

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 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	08/08/2022 16:27 (SGT)
Reported by	Both
Date of Accident	04/08/2022 12:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG RIVER VALLEY ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMQ1774A
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	RYAN WU WEN HAO
NRIC No	S8112419A
Email Address	RYANWU8893@GMAIL.COM
Mobile Phone No	(Phone) +65-90018382
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	JADE HYBRID 1.5
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	1500

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7210139699

DRIVER

Name of Driver	RYAN WU WEN HAO
NRIC No	S8112419A
Date Of Birth	30/04/1981
Occupation	Indoor

Date Of Driving Pass	26/10/2001
Driving experience	20 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90018382
Alt. Phone Number	-
Email Address	RYANWU8893@GMAIL.COM
Address	BLK 192 WESTWOOD AVENUE
Address complement	#06-26
Postcode	648151
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)	3
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	UNKNOWN
Gender	Male

PASSENGER 2

Name	UNKNOWN
Gender	Male

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

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	SMW4471Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-97667289
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. This report concerns the details of the accident reported by the claimant(s).
2. This report is completed by the Police Officer and/or the Authorised Person.
3. The report is intended to be a truthful and accurate account of the accident. Any false information or misstatement of material facts may affect the claimant's entitlement to a settlement or policy liability.
4. The report is not intended to be a statement of fact and is not an admission of policy liability on the part of the insured.
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 the copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment 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:

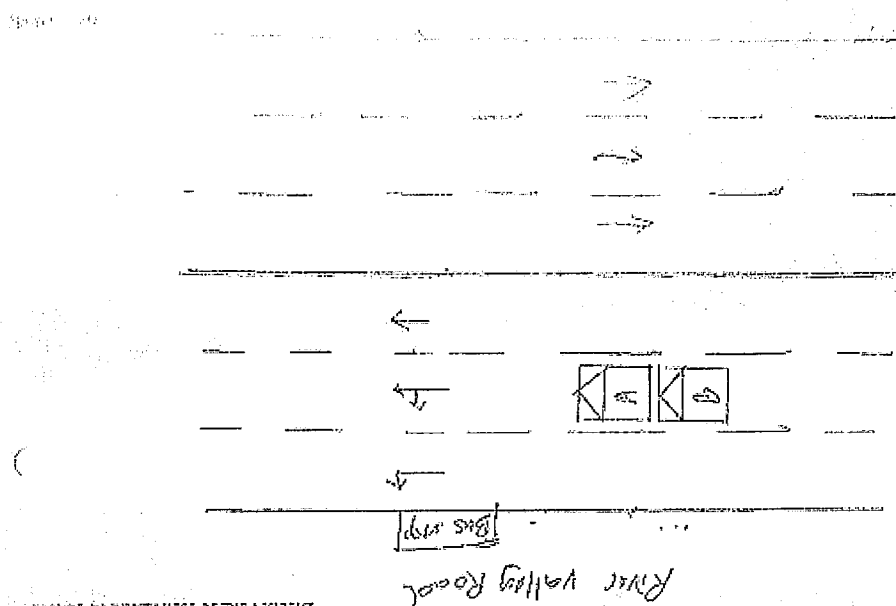
 - (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my Insurer (collectively the "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 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/email 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.
 - (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
 - (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated; or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
No. & Ext. No.:





DESCRIPTIVE CIRCUMSTANCES OF THE ACCIDENT

DECREASED CIRCUMSTANCES OF THE ACCIDENT

1(A) was driving along River Valley Road, my car (A) was
stopping at the traffic junction. Suddenly Veh (B) came on
my left.

