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		1.0
3. RECEY TENTON THE CS C	1122010954/TVP3	
	ASSIGNMENT	
m: Date:	Veh No: SMS1009R. Yr Ragn	2020 Fab
maiediosi	Type: M.Oar / M.Cycle / Bus / Van / Lorry / Taxi / F	The state of the s
1 TR I VS /IP RES / OD RES / EVA / INV / MV	Truck / Traller or	
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Norkship mi	Catour Black No:	THE RESERVE THE PARTY OF THE PA
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Date / Time Action / Instruction	The U/C / Chassis frame / Body Struct	ire affected due to collision.
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Co. Reg No. : 196700086Z GST Reg No. : MR-8500000-9

17 UBI ROAD 4 SINGAPORE 408611, Tel no.: 6631 1188

ESTIMATE

	_	Account Details		Account No.	9		Customer	Details	
Ans	on R	ping Insurance (S) Pte Ltd Road pringleaf Tower		S1000003 Document N		Mr Lee Yik H 48 Lorong 32 #07-09	2 Geylang		
inga	pore	e 079909 or Claims Dept		Document D	Date	Singapore 39			
		199000000		17/11/202	22	Mobile: 9722	27917		
Yea	ır	Model V	ariant	Reg. Date	Reg. No.	Kilometers	Wip No.	Order No). / Remarks
201	9	ASU60R ANT	TMT E1	11/02/2020	SMS1009R	0	22134	67/DS/S	SMS1009R
	C	Chassis No.	Engine No.	Terms	SA / Counter		Vehicle In	Co	ollected On
JT	EZE	33GH10J005454 8/	ARZ185309	60	Sam San Joi	//-	0.00)//	- 0.00
L	Cd		Job/Parts Desc	cription		Q	ty Unit Price	Disc %	Amount
2 3 4 5 6 7 8 9	B S S B	DRIVE IN:31/10/2022 DATE-IN: DATE S NO OF REPAIR DAYS: BY: AUTHORIS PSP PER PANE LABOUF PER PANEL APPLICATION BP-LAB2 CHECK LIGH BP-LAB2 TRANSFER R BP-SLANT SUPPLY SE BP-LAB2 REMOVE & MMING ASSY TO ASSIS BP-SUBLET REPLACE NCING BP-SUBLET REPLACE BP-MECH2 CONDUCT	R FOR PLATINU ON HTING & WIRIN & INSTALL CO EALANT (NETT INSTALL GART IT REPAIR SPORT RIM A	JM SHINEPRO & NG SYSTEM MPONENTS TO TO SHEAR DOO TNISH,CARPET ND CONDUCT N SPENSION SYSTEM ALIGNMENT	NEW DOO OR AND TRI WHEEL BALA				274.7 122.4 360.0 180.0 274.7 60.0 72.0 72.0 180.0 180.0
		n behalf of Motors (Singapore) Pte Ltd		r's Signature ge receipt of vehicle	Parts Labour Sublet Lubrication/Fluid Others	ummary	Less	t Due	





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Co. Reg No. : 196700086Z GST Reg No. : MR-8500000-9

