

# 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
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. 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 ..... 21/02/2022 18:51 (SGT)  
Date of Accident ..... 21/02/2022 12:03 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... AMK AVE 5 (JUNCTION OF AMK INDUSTRIAL PARK)  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SNB6476U

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... YIP HOU YEE (YE QIAONI)  
NRIC No .....  
Email Address .....  
Mobile Phone No ..... (Phone) .....  
Alternative Phone No ..... (Home) .....

### VEHICLE PARTICULARS

Manufacturer ..... Audi  
Model ..... A4  
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 ..... 0

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 5125673711  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... TOH GEE PENG EDWIN  
NRIC No .....

Date Of Birth .....	[REDACTED]
Occupation .....	Indoor
Date Of Driving Pass .....	23/07/2002
Driving experience .....	19 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) [REDACTED]
Alt. Phone Number .....	-
Email Address .....	EDWINTOH77@GMAIL.COM
Address .....	[REDACTED]
Address complement .....	-
Postcode .....	[REDACTED]
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Spouse
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

Type of Accident .....	Chain Collision
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	3
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) .....	1
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 TO ATTACHED

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Reasons for not uploading a video of the accident .....	WITH OWNER
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SHA1736D
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
Name of Driver .....	-
Contact Number .....	-
Address .....	-

Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	GX5999B
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

SKETCH PLAN

IMPORTANT NOTICE

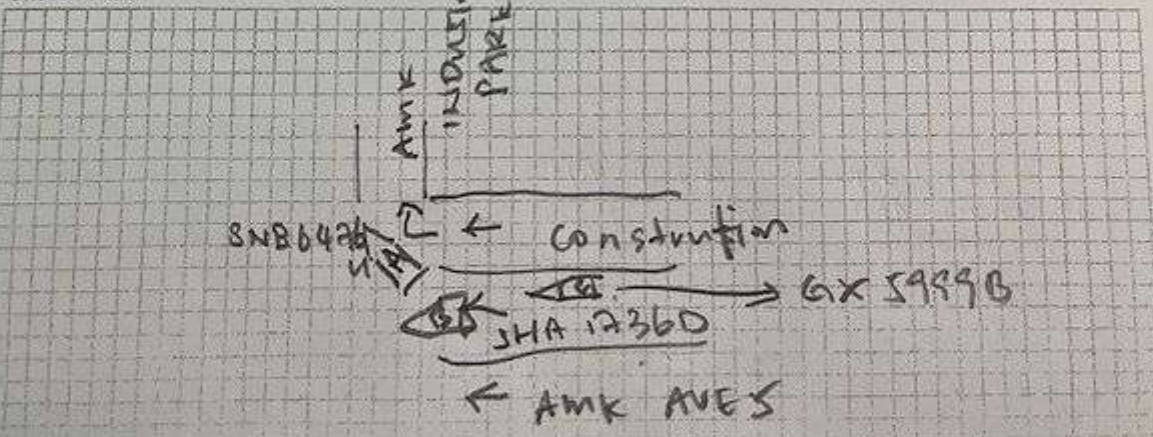
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
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4. The issue and acceptance of this Form by insurance companies is not an admission 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)**  
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 provider 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

Sketch Plan





Describe Circumstances of the Accident

- TURNING RIGHT TO AMK INDUSTRIAL PARK 2  
(ALONG AMK AVE 5), NOT MOVING, AT STOP
- TAXI HIT ME FROM BEHIND AFTER BEING HIT  
BY LORRY (TAXI NO.: SHA 17360)  
(LORRY NO.: GX 5999B)