1. NAME 2. DATE 3. TIME 4. LOCATION 5. WEATHER 6. WIND 7. SEA 8. SWELL 9. WAVE 10. CLIMATE 11. TEMPERATURE 12. HUMIDITY 13. PRESSURE 14. WIND DIRECTION 15. WAVE DIRECTION 16. SEA DIRECTION 17. SWELL DIRECTION 18. WAVE PERIOD 19. WAVE HEIGHT 20. WAVE LENGTH 21. WAVE VELOCITY 22. WAVE ENERGY 23. WAVE POWER 24. WAVE FORCE 25. WAVE PRESSURE 26. WAVE TENSION 27. WAVE STRESS 28. WAVE STRAIN 29. WAVE DEFORMATION 30. WAVE DISPLACEMENT 31. WAVE VELOCITY 32. WAVE ACCELERATION 33. WAVE DECELERATION 34. WAVE JERK 35. WAVE SHOCK 36. WAVE IMPULSE 37. WAVE MOMENTUM 38. WAVE ENERGY 39. WAVE POWER 40. WAVE FORCE 41. WAVE PRESSURE 42. WAVE TENSION 43. WAVE STRESS 44. WAVE STRAIN 45. WAVE DEFORMATION 46. WAVE DISPLACEMENT 47. WAVE VELOCITY 48. WAVE ACCELERATION 49. WAVE DECELERATION 50. WAVE JERK 51. WAVE SHOCK 52. WAVE IMPULSE 53. WAVE MOMENTUM 54. WAVE ENERGY 55. WAVE POWER 56. WAVE FORCE 57. WAVE PRESSURE 58. WAVE TENSION 59. WAVE STRESS 60. WAVE STRAIN 61. WAVE DEFORMATION 62. WAVE DISPLACEMENT 63. WAVE VELOCITY 64. WAVE ACCELERATION 65. WAVE DECELERATION 66. WAVE JERK 67. WAVE SHOCK 68. WAVE IMPULSE 69. WAVE MOMENTUM 70. WAVE ENERGY 71. WAVE POWER 72. WAVE FORCE 73. WAVE PRESSURE 74. WAVE TENSION 75. WAVE STRESS 76. WAVE STRAIN 77. WAVE DEFORMATION 78. WAVE DISPLACEMENT 79. WAVE VELOCITY 80. WAVE ACCELERATION 81. WAVE DECELERATION 82. WAVE JERK 83. WAVE SHOCK 84. WAVE IMPULSE 85. WAVE MOMENTUM 86. WAVE ENERGY 87. WAVE POWER 88. WAVE FORCE 89. WAVE PRESSURE 90. WAVE TENSION 91. WAVE STRESS 92. WAVE STRAIN 93. WAVE DEFORMATION 94. WAVE DISPLACEMENT 95. WAVE VELOCITY 96. WAVE ACCELERATION 97. WAVE DECELERATION 98. WAVE JERK 99. WAVE SHOCK 100. WAVE IMPULSE 101. WAVE MOMENTUM 102. WAVE ENERGY 103. WAVE POWER 104. WAVE FORCE 105. WAVE PRESSURE 106. WAVE TENSION 107. WAVE STRESS 108. WAVE STRAIN 109. WAVE DEFORMATION 110. WAVE DISPLACEMENT 111. WAVE VELOCITY 112. WAVE ACCELERATION 113. WAVE DECELERATION 114. WAVE JERK 115. WAVE SHOCK 116. WAVE IMPULSE 117. WAVE MOMENTUM 118. WAVE ENERGY 119. WAVE POWER 120. WAVE FORCE 121. WAVE PRESSURE 122. WAVE TENSION 123. WAVE STRESS 124. WAVE STRAIN 125. WAVE DEFORMATION 126. WAVE DISPLACEMENT 127. WAVE VELOCITY 128. WAVE ACCELERATION 129. WAVE DECELERATION 130. WAVE JERK 131. WAVE SHOCK 132. WAVE IMPULSE 133. WAVE MOMENTUM 134. WAVE ENERGY 135. WAVE POWER 136. WAVE FORCE 137. WAVE PRESSURE 138. WAVE TENSION 139. WAVE STRESS 140. WAVE STRAIN 141. WAVE DEFORMATION 142. WAVE DISPLACEMENT 143. WAVE VELOCITY 144. WAVE ACCELERATION 145. WAVE DECELERATION 146. WAVE JERK 147. WAVE SHOCK 148. WAVE IMPULSE 149. WAVE MOMENTUM 150. WAVE ENERGY 151. WAVE POWER 152. WAVE FORCE 153. WAVE PRESSURE 154. WAVE TENSION 155. WAVE STRESS 156. WAVE STRAIN 157. WAVE DEFORMATION 158. WAVE DISPLACEMENT 159. WAVE VELOCITY 160. WAVE ACCELERATION 161. WAVE DECELERATION 162. WAVE JERK 163. WAVE SHOCK 164. WAVE IMPULSE 165. WAVE MOMENTUM 166. WAVE ENERGY 167. WAVE POWER 168. WAVE FORCE 169. WAVE PRESSURE 170. WAVE TENSION 171. WAVE STRESS 172. WAVE STRAIN 173. WAVE DEFORMATION 174. WAVE DISPLACEMENT 175. WAVE VELOCITY 176. WAVE ACCELERATION 177. WAVE DECELERATION 178. WAVE JERK 179. WAVE SHOCK 180. WAVE IMPULSE 181. WAVE MOMENTUM 182. WAVE ENERGY 183. WAVE POWER 184. WAVE FORCE 185. WAVE PRESSURE 186. WAVE TENSION 187. WAVE STRESS 188. WAVE STRAIN 189. WAVE DEFORMATION 190. WAVE DISPLACEMENT 191. WAVE VELOCITY 192. WAVE ACCELERATION 193. WAVE DECELERATION 194. WAVE JERK 195. WAVE SHOCK 196. WAVE IMPULSE 197. WAVE MOMENTUM 198. WAVE ENERGY 199. WAVE POWER 200. WAVE FORCE 201. WAVE PRESSURE 202. WAVE TENSION 203. WAVE STRESS 204. WAVE STRAIN 205. WAVE DEFORMATION 206. WAVE DISPLACEMENT 207. WAVE VELOCITY 208. WAVE ACCELERATION 209. WAVE DECELERATION 210. WAVE JERK 211. WAVE SHOCK 212. WAVE IMPULSE 213. WAVE MOMENTUM 214. WAVE ENERGY 215. WAVE POWER 216. WAVE FORCE 217. WAVE PRESSURE 218. WAVE TENSION 219. WAVE STRESS 220. WAVE STRAIN