17 UBI ROAD 4

SINGAPORE 408611, Tel no.: 6631 1188

ESTIMATE

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		Account [Details		Account No.	/ ICCI1		Viii I I	Customer I	Details	
Ansor 6-00	aiping Insurand n Road Springleaf Tow		.td		Document N		48 Lore #07-09	Yik Hun ong 32 Ge oore 39830			
ngapo tn: Mo	ore 079909 otor Claims Dep	ot			Document D 17/11/202		Mobile	: 9722791	7		
Year	M	odel	Variant	Re	eg. Date	Reg. No.	Kilomet	ers V	Vip No.	Order N	o. / Remarks
2019) А	SU60R	ANTMT E1	11	/02/2020	SMS1009R	C) 2	22134	67/DS/	SMS1009R
	Chassis No.		Engine No.		Terms	SA / Counter		Ve	hicle In	С	ollected On
JTE	ZB3GH10J0	05454	8ARZ18530	9	60	Sam San Jo	oi -	//	0.00	//-	
	Cd		Job/Parts	Description	on			Qty	Unit Price	Disc %	Amount
	B BP-LAB2 STRAIGI B BP-RES2 AREAS 1 T67003-4 2 T75987-4 3 T75977-4 4 T75951-4 5 T75937-4 6 T75953-4 7 T67871-4 8 T61601-4 9 T75741-4 0 T75850-4 1 T52159-4 2 T52169-4 3 S52161-0 4 T42611-4 5 T48531-4 6 T48710-4	HTEN & A RESI 8170 8060 8040 8020 8020 8020 8070 8030 8080 8080 8080 8080 8080 808	ACE RH REAR A ALIGN RH REAR A PRAY JOB ON RH PANEL SUB-ASS STRIPE, RR DOO TAPE, BLACK O TAPE, BLACK O TAPE, BLACK O WEATHERSTRIF PANEL SUB-ASS MOULDING, RR MOULDING ASS COVER, RR BUI COVER, RR BUI COVER, RR BUI PIECE, RR BUN WHEEL, DISC ABSORBER, SH ARM ASSY, RR	ACCIDEN I REAR A SY, RR DR, DT RR UT RR UT RR DOOR, SY, BODY MPER MPER, MPER	CCIDENT	ED AREAS		1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00	734.20 904.00 466.00 4.50 2700.60		2360.0 1680.9 1680.9 47.4 26.4 26.4 26.4 26.4 26.4 2731.1 2734.2 2700.6 2700.6 2700.6 2700.6 2700.6 2700.6 2700.6 2700.6 2700.6 2700.6 2700.6 2700.6 2700.6 2700.6 2700.6 2700.6 2700.6 2700.6 2700.6
	& on behalf of neo Motors (S	Singapore) Pte Ltd	tomer's S	ignature		Summar	у	Less	t Due	



TOYOTA

Co. Reg No. : 196700086Z GST Reg No. : MR-8500000-9

17 UBI ROAD 4

SINGAPORE 408611, Tel no.: 6631 1188

ESTIMATE

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	_	Account	Details		T	Account No.				С	ustomer D	Details		
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ingapo	ore	079909 r Claims Dept				Document Da 17/11/2022			oile: 972279					
Year	8	Model	Varia	ant	Re	eg. Date	Reg. No.	Kilom	neters	Wip	No.	Order N	10. / R	Remarks
2019		ASU60R	ANTMT	ГЕ1	11	1/02/2020	SMS1009R		0	221	34	67/DS	/SMS	31009R
		hassis No.	Eng	gine No.		Terms	SA / Counter		١	/ehicl	le In	(Collect	ted On
ITE		33GH10J005454		Z185309		60	Sam San Joi	i	//	-	0.00	//		0.00
	d	301110000		b/Parts Descrip	ptic	on			Qty	Ur	nit Price	Disc %	6	Amoun
30 31 32 33	8 9 0 1	T48760-48110 T42304-42020 T48770-42040 T48730-42050 T42450-42040 U90269-04051 Tanjuh 9 Faufill	CARRIER ARM ASS ARM ASS HUB & BR RIVET	SY, RR RG ASSY, RR	RR				1.00 1.00 1.00 1.0 1.0 2_4.0	0 0 0	574.10 503.40 381.30 524.40 1090.40 1.70			574.1 >503.4 381.3 524.4 Ex 1090.4 Per 6.8 3.4
		n behalf of Motors (Singapore		Customer's			Charge S	Summ			Total GST 7.0	00%		19,350
			Ple	lease acknowledge	rec	ceipt of venicie	Parts Labour Sublet Lubrication/Fluid			11.10 32.40 06.77 0.00	Less	JU 70		0
							Others			0.00		t Due		20,704
					_									

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.

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

31/10/2022 12:25 (SGT) Date of Submission Both Reported by 31/10/2022 07:30 (SGT) Date of Accident Singapore Exact Location of Accident ALONG SERVICE ROAD OF 3 BEDOK RESERVIOR VIEW Additional Location Information Singapore Country/State of Loss

DETAILS OF OWN VEHICLE

SMS1009R Vehicle Registration Number

INSURED/POLICYHOLDER

Is company? LEE YIK HUN Name Of Registered Owner S8089096F NRIC No YIKHUN@YAHOO.COM **Email Address** (Phone) +65-97227917 Mobile Phone No Alternative Phone No

VEHICLE PARTICULARS

Toyota Manufacturer Harrier Model M GRADE Variant Exact purpose for which vehicle was being used at time of Private use accident Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Private car

Vehicle Category Auto Transmission 1998

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number Direct Asia Insurance (Singapore) Pte Ltd MT/00890490/01

DRIVER

LEE YIK HUN Name of Driver S8089096F NRIC No 04/02/1980 Date Of Birth Indoor Occupation

Date Of Driving Pass 14 YEARS AND 7 MONTHS Driving experience Male Gender (Phone) +65-97227917 Mobile Number Alt. Phone Number YIKHUN@YAHOO.COM **Email Address** 3 BEDOK RESERVOIR VIEW #11-03 Address Address complement 478927 Postcode Yes Is the driver the policyholder? If No, Relationship of the Driver with the Insured No Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Collision - Cross Junction Type of Accident Clear Weather Conditions Dry Road Surface 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? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement DETAILS OF POLICE ACTION Yes Was the accident reported to the police? Traffic Police Police Station Name (Phone) +65-65470000 Police Station Phone No (Fax) +65-65474900 Alt. Police Station Phone No 10 Ubi Avenue 3 Singapore 408865 Police Station Address Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO THE POLICE REPORT ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? DETAILS OF OTHER VEHICLE PROPERTY 1 PC5836S Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model Vehicle Variant

Vehicle Colour	1-1
Verticle Color.	Commercial vehicle
Vehicle Category	Commorcial
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.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
- 5. Any false reporting may be referred to the Police for investigation.
- 6. The report will be forwarded by the Insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
- 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:

- 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.
- 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:

31/0/22

9.42 am

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

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

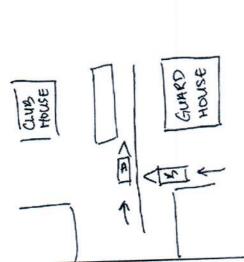
Accident Toolkit

Sketch plan

Sketch of accident scene:

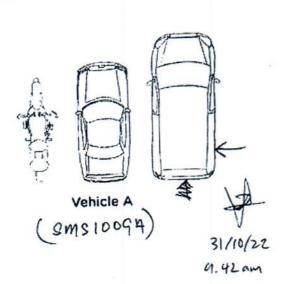
Please illustrate the layout of roads with arrows showing the direction and position of vehicles at the time of impact. Also please note the road names, road signs and vehicle registration numbers.

If safe, please take photos or videos from all angles.

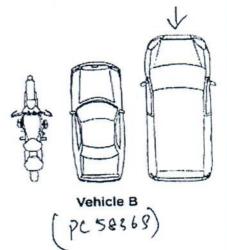


At 730 am twis morning (31/10/22), I was exiting Aquarius By the Park Condo (1 Bedok Reservoir Van and I was not by a Van (9(58365) at the rear driver side door. Attached are the photos and rideos of the accident.