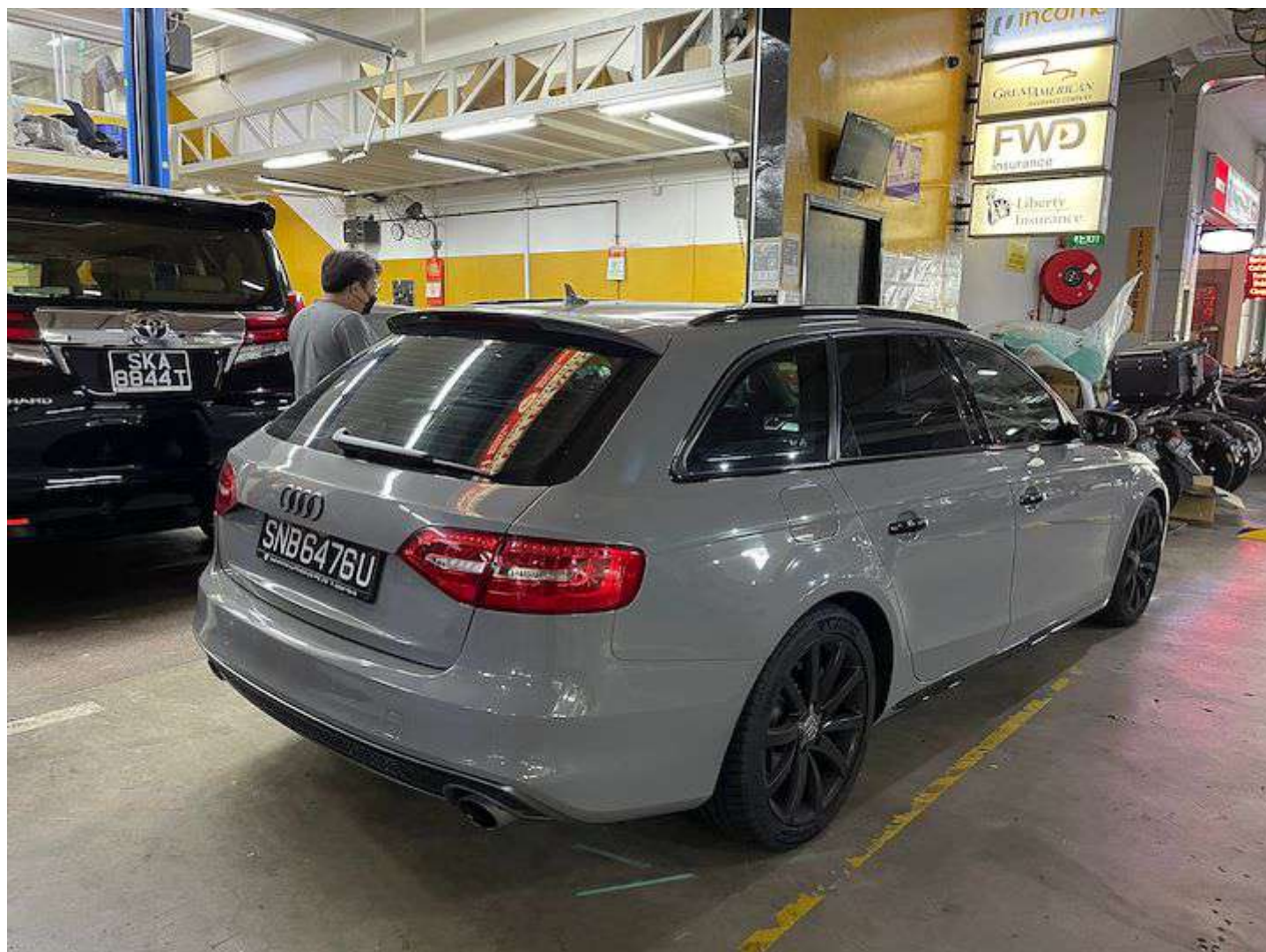
Declaration

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



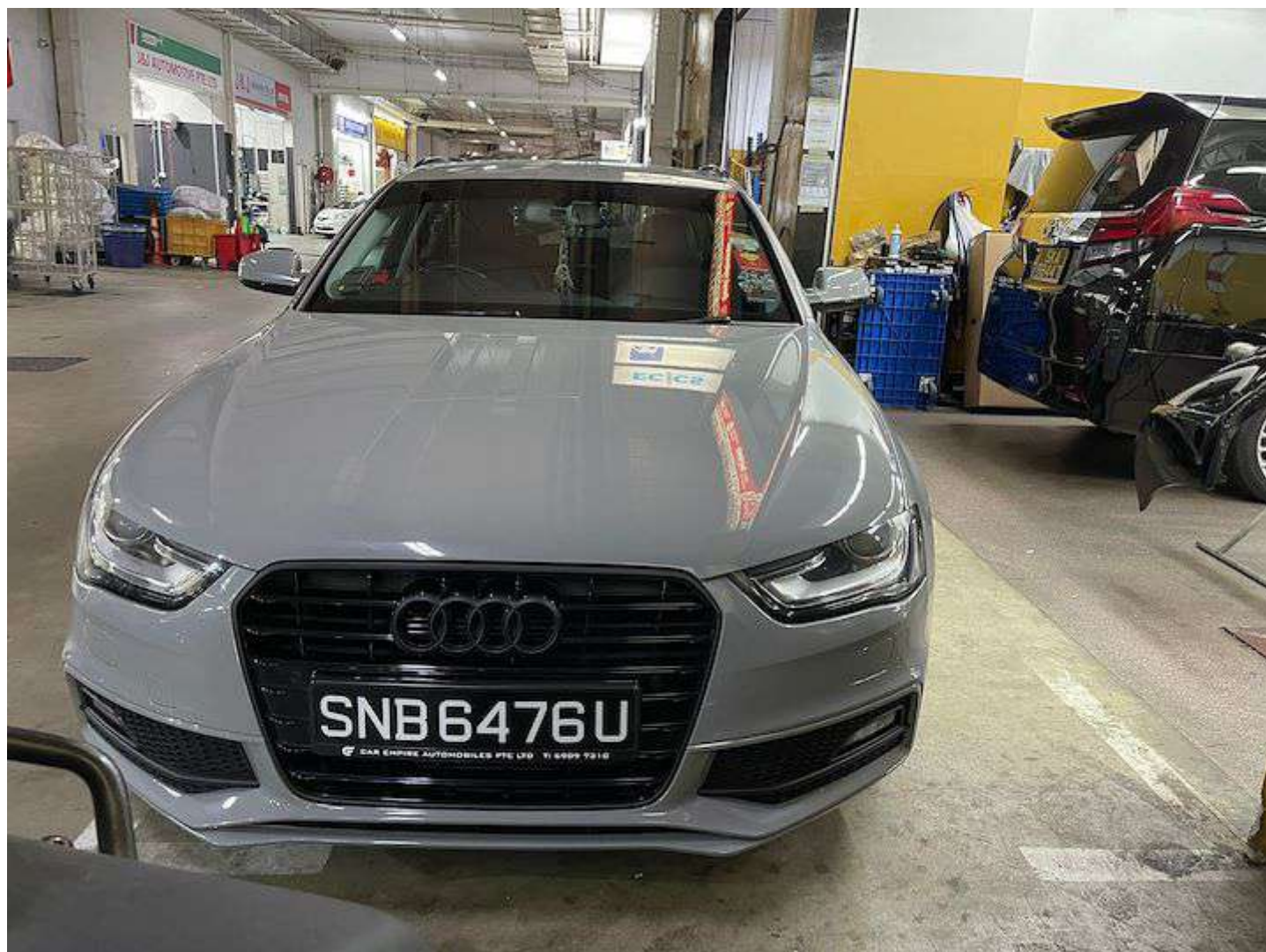




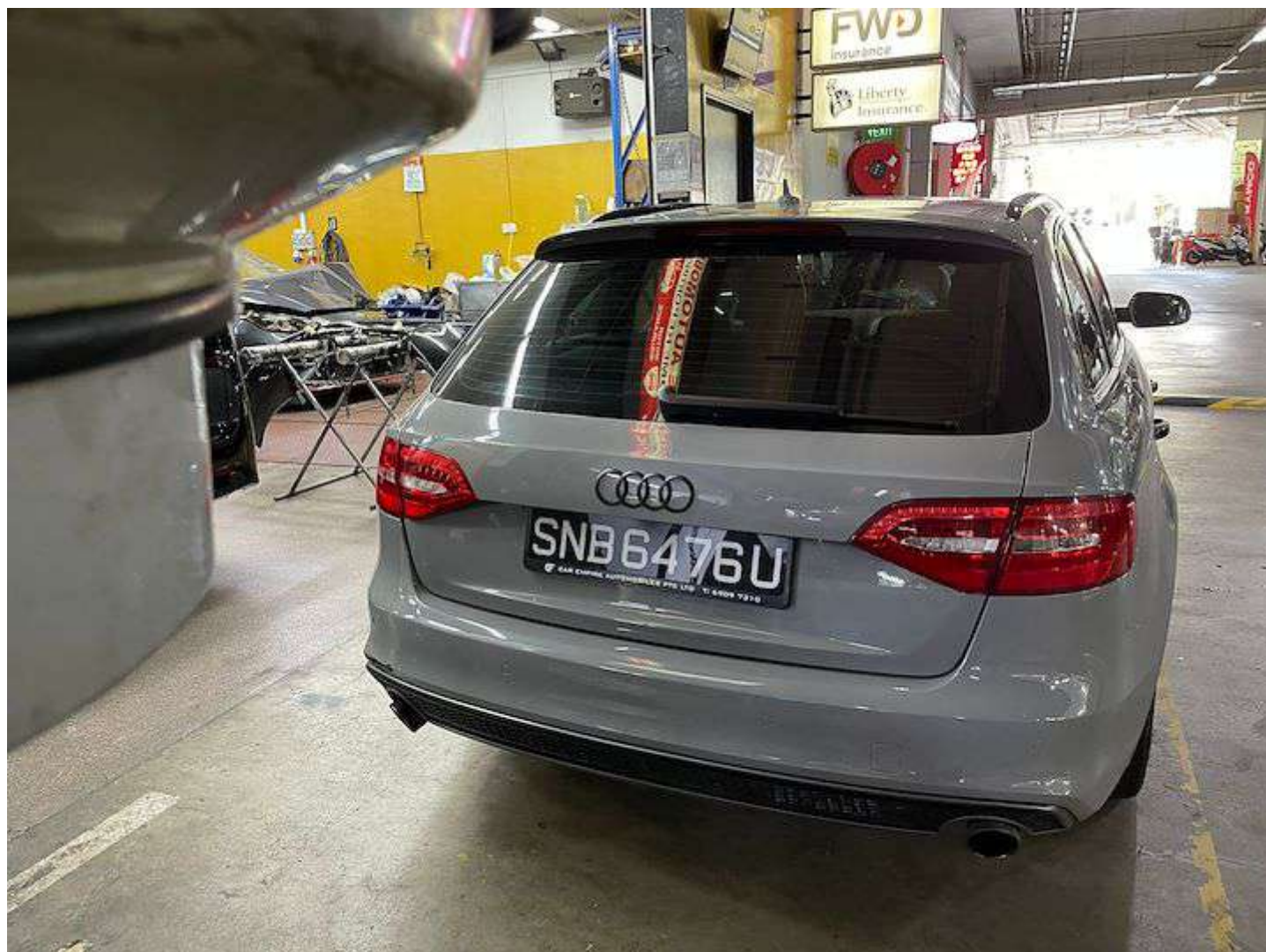


















Your Ref : SHA 1736D  
Our Ref : **SNB 6476U/MTR/jn/cl**  
Date : 21 February 2022

Fax : 6538 3708  
Tel : **3152 0986**  
Email : jaga@kscgp.com

AXA INSURANCE PTE LTD

BY EMAIL ONLY

**DATE OF ACCIDENT: 21 FEBRUARY 2022**

**NOTICE TO INSURER TO CONDUCT PRE-REPAIR SURVEY / INSPECTIONS**

We are instructed by the owner of SNB 6476U to notify you of a road traffic accident on 21 February 2022 at about 12.03 p.m. along Ang Mo Kio Avenue 5 (junction of Ang Mo Kio Industrial Park 2), involving our client's vehicle registration number SNB 6476U, vehicle registration number **SHA 1736D** and vehicle registration number GX 5999B, which was insured by you at the material time. A copy of the Singapore accident statement will be forwarded to you in due course.

As a result of the accident, our client's vehicle has been damaged. Before our client proceeds to repair the damaged vehicle, please let us know within 2 working days excluding any intervening Saturday, Sunday and/or Public Holiday of your receipt of this notice whether you would like to conduct a pre-repair survey of the vehicle. If we do not receive any reply from you within the stipulated timeline, our client shall proceed to repair the vehicle without further reference to you.

*NB. Any settlement or offer is on the express condition that this settlement is in respect of our client's claim for property-related damages only and shall not preclude client's driver/passenger from claiming injury-related damages arising from this accident.*

Yours faithfully,

*CL*

Enc.



Your Ref : S2M03TWZ\_TP  
Our Ref : **SNB 6476U/MTR/jn/cl**  
Date : 22 February 2022

Fax : **6538 3708**  
Tel : **3152 0986**  
Email : **jaga@kscgp.com**

AXA INSURANCE PTE LTD

BY EMAIL ONLY

**DATE OF ACCIDENT: 21 FEBRUARY 2022**

**NOTICE TO INSURER TO CONDUCT PRE-REPAIR SURVEY / INSPECTIONS**

We refer to your email dated 22 February 2022.

Please be informed that our client is not agreeable to your proposed motor surveyors. Instead we propose you to choose a surveyor from our client's list of surveyors as appended below:-

S/No	Name of Surveyor	Company Name
1.	Chang Fuh Keong, Dave	Sincere Appraisal Services
2.	Ang Guea Kiang	CA Appraiser Pte Ltd
3.	Ong Poh Meng	Aeon Auto Consultant LLP
4.	Lee Kok Weng	Lee Automobile Appraisers Services
5.	Ong Ah Keng, Kent	KTO Automobile Assessors

Please be informed that if we do not hear from you within 2 working days from the date hereof, we will assume, as per the Protocol, that you have no objections to our list of motor surveyors. You will be deemed to have agreed to any of the above motor surveyors as a "single joint expert". We will inform you who the "single joint expert" is in due course.

If you object to our client's list of motor surveyors, we will accordingly inform the client to instruct his choice of motor surveyor to conduct the pre-repair survey. Also, please let us know within 2 working days excluding any intervening Saturday, Sunday and/or Public Holiday of your receipt of this notice whether you would like to conduct a pre-repair survey of the vehicle failing which our client will commence repairs thereafter without any further notice or reference to you. Please be informed that the said vehicle can be surveyed / inspected at:

Address : Motoren Automotive Solutions LLP  
68 Kaki Bukit Avenue 6  
#01-20 Ark @ Kaki Bukit  
Singapore 417896

Contact Person/Tel : Wilson / 9754 2830

Yours faithfully,

*CL*

Your Ref : S2M03TWZ\_TP

Our Ref : **SNB 6476U/MTR/jn/cl**

Date : 22 February 2022

### Acknowledgement

This is to confirm that I \_\_\_\_\_ *[Full Name of Surveyor]* of \_\_\_\_\_ *[Surveyor's Company]* have completed as follows:-

(a) Pre- Repair Survey/Inspection on \_\_\_\_\_ [Date] at \_\_\_\_\_ [Time].

