWANG

**BLK 228 PENDING ROAD** 

#06-237

SINGAPORE 670228

POLICY NO : THIRD PARTY CLAIMS

OUR REF

TP22/08-1169

VEHICLE NO

SDS6883G

MAKE/MODEL

Toy. Lexus RX200T

DATE OF ACCIDENT

28-Aug-22

TO CHECK WIRING

TO REMOVE & REFIX TAILGATE

TO APPLY RUST PROOFING ON REPLACED/REPAIRED PANELS

TO PUTTY AND SPRAY PAINT CHARGES

LABOUR CHARGE

30.00 201 S\$

200.00

160.00

1,500.00

1,350.00

S\$ 11,103.70

12,502,75

SGD ELEVEN THOUSAND ONE HUNDRED THREE AND CENTS SEVENTY ONLY.

YOUS FAITHFULLY

KANG AUTO ENGINEERING PTE LTD

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: