SML 6405J
OD/GA

Cheng Hoe Motor Pte Ltd

Blk 1019, Yishun Industrial Park A #01-374/382, Singapore 768761
TEL: 67556142 (YIS) FAX: 67557719 (YIS) Email: chmotor@singnet.com.sg
GST:201001158E RCB NO:201001158E

M/S : GREAT AMERICAN INSURANCE COMPANY
3 TEMASEK AVE,
16-01 CENTENNIAL TOWER
SINGAPORE 039190
TEL: 68046037 FAX: 62353354
ATTN: Motor Claim Department

WS Ref: OD/GA
Claim Type: Own Damage
Accident Date: 16/09/2022

Claim No: **ES2290957**
Estimate No: **ES2290957/YISHUN**
Date: 20 Sep 2022
Policy No: MT20211455
Veh Reg No: **SML6405J**
Make/Model: TOYOTA TOYOTA NOAH 2.0X CVT
Chassis No: ZRR800398038
Engine No: 3ZRC243525
Reg. Date: 18/05/2018

Estimate Repair Cost to Vehicle No : SML6405J

	Description	U/Price	Quantity	Cost	Amount
				S$	S$
	Cost Plus				
1	FRONT BUMPER	280.00	1 PC	280.00	
2	FRONT BUMPER RH SIDE RETAINER	45.00	1 PC	45.00	
3	FRONT BUMPER RH FOG LAMP GARNISH	70.00	1 PC	70.00	
4	FRONT BUMPER CLIPS	2.00	6 PCS	12.00	
5	RH HEADLAMP	980.00	1 PC	980.00	
6	FRONT RH FENDER	350.00	1 PC	350.00	
7	FRONT RH FENDER INNER SHIELD	95.00	1 PC	95.00	
8	FRONT RH FENDER INNER SHIELD CLIPS	2.00	6 PCS	12.00	
9	RH HEADLAMP PROTECTOR	70.00	1 PC	70.00	
				1,914.00	
		Add 10%		191.40	2,105.40
10	REMOVE & REFIX FRT BUMPER ASSY,HEADLAMP,FRT RH FENDER,TO KNOCK & REPAIR FRT LH FENDER INNER PANEL,FRT SUPPORT PANEL	500.00	1 LA	500.00	
11	PUTTY & RESPRAY FRT RH DOOR,FENDER,FRT BUMPER,FRT RH FENDER INNER PANEL AND ALL AFFECTED AREAS	700.00	1 LA	700.00	
					1,200.00

Total	S$ 3,305.40
Add GST @ 7%	231.38
Total Amount payable	S$ 3,536.78

For Cheng Hoe Motor Pte Ltd

AUTHORISED SIGNATURE

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Singapore NRIC
Owner ID:	667H

Vehicle Details

Vehicle No.:	SML6405J
Vehicle to be Exported:	No
Intended Deregistration Date:	16 Sep 2022
Vehicle Make:	TOYOTA
Vehicle Model:	NOAH 2.0X CVT
Primary Colour:	Silver
Manufacturing Year:	2018
Engine No.:	3ZRC243525
Chassis No.:	ZRR800398038
Maximum Power Output:	112.0 kW (150 bhp)
Open Market Value:	$26,394.00
Original Registration Date:	18 May 2018
First Registration Date:	18 May 2018
Transfer Count:	1
Actual ARF Paid:	$28,952.00

Intended PARF Rebate Details

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	17 May 2028
PARF Rebate Amount:	$21,714.00

Intended COE Rebate Details

COE Expiry Date:	17 May 2028
COE Category:	E - Open - all except motorcycle
COE Period(Years):	10
QP Paid:	$38,761.00
COE Rebate Amount:	$22,110.00
Total Rebate Amount:	**$43,824.00**

The information contained herein is correct as at 16 Sep 2022

OK

SC1I229G0002 / CHENG HOE MOTOR PTE LTD[768761]
ENTRY DATE & TIME: 16/09/2022 16:36 (SGT)
SUBMITTED BY: CHIONG BENG CHOON
VERSION: 1 (16/09/2022 16:36 (SGT))

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual 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	16/09/2022 16:36 (SGT)
Reported by	Both
Date of Accident	16/09/2022 07:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	AYE TWDS ALEXANDRA RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SML6405J

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	HO KHENG CHEW(HE QINGQIU)
NRIC No	SXXXX667H
Email Address	kennethloveamy123@gmail.com
Mobile Phone No	(Phone) +65-94550034
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	NOAH 2.0X CVT
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1986

INSURANCE COMPANY

Name of Insurance Company	Great American Insurance Company
Policy Number / Cover Note Number	MT20211455

DRIVER

Name of Driver	HO KHENG CHEW(HE QINGQIU)
NRIC No	SXXXX667H
Date Of Birth	01/09/1973
Occupation	Indoor

Date Of Driving Pass	23/09/1993
Driving experience	29 YEARS
Gender	Male
Mobile Number	(Phone) +65-94550034
Alt. Phone Number	-
Email Address	kennethloveamy123@gmail.com
Address	BLK 164A YUNG KUANG RD #04-50
Address complement	-
Postcode	611164
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	WIFE
Gender	Female

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?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMV1998U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MOHAMED FARIS BIN ABDUL RAHIM
NRIC No	SXXXX102D
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

VEH NO : SML 6405J

INSURER : GA

DATE OF ACC : 16/9/22 @ 07:40am

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.
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 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.

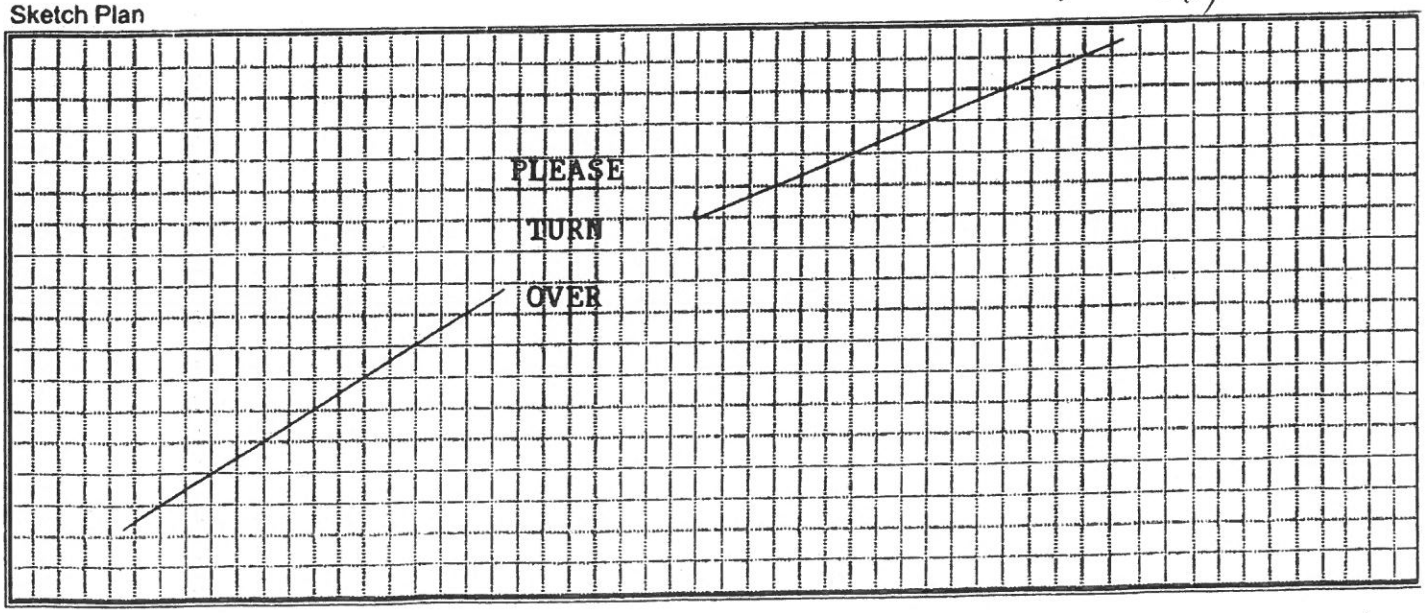
(collectively the "**Purposes**")