\_\_\_\_\_  
Name and signature of Appointed Surveyor  
Company Stamp

\_\_\_\_\_  
Witnessed by:  
Date:

(b) Pre- Repair Survey/Inspection (during dismantling) on \_\_\_\_\_ [Date] at \_\_\_\_\_ [Time].

\_\_\_\_\_  
Name and signature of Appointed Surveyor  
Company Stamp

\_\_\_\_\_  
Witnessed by:  
Date:

(c) Re-inspection of new replacement part (part by part) on \_\_\_\_\_ [Date] at \_\_\_\_\_ [Time].

\_\_\_\_\_  
Name and signature of Appointed Surveyor  
Company Stamp

\_\_\_\_\_  
Witnessed by:  
Date:

(d) Post – Repair Survey/Inspection on \_\_\_\_\_ [Date] at \_\_\_\_\_ [Time].

\_\_\_\_\_  
Name and signature of Appointed Surveyor  
Company Stamp

\_\_\_\_\_  
Witnessed by:  
Date:

Your Ref : GX 5999B  
Our Ref : **SNB 6476U/MTR/jn/cl**  
Date : 21 February 2022

Fax : 6538 3708  
Tel : **3152 0986**  
Email : jaga@kscgp.com

ERGO INDUSTRIES PTE LTD

BY EMAIL ONLY

**DATE OF ACCIDENT: 21 FEBRUARY 2022**

**NOTICE TO INSURER TO CONDUCT PRE-REPAIR SURVEY / INSPECTIONS**

We are instructed by the owner of SNB 6476U to notify you of a road traffic accident on 21 February 2022 at about 12.03 p.m. along Ang Mo Kio Avenue 5 (junction of Ang Mo Kio Industrial Park 2), involving our client's vehicle registration number SNB 6476U, vehicle registration number SHA 1736D and vehicle registration number **GX 5999B**, which was insured by you at the material time. A copy of the Singapore accident statement will be forwarded to you in due course.

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Yours faithfully,

*CL*

Enc.



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Our Ref : **SNB 6476U/MTR/jn/cl**  
Date : 22 February 2022

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Tel : **3152 0986**  
Email : **jaga@kscgp.com**

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BY EMAIL ONLY

**DATE OF ACCIDENT: 21 FEBRUARY 2022**

**NOTICE TO INSURER TO CONDUCT PRE-REPAIR SURVEY / INSPECTIONS**

We refer to your email dated 22 February 2022.

Please be informed that our client is not agreeable to your proposed motor surveyors. Instead we propose you to choose a surveyor from our client's list of surveyors as appended below:-

S/No	Name of Surveyor	Company Name
1.	Chang Fuh Keong, Dave	Sincere Appraisal Services
2.	Ang Guea Kiang	CA Appraiser Pte Ltd
3.	Ong Poh Meng	Aeon Auto Consultant LLP
4.	Lee Kok Weng	Lee Automobile Appraisers Services
5.	Ong Ah Keng, Kent	KTO Automobile Assessors

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Address : Motoren Automotive Solutions LLP  
68 Kaki Bukit Avenue 6  
#01-20 Ark @ Kaki Bukit  
Singapore 417896

Contact Person/Tel : Wilson / 9754 2830

Yours faithfully,

*CL*

Your Ref : GX 5999B

Our Ref : **SNB 6476U/MTR/jn/cl**

Date : 22 February 2022

**Acknowledgement**

This is to confirm that I \_\_\_\_\_ *[Full Name of Surveyor]* of  
\_\_\_\_\_ *[Surveyor's Company]* have completed as follows:-

(a) Pre- Repair Survey/Inspection on \_\_\_\_\_ [Date] at \_\_\_\_\_ [Time].

\_\_\_\_\_  
Name and signature of Appointed Surveyor  
Company Stamp

\_\_\_\_\_  
Witnessed by:  
Date:

(b) Pre- Repair Survey/Inspection (during dismantling) on \_\_\_\_\_ [Date] at \_\_\_\_\_ [Time].

\_\_\_\_\_  
Name and signature of Appointed Surveyor  
Company Stamp

\_\_\_\_\_  
Witnessed by:  
Date:

(c) Re-inspection of new replacement part (part by part) on \_\_\_\_\_ [Date] at \_\_\_\_\_ [Time].

\_\_\_\_\_  
Name and signature of Appointed Surveyor  
Company Stamp

\_\_\_\_\_  
Witnessed by:  
Date:

(d) Post – Repair Survey/Inspection on \_\_\_\_\_ [Date] at \_\_\_\_\_ [Time].

\_\_\_\_\_  
Name and signature of Appointed Surveyor  
Company Stamp

\_\_\_\_\_  
Witnessed by:  
Date:

# Motoren Automotive Solutions LLP

68 Kaki Bukit Avenue 6

#01-20

Singapore 417896

JN (CL 22) 2483 MTR

## INVOICE

<b>Name:</b> Yip Hou Yee (Ye Qiaoni)	<b>Date of Invoice:</b> 23/3/2022
Motoren Automotive Solutions LLP 68 Kaki Bukit Avenue 6 #01-20 Singapore 417896	

<b>Claim Type:</b> Third Party	<b>Date of Accident:</b> 21/2/2022
<b>Vehicle Reg No:</b> SNB6476U	<b>Claimant:</b> Yip Hou Yee (Ye Qiaoni)
<b>Vehicle Make/Model:</b> Audi A4 Avant	
<b>Description</b>	<b>Amount (S\$)</b>
Part By Part Repair Cost as per recommendation	10,938.85
<b>Total</b>	10,938.85
Singapore Dollar: Ten thousand nine hundred thirty eight dollars and eighty five cents only.	



**SINCERE APPRAISAL SERVICES PTE LTD** Co.Reg no: 201800639R

420 North Bridge Road, #02-05 North Bridge Centre, Singapore 188727

Tel : 6636 4628 E-mail : office@sincereappraisal.com.sg

## INVOICE

**KSCGP Juris LLP**  
**133 New Bridge Road**  
**17-03 Chinatown Point**  
**Singapore 059413**

**Invoice No:** 230322-46  
**Our ref:** 46/TP/2022  
**Date:** 23/3/2022

**Claim Type:** Third Party  
**Vehicle Reg No:** SNB6476U  
**Vehicle Make/Model:** Audi A4 Avant

**Date of Loss:** 21/2/2022  
**Claimant:** Yip Hou Yee (Ye Qiaoni)

Description	Amount (S\$)
1. Professional Fee (including Transport, 72 Photographs and Miscellaneous charges)	802
<b>Total</b>	<b>802</b>
Singapore Dollar: Eight hundred and two dollars only.	

Cheques should be crossed A/C PAYEE and made payable to Sincere Appraisal Services Pte Ltd



**Sincere Appraisal Services Pte Ltd**





**SINCERE**  
APPRAISAL SERVICES PTE LTD

JN/C4/22/2483/MTR

### VEHICLE DAMAGE INSPECTION REPORT

Our Ref: 46/TP/2022

Date: 23/3/2022

#### REFERENCE

Date of loss: 21/2/2022  
Claimant: Yip Hou Yee (Ye Qiaoni)

#### DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SNB6476U	Make &	Audi
Reg date:	15/9/2016	Model	A4 Avant
Colour:	Grey	Engine No:	CNC148339
Type:	Motor Car	Chassis No:	WAUZZZ8K1FA186218
Type of Claims:	Third Party	Odometer No:	74861km
		Engine Cap:	1984cc

#### CONDITION OF VEHICLE AT THE TIME OF SURVEY (STATIC ONLY)

General Condition:	Good	Steering:	Good	Engine Modification:	Nil
Paint work:	Good	Handbrake:	Good	Pre-accident	
		Footbrake:	Good	Damage:	Nil

#### CONDITION OF TYRES

Front Left Size:	Michelin 245/40ZR18 70%	Front Right Size:	Michelin 245/40ZR18 70%
Rear Left Size:	Michelin 245/40ZR18 70%	Rear Right Size:	Michelin 245/40ZR18 70%

*The above percentages represent the remaining life of the tyre threads*

#### COST OF REPAIRS

	Repairer S\$	Adjuster S\$
Parts	\$ 9,468.45	\$ 8,238.85
Labour	\$ 3,270.00	\$ 2,700.00
Calculated Cost (S\$) :	\$ 12,738.45	\$ 10,938.85

**Recommended Part By Part Repair Cost (S\$) : \$ 10,938.85**

Date of Assignment: 22/2/2022  
Date Inspected: 22/2/2022  
Est. repair Period: 22 days

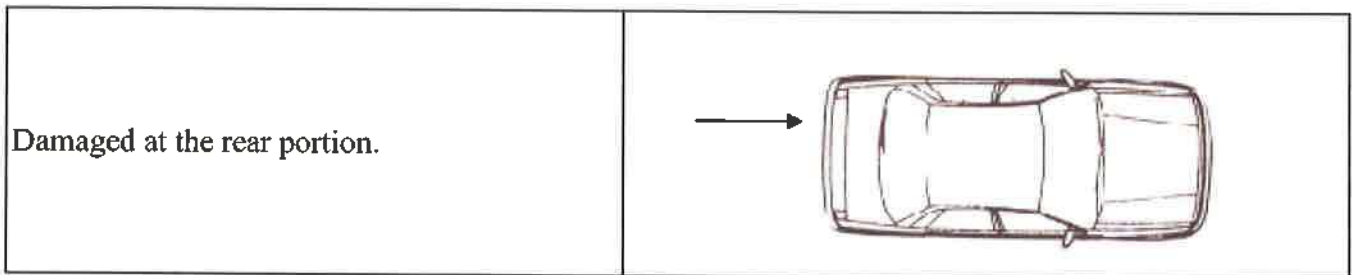
Inspected At: Motoren Automotive Solutions LLP  
68 Kaki Bukit Avenue 6  
#01-20  
Singapore 417896

**SINCERE APPRAISAL SERVICES PTE LTD** Co.Reg no: 201800639R

420 North Bridge Road, #02-05 North Bridge Centre, Singapore 188727

Tel : 6636 4628 E-mail : office@sincereappraisal.com.sg

### **POINT OF IMPACT**



### **BRIEF CIRCUMSTANCES OF ACCIDENT**

The Insured's vehicle collided onto the Third Party's vehicle at the junction of Ang Mo Kio Avenue 5 and Ang Mo Kio Industrial Park.