of the Federal Reserve Bank of New York

~~CONFIDENTIAL~~

Director, Department of Defense
 1100 North 17th Street
 Arlington, Virginia 22204

[illegible]



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: 11/08/2022

Your Ref No: SRSTP.9044.22

Dear Sir/Madam,

Date of Accident: 04/08/2022 00:00 (SGT)

Vehicle No: SMQ1774A

Place of Accident: River Valley Rd, 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 (\$\$)
SMW4471Y	River Valley Rd, Singapore	(31.00)	1	(28.97)
GST Amount				(2.03)
Total Amount Due (GST Inclusive)				(31.00)

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.

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ACCIDENT STATEMENT

Date of Submission	05/08/2022 16:00 (SGT)
Reported by	Driver
Date of Accident	04/08/2022 12:30 (SGT)
Exact Location of Accident	River Valley Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMW4471Y
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	LUMENS AUTO PTE LTD

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
Variant	5DR HATCHBACK (AUTO)
Vehicle Category	Private hire
Transmission	Auto
CC	1798

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D20MFL0005826_01

DRIVER

Name of Driver	OOI CHEE JIN
NRIC No	S2564167A
Address	BLK 289 BISHAN STREET 24 #10-15
Address complement	-
Postcode	570289
Does Driver Own Other Vehicles?	No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
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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
Translator's name -
Translator's ID -
Translator's phone number -
Translator's email -
Original language used in the statement -

CIRCUMSTANCES OF ACCIDENT

ON 04/08/22 AT AROUND 1230HRS I WAS DRIVING VEHICLE A(SMW4471Y) AT RIVER VALLEY ROAD. AS I CAME ACROSS LANE 2, THE LANE IS CONGESTED MAKING ME NOT ABLE TO STOP ON TIME MAKING ME COLLIDE WITH VEHICLE B(SMQ1774A) . WE EXCHANGED NUMBERS AND NO ONE WAS INJURED.