(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)
16/09/2022		16/9/22 (YS)

Sketch Plan



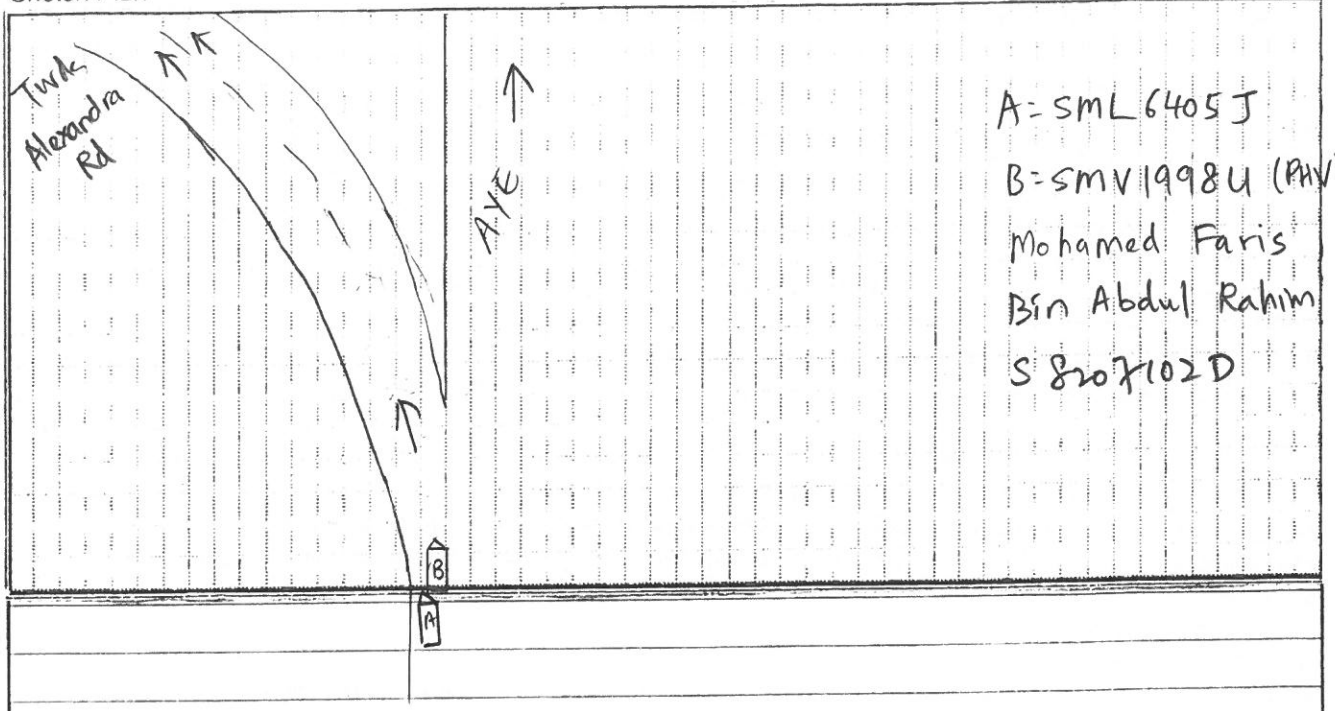
Describe Circumstance of the Accident

** NOTE : PLEASE TAKE NOTE THAT YOUR INSURER HAVE 14DAYS TIME FRAME for you to submit OWN DAMAGE Claim under your Own Comprehensive policy. Pls check your policy for more information.

(✓) Claim Own Policy ( ) Claim Third party ( ) Reporting Onlly

( ) Claim OD/ TP at other workshop (_____)

Sketch Plan



A: SML 6405 J

B: SMV 1998 U (PHV)

Mohamed Faris Bin Abdul Rahim

S 8207102 D

I was behind car B exiting towards Alexandra Road when it made a sudden brake. I couldn't brake in time and hit onto its rear left although I tried to swerve left but couldn't avoid the accident. No one was injured.

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

16/9/22

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

(YS)