### **GENERAL DESCRIPTION OF DAMAGES**

Our visual inspection of the vehicle revealed that the damages noted are at the rear portion.

### **SPECIAL REMARKS**

We have inspected the actual damages found on the vehicle and recommend the replacement of parts and repairs accordingly. The estimated repair cost is \$12,738.45. The repairer has agreed to undertake the repairs at our adjusted part by part amount of \$10,938.85.

We have not authorised the repair. Under normal circumstances, estimated **22** working days are required to repair the vehicle.

We are pleased to advise that the inspection work was carried out accordingly, and hereby submit our Inspection Report and photographs.

	<p><b>Dave Chang</b> Automotive Appraiser AUTO. ENG, CAE, CGI MIRTE, MSAAA, MTM</p>
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**Automotive Appraiser: Dave Chang**

*Please note that this report is solely based on our findings at the time and place of inspection. This inspection has been carried out to our best knowledge and ability. Any other liability is hereby excluded.*

## ANNEX A

**REPAIR DETAILS****Recommended Parts**

No	Qty	Description	Condition	Repairer's Amount	Adjuster's Amount
1	1	Rear bumper assy	grazed/dented	\$ 2,160.00	\$ 2,160.00
2	1	Rear bumper left retainer	bent/necessary	\$ 89.00	\$ 89.00
3	1	Rear bumper right retainer	reuse	\$ 89.00	\$ -
4	1	Rear bumper left bracket	bent/necessary	\$ 83.00	\$ 83.00
5	1	Rear bumper right bracket	reuse	\$ 83.00	\$ -
6	1	Rear bumper tow cover	necessary	\$ 98.00	\$ 98.00
7	1	Rear bumper reinforcement	repair	\$ 590.00	\$ -
8	1	Rear left air ventilator	intact	\$ 98.00	\$ -
9	1	Rear left taillamp assy	cracked	\$ 853.00	\$ 853.00
10	1	Rear exhaust full complete system assy	bent/malfunction	\$ 3,800.00	\$ 3,800.00
11	1 set	Rear exhaust muffler rubber mounting	reuse	\$ 108.00	\$ -
				<u>\$ 8,051.00</u>	<u>\$ 7,083.00</u>
Less 5%				\$ 402.55	\$ 354.15
				<u>\$ 7,648.45</u>	<u>\$ 6,728.85</u>
<u>Special Nett Items</u>					
1	12	Rear bumper clips	necessary	\$ 60.00	\$ 50.00
2	1	Rear no plate with garnish	necessary	\$ 100.00	\$ 80.00
3	1	Rear bumper left reverse sensor	missing	\$ 300.00	\$ 250.00
4	1	Rear bumper lower diffuser	dented/grazed	\$ 1,200.00	\$ 1,000.00
5	10	Rear bumper lower diffuser clips	necessary	\$ 60.00	\$ 50.00
6	1	Rear bumper lower diffuser sealant	necessary	\$ 100.00	\$ 80.00
				<u>\$ 1,820.00</u>	<u>\$ 1,510.00</u>
<b>Total parts</b>				<b>\$ 9,468.45</b>	<b>\$ 8,238.85</b>

## ANNEX B

### REPAIR DETAILS

#### Recommended Labour

No	Description	Repairer's Amount	Adjuster's Amount
1	Labour for panel beating, cut, weld, straighten rear affected area and replace rear damaged parts.	\$ 1,200.00	\$ 1,000.00
2	To putty and spray painting rear portion.	\$ 1,200.00	\$ 1,000.00
3	To check rear lighting and wiring.	\$ 50.00	\$ 30.00
4	To remove and install rear exhaust full complete system assy.	\$ 140.00	\$ 120.00
5	To remove and install rear inner garnish and trim to facilitate the repair.	\$ 180.00	\$ 140.00
6	To apply anti rust proofing to rear affected area.	\$ 140.00	\$ 120.00
7	To remove and install rear bumper reverse sensor.	\$ 80.00	\$ 60.00
8	To repair, straighten and align rear left fender assy.	\$ 180.00	\$ 150.00
9	Towing service.	\$ 100.00	\$ 80.00
<b>Total labour :</b>		<b>\$ 3,270.00</b>	<b>\$ 2,700.00</b>

## ANNEX C

### REPAIR DETAILS

#### Adjusted Repair Cost

	Repairer's Amount	Adjuster's Amount
<b>Total parts :</b>	<b>\$ 9,468.45</b>	<b>\$ 8,238.85</b>
<b>Total labour :</b>	<b>\$ 3,270.00</b>	<b>\$ 2,700.00</b>
<b>Total repair cost :</b>	<b>\$ 12,738.45</b>	<b>\$ 10,938.85</b>

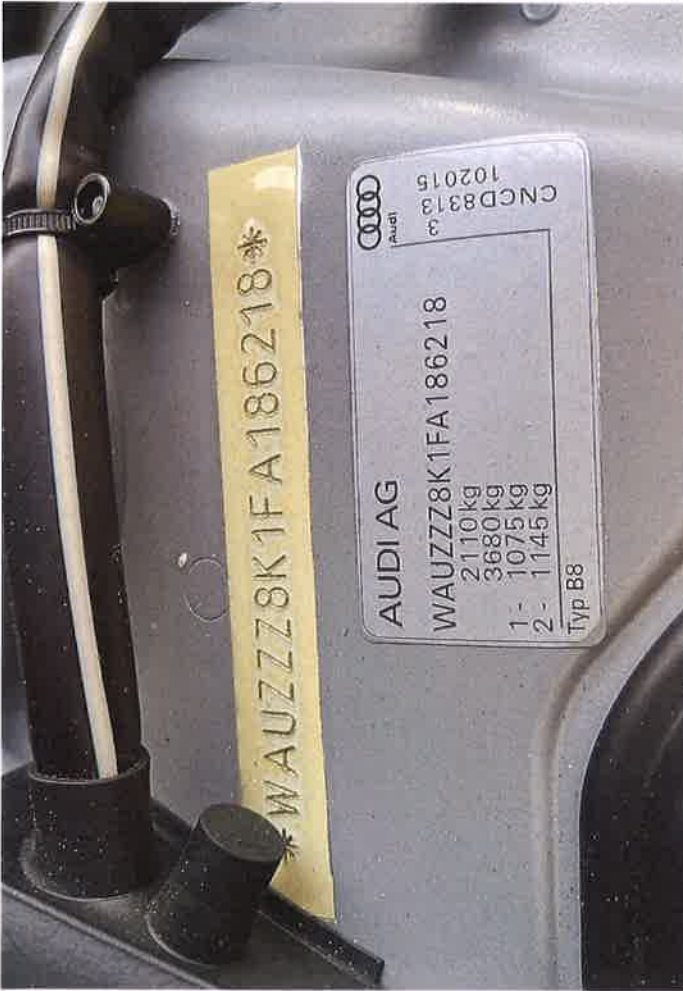
**Adjusted Repair Cost (Part By Part Repair)**

**\$ 10,938.85**











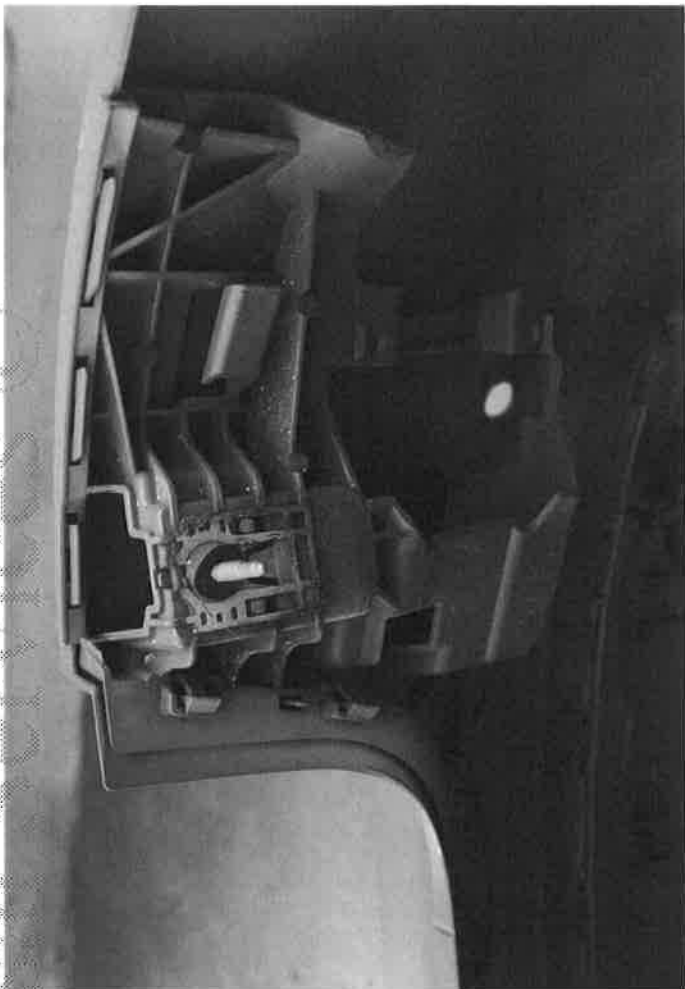


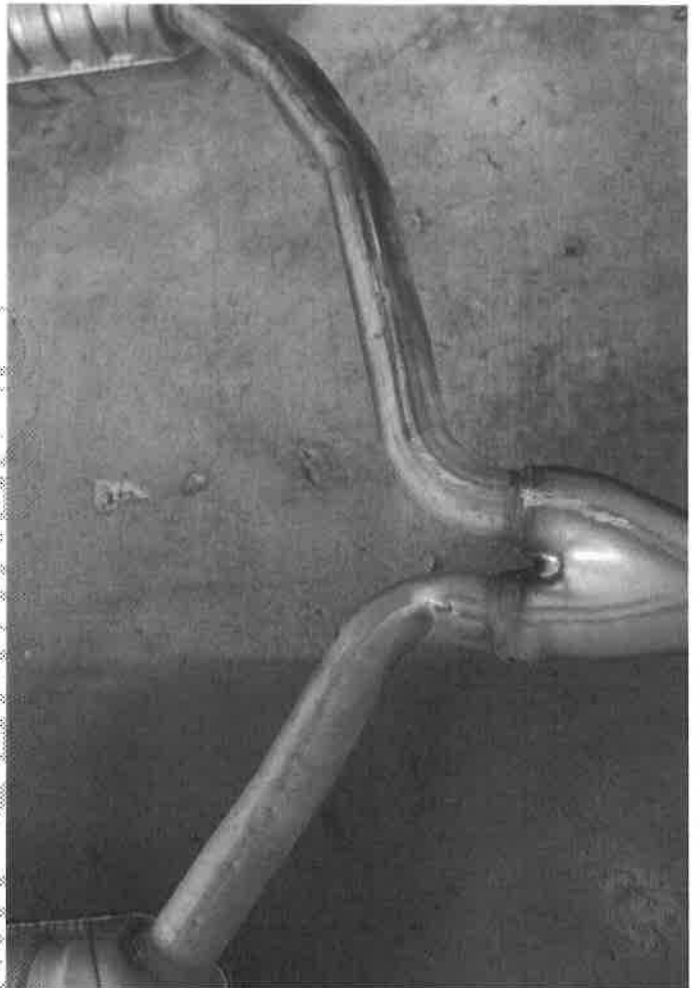




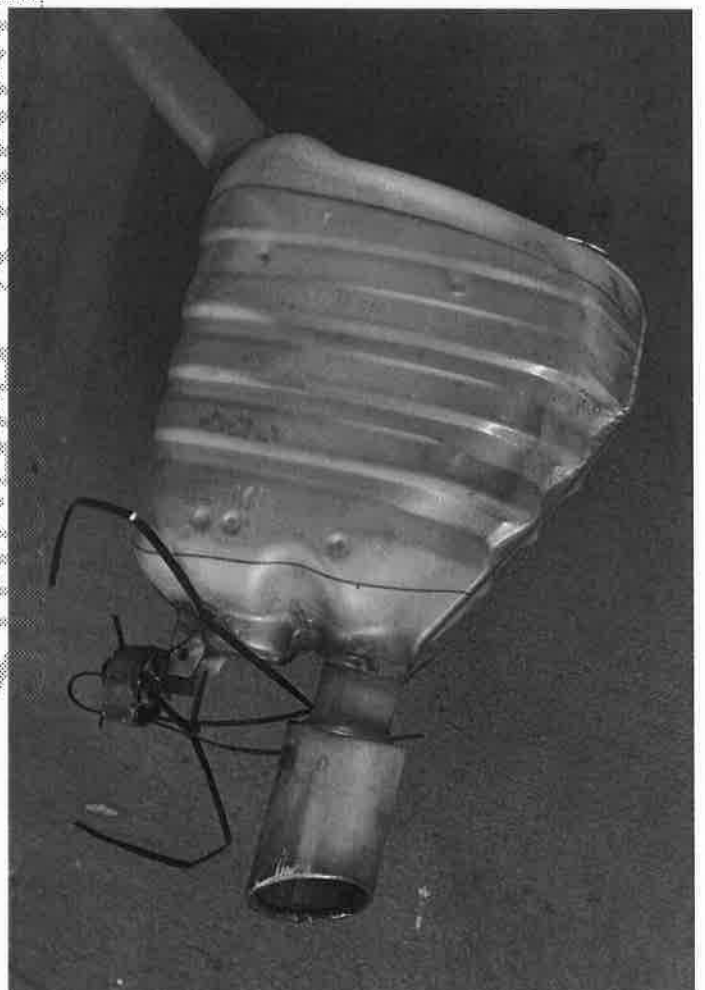
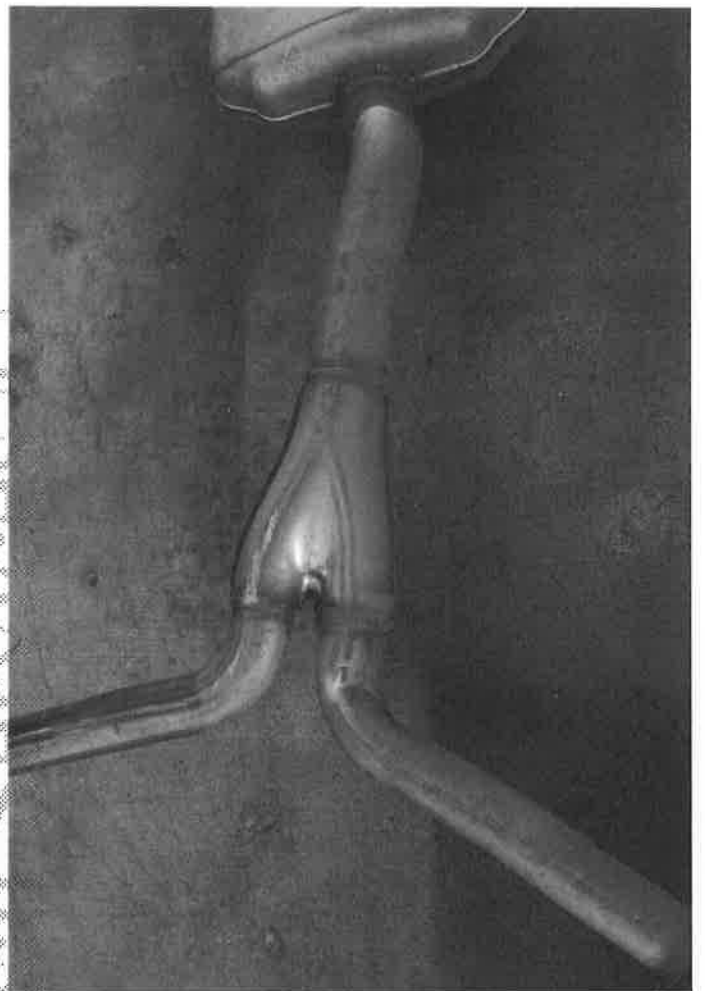
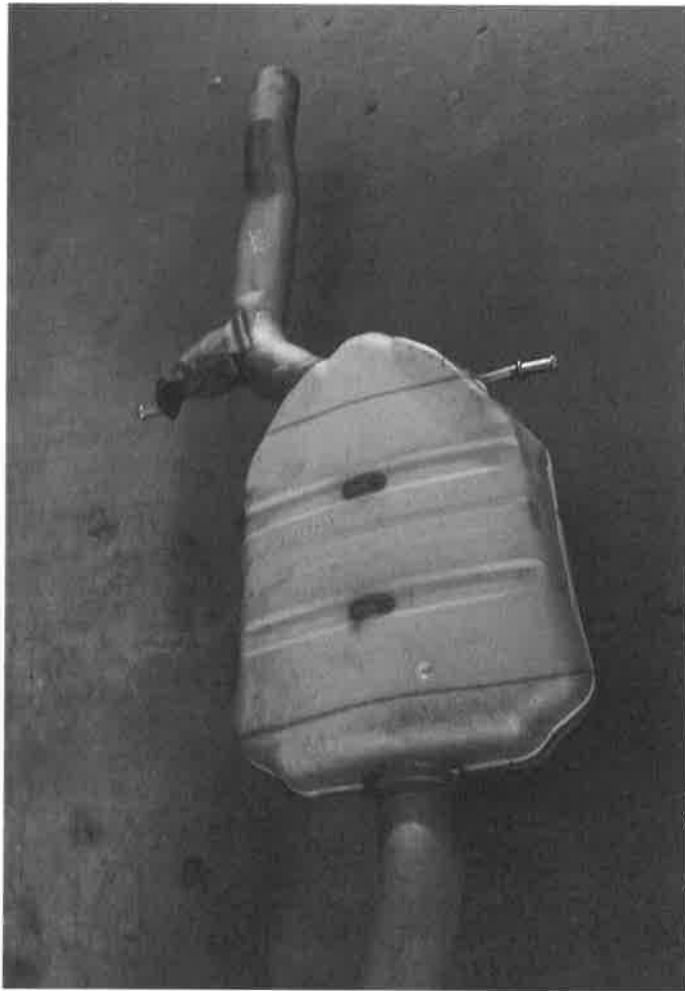


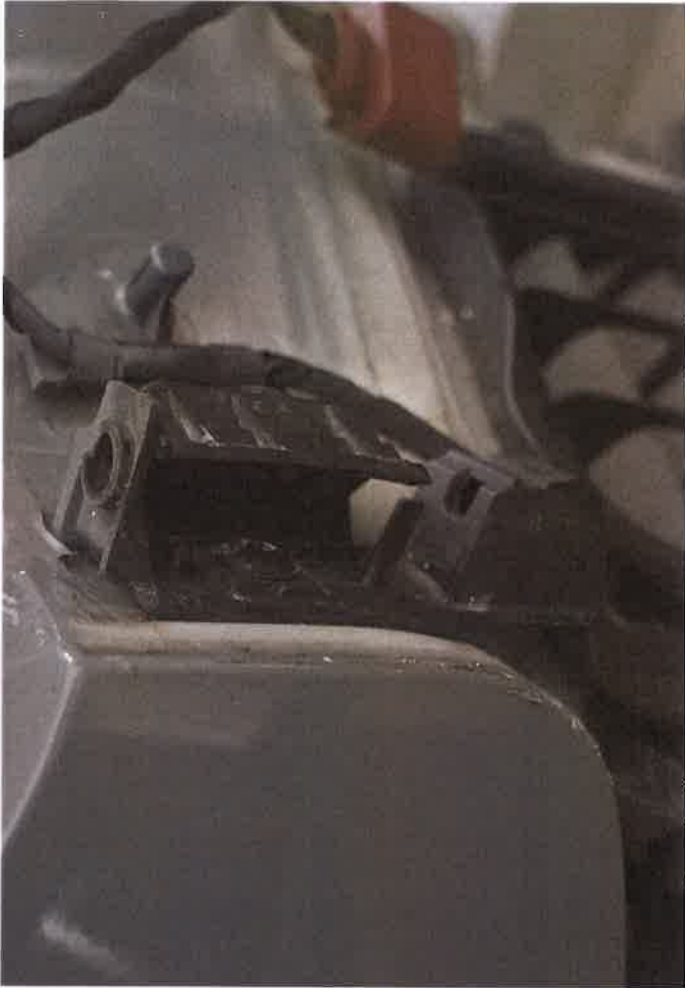
























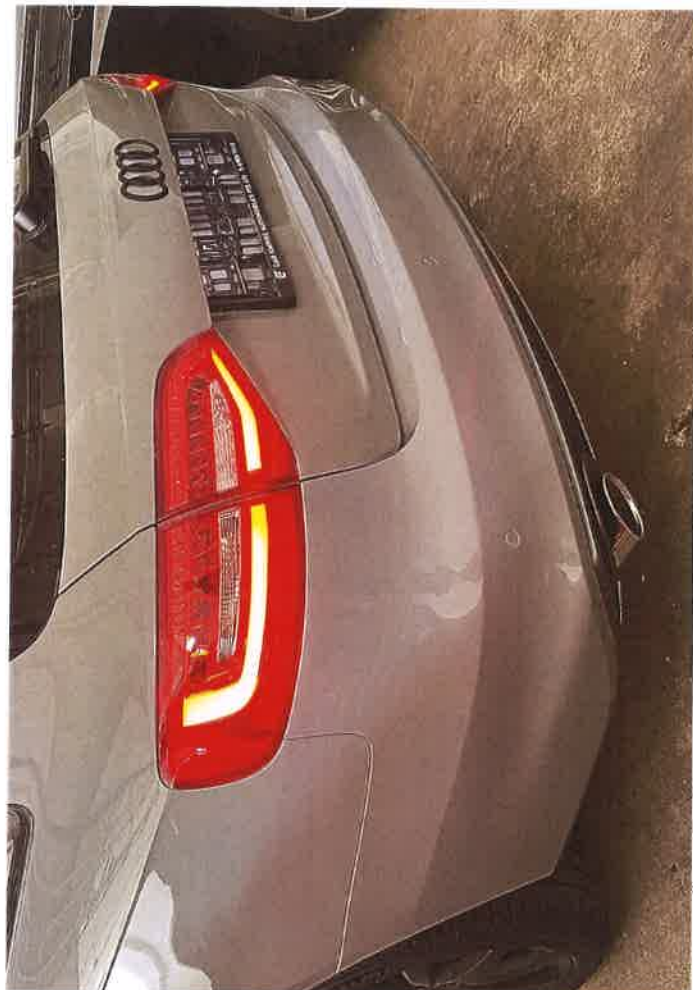




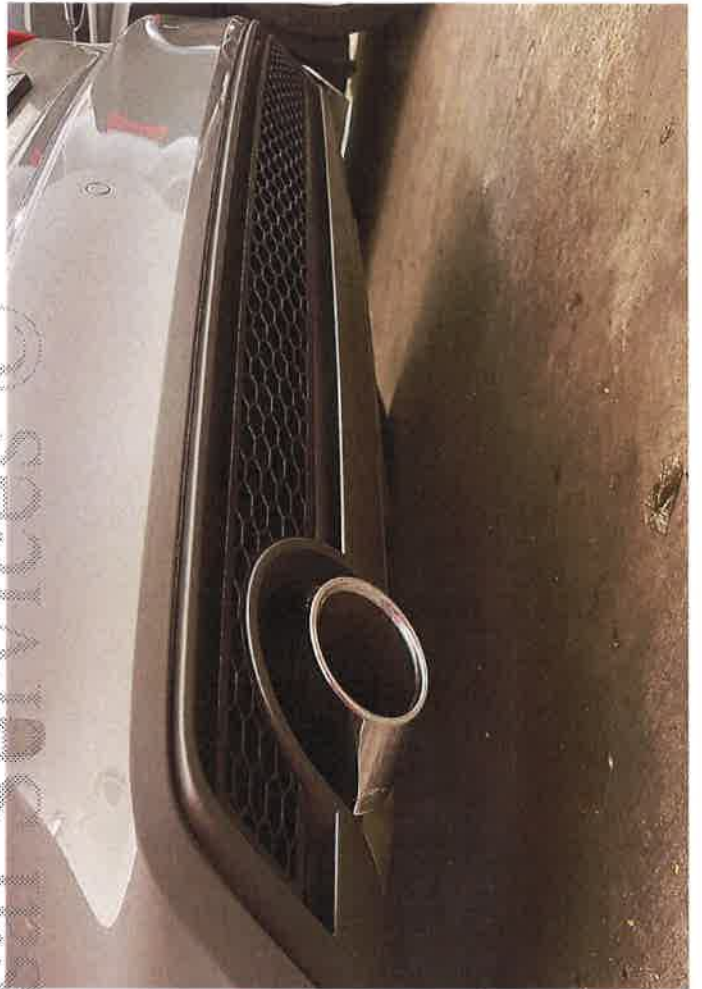






















RECORD MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580

Phone: +65 6224 0010 Fax: +65 6224 0030

Operating Hours: Monday to Friday 9am to 5pm

GST Registration No: M400017735

## TAX INVOICE

Date of Request: 23/02/2022

Your Ref No: SNB6476U/MTR/jn/cl

Dear Sir/Madam,

Date of Accident: 21/02/2022 00:00 (SGT)

Vehicle No: SNB6476U

Place of Accident: Ang Mo Kio Ave 5, Singapore

With reference to your application for the accident report, we have attached the following accident report as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (\$)	QTY	AMOUNT (\$)
SHA1736D	Ang Mo Kio Ave 5, Singapore	(29.00 )	1	(27.10 )
GST Amount				(1.90 )
Total Amount Due (GST Inclusive)				(29.00 )

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

Thank you.

This is a computer generated document and requires no signature.

# 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
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. 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 ..... 21/02/2022 17:24 (SGT)  
Date of Accident ..... 21/02/2022 11:45 (SGT)  
Exact Location of Accident ..... Ang Mo Kio Ave 5, Singapore  
Additional Location Information ..... ANG MO KIO INDUSTRIAL PARK 2  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SHA1736D

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... COMFORT TRANSPORTATION PTE LTD

### VEHICLE PARTICULARS

Manufacturer ..... Hyundai  
Model ..... I40  
Variant ..... -  
Vehicle Category ..... Taxi  
Transmission ..... Auto  
CC ..... 1685

### INSURANCE COMPANY

Name of Insurance Company ..... AXA Insurance Pte Ltd  
Type of Coverage ..... ThirdPartyFireTheft  
Fleet Policy ..... Yes  
Policy Number ..... VFX/P2419138  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... YAP CHWEE SHOO  
NRIC No ..... S1336142H  
Address ..... 572 HOUGANG STREET 51 #06-33  
Address complement ..... -  
Postcode ..... 530572  
Does Driver Own Other Vehicles? ..... No

### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident ..... Chain Collision  
Weather Conditions ..... Clear

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? ..... No  
Was anybody injured in the Accident? ..... No  
Was any other vehicle or property damaged? ..... Yes  
Number of Passengers (Including Driver) ..... 1

#### CIRCUMSTANCES OF ACCIDENT

ON THE 21/02/2022 AT AROUND 1145HRS. I VEHICLE A (SHA1736D) WAS DRIVING ALONG ANG MO KIO AVENUE 5. THE RIGHT TWO LANES WERE BEING CLOSED DUE TO ROAD WORKS. VEHICLE C (SNB6476U) WAS AHEAD OF ME INTENDING TO TURN RIGHT. AS TRAFFIC LIGHT TURNED GREEN, VEHICLE C POSITIONED TO MAKE THE TURN. SHORTLY AFTER, I FELT A HUGE IMPACT ON MY REAR AND REALISED THAT VEHICLE B (GX5999B) HAD REAR ENDED ME. THE IMPACT CAUSED MY VEHICLE TO MOVED AND COLLIDED KNT0 VEHICLE C. NO ONE WAS INJURED AT THAT POINT OF TIME.

#### ATTACHMENT(S)

Are accident photos available for attachment? ..... Yes  
Was there any video captured by Car Camera? ..... Yes  
Reasons for not uploading a video of the accident ..... FILE IS NOT SUITABLE  
Was there any audio recorded? ..... No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number ..... GX5999B  
Vehicle Manufacturer ..... Toyota  
Vehicle Model ..... Dyna  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Commercial vehicle  
Name of Driver ..... -  
Insurance Company Name ..... -

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number ..... SNB6476U  
Vehicle Manufacturer ..... Audi  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Private car  
Name of Driver ..... -  
Insurance Company Name ..... -



**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 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)**

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.

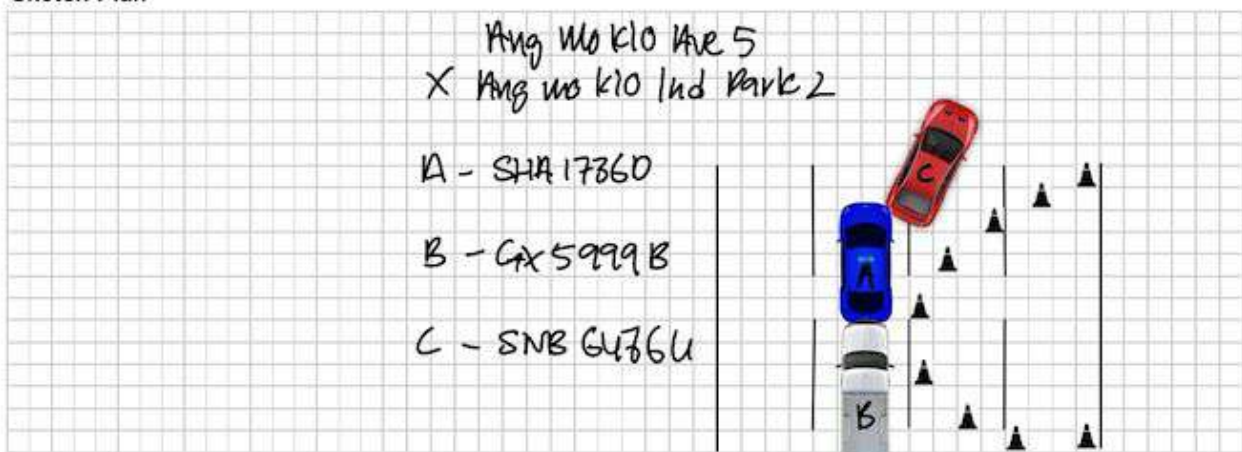
*Yes*

*Dahnial*

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time *21/02/2022 1500*

Witnessed by Reporting Centre Personnel

**Sketch Plan**


## Describe Circumstances of the Accident


ON THE 21/02/2022 AT AROUND 1145HRS. I VEHICLE A (SHA1736D) WAS DRIVING ALONG ANG MO KIO AVENUE 5. THE RIGHT TWO LANES WERE BEING CLOSED DUE TO ROAD WORKS. VEHICLE C (SNB6476U) WAS AHEAD OF ME INTENDING TO TURN RIGHT. AS TRAFFIC LIGHT TURNED GREEN, VEHICLE C POSITIONED TO MAKE THE TURN . SHORTLY AFTER, I FELT A HUGE IMPACT ON MY REAR AND REALISED THAT VEHICLE B (GX5999B) HAD REAR ENDED ME. THE IMPACT CAUSED MY VEHICLE TO MOVED AND COLLIDED KNT0 VEHICLE C. NO ONE WAS INJURED AT THAT POINT OF TIME.

## 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  21/02/2022 1500

Witnessed by Reporting Centre Personnel  Dahnial







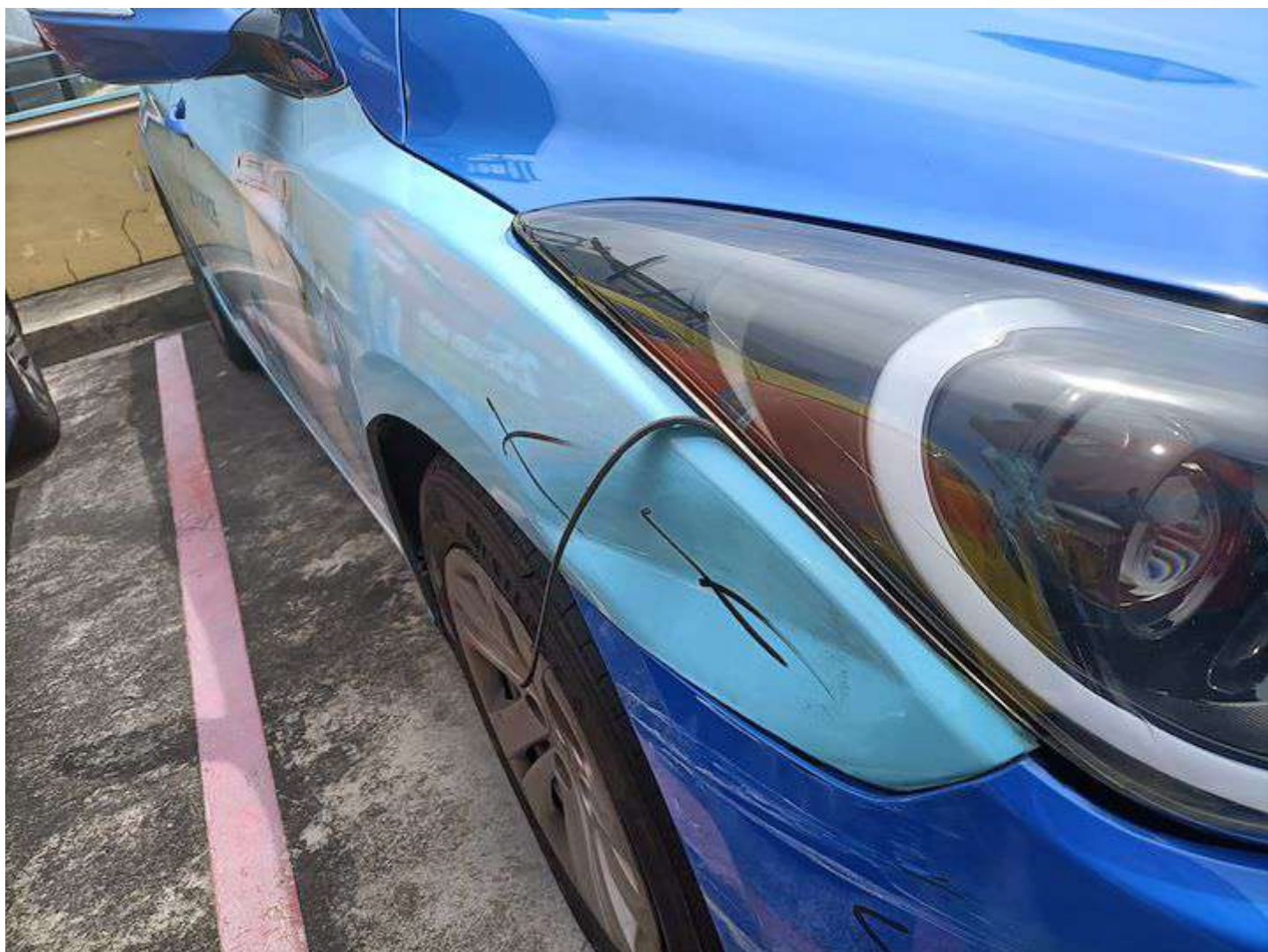


























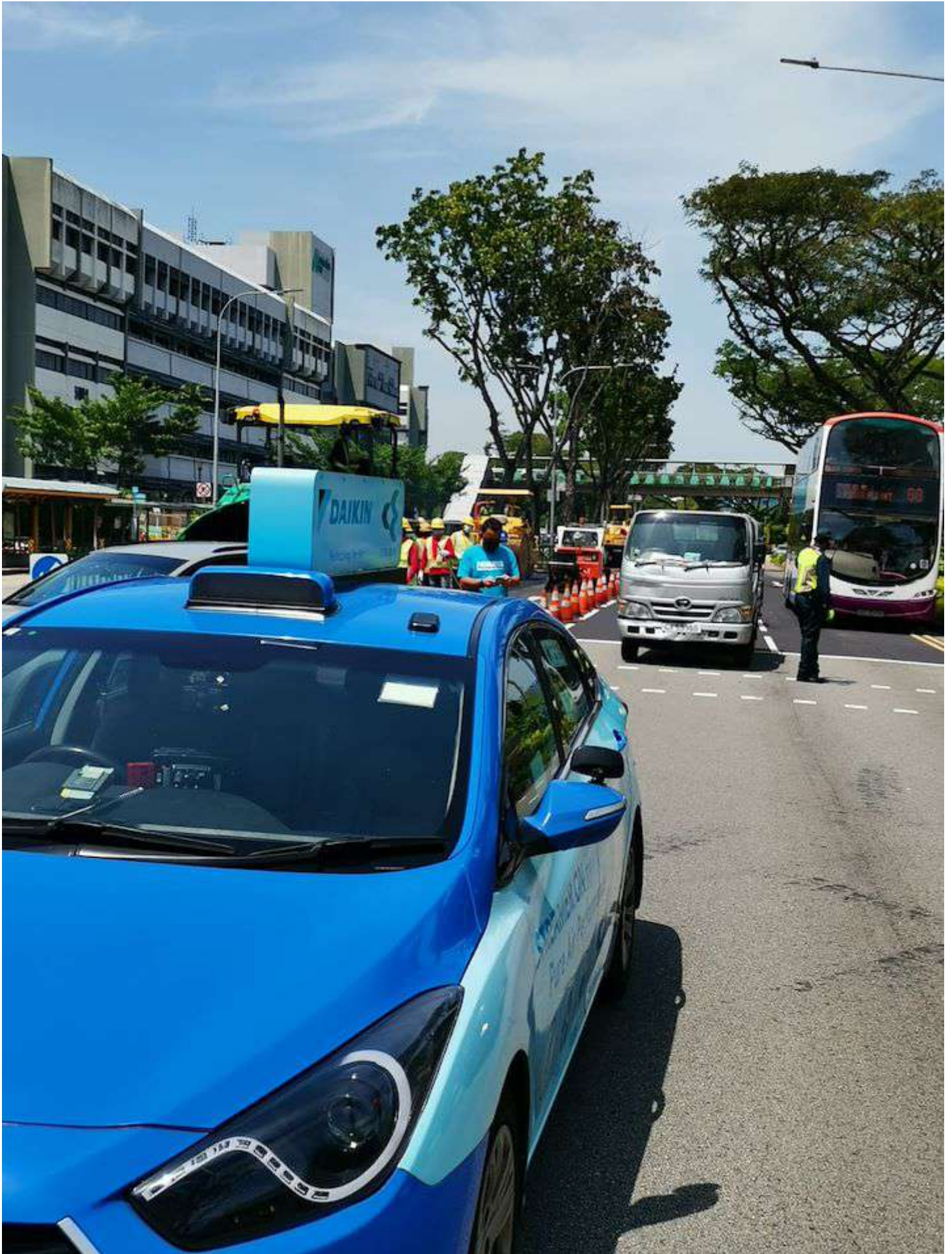






























RECORD MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
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6 Raffles Quay #18-00, Singapore 048580

Phone: +65 6224 0010 Fax: +65 6224 0030

Operating Hours: Monday to Friday 9am to 5pm

GST Registration No: M400017735

## TAX INVOICE

Date of Request: 23/02/2022

Your Ref No: SNB6476U/MTR/jn/cl

Dear Sir/Madam,

Date of Accident: 21/02/2022 00:00 (SGT)

Vehicle No: SNB6476U

Place of Accident: Singapore

With reference to your application for the accident report, we have attached the following accident report as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (\$)	QTY	AMOUNT (\$)
<b>GX5999B</b>	Singapore	(29.00 )	1	(27.10 )
GST Amount				(1.90 )
Total Amount Due (GST Inclusive)				(29.00 )

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

Thank you.

This is a computer generated document and requires no signature.





## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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 ..... 22/02/2022 17:12 (SGT)  
Date of Accident ..... 21/02/2022 12:04 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... ANG MO KIO AVE 5  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GX5999B

#### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... AH CHING ENGINEERING PTE LTD

#### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Dyna  
Variant ..... -  
Vehicle Category ..... Commercial vehicle  
Transmission ..... Manual  
CC ..... 0

#### INSURANCE COMPANY

Name of Insurance Company ..... ERGO Insurance Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMC21014309  
Cover Note Number ..... 15/12/2021 - 14/12/2022

#### DRIVER

Name of Driver ..... NG BOO SOOP  
NRIC No ..... S0195894A  
Address ..... BLK 254 ANG MO KIO AVE 4 #10-141  
Address complement ..... -  
Postcode ..... 560254  
Does Driver Own Other Vehicles? ..... No

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident ..... Chain Collision  
Weather Conditions ..... Clear

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? ..... No  
Was anybody injured in the Accident? ..... No  
Was any other vehicle or property damaged? ..... Yes  
Number of Passengers (Including Driver) ..... 1

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO STATEMENT

#### 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 ..... SHA1736D  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Taxi  
Name of Driver ..... -  
Insurance Company Name ..... -

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number ..... SNB6476U  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Private car  
Name of Driver ..... -  
Insurance Company Name ..... -



**SKETCH PLAN**

1. VEHICLE NO: GX5999B  
 2. INSURER CO: ERGO  
 3. ACCIDENT DATE & TIME: 21/02/22 @ 1204

**IMPORTANT NOTICE**

1. Please report correctly the details of the accident to speed up the claims process.
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3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
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 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' 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.

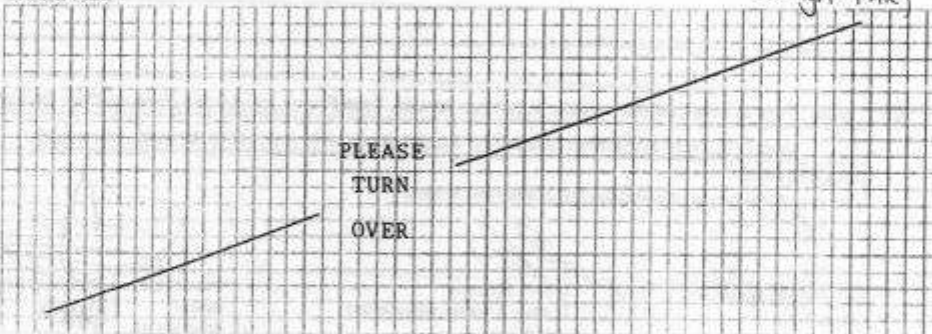


Policyholder's Signature / Date &

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

Witnessed by Reporting Centre Personnel

Sketch Plan



PLEASE  
TURN  
OVER























# Enquire Vehicle Owner Details

## Enquire Vehicle Owner Details ( As At 21 Feb 2022 / 12:03:00 )

### Vehicle Owner Details



Owner ID Type:

**Company**

Owner ID:

**199303821R**

Owner Name:

**COMFORT TRANSPORTATION PTE LTD**

Registered Address Type:

**Private Residential (Condo Apt or House) / Shopping / Office Complexes**

Registered Block/House No.:

**383**

Registered Street Name:

**SIN MING DRIVE**

Registered Unit No.:

-

Registered Building Name:

**GAS BUILDING**

Registered Postal Code:

**575717**

### Vehicle Insurance Details



Vehicle No.:

**SHA1736D**

Make Description/Model:

**HYUNDAI / I40 1.7 CRDI F/L AT ABS AIRBAG 4DR**

Insurance Company Name:

**AXA INSURANCE PTE LTD**

Save as PDF

OK ➔

Print



# Enquire Vehicle Owner Details

## Enquire Vehicle Owner Details ( As At 21 Feb 2022 / 12:03:00 )

### Vehicle Owner Details



Owner ID Type:

**Company**

Owner ID:

**200907800C**

Owner Name:

**AH CHING ENGINEERING PTE. LTD.**

Registered Address Type:

**Private Residential (non-Condo Apt / non-House)**

Registered Block/House No.:

**7**

Registered Street Name:

**LORONG BUANG KOK**

Registered Unit No.:

-

Registered Building Name:

-

Registered Postal Code:

**547557**

### Vehicle Insurance Details



Vehicle No.:

**GX5999B**

Make Description/Model:

**TOYOTA / DYNA 150 MANUAL 3SEATER**

Insurance Company Name:

**ERGO INSURANCE PTE. LTD.**

Save as PDF

OK ➔

Print



> Back to OneMotoring



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 21 Feb 2022 / 17:39:25

Receipt Date/Time : 21 Feb 2022 / 17:39:25

## Tax Invoice/Receipt

Receipt No. : ITNET-00000-220221-003473

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Result of Insurance Enquiry - SHA1736D				
As at 21 Feb 2022/12:03:00				
Insurance Co: AXA INSURANCE PTE LTD				
1	Insurance Enquiry - SHA1736D Enquiry Fee 20220221173708158922	7.00	0.49	7.49
<b>Sub-Total</b>		7.00	0.49	7.49
<b>Total Before Rounding</b>		7.00	0.49	7.49
<b>Rounding Difference</b>				0.04
<b>Total Amount Payable</b>				7.45
Paid By				
512972XXXXXX5168		eNETS Credit Card		7.45
Total				7.45
Cash Change				0.00
Tendered Amount				7.45
Excess Refundable Amount				0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.


INSURER ENQUIRY

Find  
insurer

Vehicle reg. no.

GX5999B

Date of Accident

21/02/2022 

Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance ..... **ERGO Insurance Pte. Ltd.**

Period of Insurance ..... **15/12/2021 - 14/12/2022**

Requested By ..... **KSCGP02 (KSCGP JURIS LLP)**

Requested Date ..... **21/02/2022 17:34**

Payment details

Request Amount: **S\$1.87**

GST Amount: **S\$0.13**

Total Amount Due (GST Inclusive): **S\$2**

General Insurance Association

Records Management Centre

GST Registration No: **M400017735**