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 SMQ1774A
Vehicle Manufacturer Honda
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
Name of Driver RYAN
Insurance Company Name -

SKETCH PLAN

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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.

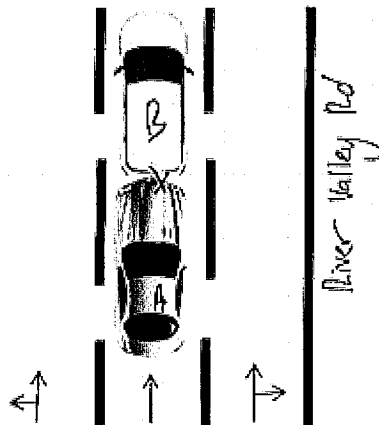


Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time 02/08/22 11:50 AM

Witnessed by Reporting Centre Personnel 21221

Sketch Plan



A-SMW4471Y
B-SMQ1774A

Describe Circumstances of the Accident

ON 04/08/22 AT AROUND 1230HRS I WAS DRIVING VEHICLE A(SMW4471Y) AT RIVER VALLEY ROAD. AS I CAME ACROSS LANE 2, THE LANE IS CONGESTED MAKING ME NOT ABLE TO STOP ON TIME MAKING ME COLLIDE WITH VEHICLE B(SMQ1774A) . WE EXCHANGED NUMBERS AND 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 03/08/22 1115 HRS

Witnessed by Reporting Centre Personnel (Name)



INVOICE

TO : RYAN WU WEN HAO
C/O: V-TECH AUTO SERVICE
NO.1 SOON LEE STREET#06-04/05
PIONEER CENTRE
SINGAPORE 627605

Invoice No.: 0822/VT229
Date: 30-Aug-2022

PARTICULARS

Vehicle Registration No.: SMQ 1774 A
Date of Loss: 04-Aug-2022
Date of Assessment: 11-Aug-2022

SERVICES

FEES

1. Assessment with report Photographs -
Including films, developing, storage and Transport. \$450.00

TOTAL \$450.00

SINGAPORE DOLLARS FOUR HUNDRED FIFTY ONLY

We would appreciate your cheque crossed and made payable to:
"AEON AUTO CONSULTANTS LLP" with our invoice no. written on the back of the cheque.

AEON AUTO CONSULTANTS LLP



AEON AUTO CONSULTANTS LLP

50 Chin Swee Road #09-04 Thong Chai Building Singapore 169874
Tel: +65 97687958 Fax +65 68264112 Email amas@aeonac.com.sg/amasopm@gmail.com
Reg. No. T07LL1273E (registered with limited liability)

AUTOMOBILE ASSESSMENT REPORT

TO: RYAN WU WEN HAO
C/O: V-TECH AUTO SERVICE
NO.1 SOON LEE STREET#06-04/05
PIONEER CENTRE
SINGAPORE 627605

Our Reference: 0822/VT229
Date: 30-Aug-2022

ASSESSMENT OF VEHICLE NO. SMQ 1774 A

DATE OF LOSS: 04-Aug-2022

We have carried out a physical assessment at V-TECH AUTO SERVICE,
No. 1 Soon Lee Street #06-04/05 Pioneer Centre Singapore 627605, according to your instruction
on 11-Aug-2022 and are pleased to submit our report herewith.