Please indicate on vehicle A (your vehicle) and, vehicle B(third party vehicle), the point of impact and area(s) of visible damage with an arrow.



direct asla • Insurance



Call us direct
Customer Care
6665 5555
Ctelms Support 24/7 Hotiline
6532 1818





1 of 3

Report No. T/20221031/7005

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

REPORT	OF A	TRAFFIC	ACCIDENT
--------	------	---------	----------

REPORT OF			Vide Report No.:	Station Diary No.
Date/Time 31/10/2022	Report M 2 08:38	ade:	Vide Report No.:	And the second s
Informant	's Particu	ilars		
Name of Ir LEE YIK F	nformant:		Address: 3 BEDOK RESERVOIR VIEW	#11-03 SINGAPORE 478927
ID Type / I	D No.:	96F	Contact No.: Home/Office:	Mobile: 97227917
Nationality MALAYSI	<i>/</i> :		Email: YIKHUN@YAHOO.COM	,
Sex: Male	Age:	Date of Birth: 04/02/1980	Type of Informant: Driver	10.1-10
Race: Chinese			Language: English	Institution / School Name:
Occupation	on:		Driving Licence Information: Class: 3	Date of Expiry:

eneral Inform	Non-Injury	Drink	Date/Time of	Type of Location
Type of Accident:	Others	Drive: No	Accident: 31/10/2022 07:30	Car Park
_ocation: BEDOK RES	ERVOIR VIEW			
Weather:		Road Surface:		Road Speed Limit:
Weather: Cloudy Traffic Flow: Two Way		Road Surface: Dry Traffic Control: Not Controlled		Road Speed Limit: 10 Km/h Traffic Volume: No Traffic

Details of V	discontinue and the second	Make	Model	Color	Conditio	No of
Vehicle No.	Туре			Black	Slightly	1
PC 5836S	Van	TOYOTA	HIACE Super GL	DIACK	Damaged	
			LIADDIED M	Black	Slightly	1
SMS1009R	Car	TOYOTA	HARRIER M GRADE	DIACK	Damaged	





2 of 3

Report No. T/20221031/7005

Police Station Of Origin: **Traffic Police** 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

	le Insurance		Effective	Expiry Date
Vehicle No. Ins	surance Company	Insurance No	N 1 100 100 100 100 100 100 100 100 100	
venicle No. The	RECT ASIA INSURANCE	MT/00890490/01	10/02/2021	11/02/2023

	an paragraphy and a state of the state of th					A LEGICAL DESCRIPTION OF
Details of Person	n involved	A STATE OF THE STA				
Any Pedestrian In	volved: No		Use of Ped	estrian Cro	ssing: NA	
No. of Pedestrian	s Injurea: NIL	terment of the				
Driver	TANKIKINA LILIANIC	No sept 1997 Sept 1997		ID No.	S1443575A	
Name	TAY KIM HUANG		1	15 116.		
	PC 5836S (Van)			Contact N	o. NIL	
Related Vehicle	PC 36363 (Vall)					
Hospital/Clinic	NIL			Class of	Class: 3	KIII
nospital/Clinic	1412			Driving	Date of Expir	y: NIL
				Licence &		8
				Expiry		
Date	NIL		Date	NII		
No. of Days gran	ted Medical Leave	NIL	Degree of	NI		
Driver	的方式 医多种性		334562 206-1	ID No	S8089096F	EL EXERT A
Name	LEE YIK HUN			ID No.	360690901	
				Contact N	lo. 97227917	
Related Vehicle	SMS1009R (Car)			Contact		
	NIII			Class of	Class: 3	
Hospital/Clinic	NIL			Driving	Date of Expir	ry: NIL
				Licence 8	k	
				Expiry		
Data	NIL		Date	N	L	
Date	nted Medical Leave	NIL	Degree of	f N	L	

Brief Details.

I was exiting the Aquarius By The Park (Condominium complex on 1 Bedok Reservoir View) when I was hit by a Van (PC 5836S) on the drivers side rear door. The accident occurred next to the Security Booth and my vehicle was damaged as a result of the collision.

I have pictures of the accident and the van driver has admitted fault. I also have eyewitness at the security booth that saw the accident.