1. VEHICLE PARTICULARS

Registration No.: SMQ 1774 A
Make & Model: HONDA JADE 1.5 RS CVT
Year of Registration: 2017
Engine Capacity: 1496
Chassis No.: JHMFR5860FC200321
Engine No.: L15B3250323
Colour: BLUE
Mileage (km): 59265

2. VEHICLE CONDITION

Body Paint: GOOD
Steering: SERVICEABLE
Foot Brake: SERVICEABLE
Parking Brake: SERVICEABLE
Modification: NIL

3. TYRE PARTICULARS & CONDITION

Front
RH Make/Size/Thread: FALKEN 225/45 R18 – 70%
LH Make/Size/Thread: FALKEN 225/45 R18 – 70%

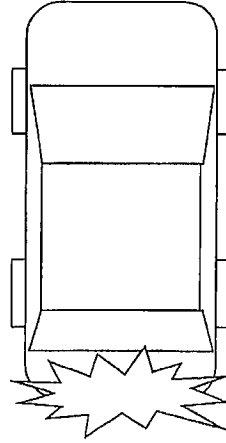
Rear
RH Make/Size/Thread: FALKEN 225/45 R18 – 70%
LH Make/Size/Thread: FALKEN 225/45 R18 – 70%

4. DESCRIPTION OF DAMAGE

At the time of the inspection, the vehicle sustained damages to the REAR portion.

5. REMARKS

Market Value:	Na
Salvage Value:	Na
Repair Limit:	Na
Estimated Amount:	\$6,399.28
Adjusted Amount:	\$5,483.60
Lump Sum:	\$4,300.00
Estimated Repair Days:	6 days
Date of Completion :	16-Aug-2022



Pursuant to your instruction, we have **NOT AUTHORISED** repair.
The assessment was conducted on a “Without Prejudice” basis.
If we are not notified of anything to the contrary within **14 days** from the date hereof, this report shall be treated as correct.

Disclaimer

This report is intended for the exclusive use of the addressee solely in relation to the loss occurrence in which the assessed vehicle is involved. No liability or responsibility whatsoever shall be held by Aeon Auto Consultants LLP for any reliance on this report by any third party.

ASSESSMENT REPORT FOR VEHICLE NO. SMQ 1774 A

PARTS (LIST ITEMS)

Qty	Description	Condition	Workshop's Estimate	Our Assessment
1	REAR TAILGATE	Bent	980.70	980.70
2	REAR TAILGATE HINGES L/R	Bent	82.00	82.00
1	REAR TAILGATE OUTER CHROME GARNISH	Cut	220.00	220.00
1	REAR TAILGATE INNER TRIM BOARD	Cracked	168.70	168.70
1	REAR TAILGATE MECHANISM LOCK	Bent	88.90	88.90
1	REAR TAILGATE WEATHER STRIP	Cut	92.30	92.30
1	REAR TAILGATE LOCK STRIKER	Bent	27.50	27.50
1	REAR BUMPER	Cracked	782.30	782.30
4	REAR BUMPER REVERSE SENSOR	Cracked	670.00	670.00
2	REAR BUMPER SIDE RETAINER L/R	Bent	46.00	46.00
2	REAR BUMPER REFLECTOR L/R	Necessary	282.20	282.20
1	REAR BUMPER CENTER GARNISH	Cracked	139.80	139.80
1	REAR END PANEL INNER TOP GARNISH	Repair	155.50	-
6	REAR END PANEL INNER TOP GARNISH CLIPS	Necessary	39.00	39.00
1	REAR END PANEL	Repair	539.10	-
1	REAR END PANEL BOOTLID ANTENNA SENSOR	Faulty	165.10	165.10
1	REAR END PANEL BOOTLID ANTENNA SENSOR BUZZER	Faulty	95.00	95.00

	4,574.10	3,879.50
Less 20% discount	914.82	775.90
Parts Total:	3,659.28	3,103.60

ASSESSMENT REPORT FOR VEHICLE NO. SMQ 1774 A

SPECIAL NETT ITEMS

1	REAR TAILGATE INNER TRIM BOARD CLIPS - SET	Necessary	60.00	60.00
1	REAR BUMPER CLIPS - SET	Necessary	100.00	100.00
1	REAR END PANEL INNER TOP GARNISH CLIPS - SET	Necessary	60.00	60.00

Special Nett Total :	220.00	220.00
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LABOUR

S/N	Description	Workshop's Estimate	Our Assessment
1	To remove, reinstall electrical wiring harness, check lighting, resetting headlamp focussing and rewire for parking sensor.	120.00	100.00
2	To remove, reinstall top trim, trim garnish, trim liner.	100.00	80.00
3	To re-spray painting on the change bodyparts, repair portion, and where consistent to the accident.	1,200.00	1,000.00
4	To provide labour, workmanship to change the above damaged bodyparts, repair, re-construct and re-align body structure, body alignments and damaged consistent to the accident.	1,000.00	900.00
5	To apply anti-rust chemical on repaired and replaced panel.	100.00	80.00
Labour Total :		2,520.00	2,160.00
TOTAL (PARTS & LABOUR) \$		6,399.28	5,483.60

The workshop has agreed to undertake the repair on a Lump Sum basis.

The final adjusted Lump Sum contract amount is

\$4,300.00

(SINGAPORE DOLLARS FOUR THOUSAND THREE HUNDRED ONLY)



Amas Ong
Automobile Assessor



V-TECH AUTO SERVICE

No.1 Soon Lee St #06-04/05/06/07 Pioneer Centre Singapore 627605
Tel: 62646211, 62646222 Fax: 62646233 Email: vtech.autoservice@gmail.com
Reg. 52949633W, GST Reg No. M90364098A 24 HRS TOWING SERVICES
Website: <http://vtechauto.com.sg>

PRO FORMA INVOICE

Date	Reference No
20.09.2022	P20220920-002

Bill to
INDIA INTERNATIONAL INSURANCE (S) PTE LTD 64 Cecil Street, #05 - IOB Building , Singapore 049711.

Ship to
SMQ 1774 A Honda Jade

Rep	Terms	Due Date
CTF	Cash-Gst	

Item	Description	Qty	Rate	Amount
Insurance Claim	The repair has agreed to undertake at lump sum basic. We have further adjust the amount.	1	\$ 4,300.00	\$ 4,300.00

Payment must be made within 30 days. A 1.5% per month late payment interest will be levied for all overdue invoices. This is computer generated document.
No signature is required.

Subtotal:	\$	4,300.00
GST (7%):	\$	301.00
Total:	\$	4,601.00
Payments/Credits:	\$	-
Balance Due:	\$	4,601.00

Enquire Vehicle Owner Details

Enquire Vehicle Owner Details (As At 04 Aug 2022 / 12:30:00)

Vehicle Owner Details

Owner ID Type:

Company

Owner ID:

201426961K

Owner Name:

LUMENS AUTO PTE. LTD.

Registered Address Type:

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

Registered Block/House No.:

22

Registered Street Name:

SIN MING LANE

Registered Unit No.:

01 - 74

Registered Building Name:

MIDVIEW CITY

Registered Postal Code:

573969

Vehicle Insurance Details

Vehicle No.:

SMW4471Y

Make Description/Model:

TOYOTA / PRIUS 5DR HATCHBACK (AUTO)

Insurance Company Name:

INDIA INT'L INS PTE LTD

Enquire Vehicle's Insurance Particulars

Enquire Vehicle's Insurance Particulars (As At 04 Aug 2022 / 12:30:00)

Vehicle Insurance Details



Vehicle No.:

SMW4471Y

Make Description/Model:

TOYOTA / PRIUS 5DR HATCHBACK (AUTO)

Insurance Company Name:

INDIA INT'L INS PTE LTD

Business Transaction Reference No.:

20220810155407000948

Please retain the business transaction reference number for Enquire Vehicle Owner Details (if required).

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OK →

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Session Transaction History

S/No.	Asset Type	Asset ID	Transaction Type	Transaction Amount(\$)	Log Date/Time
1	Vehicle	SMW4471Y	18.19 Enquire Veh Owner Info (Others) by Law Firm	7.49	10 Aug 2022 / 15:54:07