ASS. REC. BY:	IGNMENT
Deter	Veh No: 5MW 307R Yr Regn: 2020 10CT
From: Date:	Type (M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No: SMW 307/L	Make: HONDA JA22 (.3 CVT c.c 1818
Walder of Kall hand	Colour WHITE A/C: Insured / Std / NI / NA
of NAMAN	Sp.Reading 0/2857 T/Radio: Insured / Std / NI / NA
Insured: LPC	Eng/No:
Policy No.	C/No: 34 m4 k 38 50 LS 218361
Claims No.	Gen. Cond: Good / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inforder:/ Jammed / Leaked / Burnt or
	Brake: Inorder / Jammed / Leaked / Burnt or
(Client's Record)  Make of Veh:	Modi: Nil /S/Rim / STD A/Rim or
MIQUE OI AEM	
	Tyre Size: F: 175/6 0-R15
(Policy Condition)	R:
Remark: The veh had commenced its N/S 0/S repair at the time of inspection.	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
	TOYO KOKO or
Bal. or Market Value:	<u>Front</u> <u>Rear</u>
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. mm R/Bal. mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. 6 mm L/Bal. 6 mm
Est. Repairs: days Res.: Yes or No	D.O.A. 07/11/22 D.O.I. 09/11/22
Lum Sum: % 3 Val.: Yes or No	Survey held at Kay Morok
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / (Rear / O/S / N/S / U/C / Rooftop or
Vehicle: IN / OUT	
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	
repair limit— 55K	
Date/Time, File Pass to? Preli. Report	Days Of Repair:
. rien. Keport	Pagunay No. of Tal
Treit. Report	Resurvey No. of Trip: Survey Fee:
1) : Final Report	Resurvey No. of Trip:  Survey Fee:  Transportation:
1) : Final Report Dala/Time, File Return to?	Resurvey No. of Trip:  Survey Fee:  Transportation:  Site Insp (\$ )S+RSSI
1) : Final Report Dala/Time, File Return to?	Resurvey No. of Trip:  Survey Fee:  Transportation:

# HONDA

## KAH MOTOR CO. SDN. BHD.

(A Member of the Oriental Holdings Berhad)

Service and Body Repair

Website: www.honda.com.sg

Tel: +65 6841 3838 For 24-hours Roadside Assistance, Call 98203838

Document No.

: SQT22003292 : 8, Nov 2022

Page 2

: LONPAC INSURANCE BHD 300 BEACH ROAD #17-04/07

: JAZZ 1.3LXR CVT 20YM (EURO 6)

THE CONCOURSE SINGAPORE 199555

: JHMGK3850LS218306

**Customer No.** Svc Advisor

· WZL009

**Engine No** 

Date

: ANIKKA LAI SWEE KAM

: L13B15001052

Date | Time

8. Nov 2022 6:44:23 PM

QUOTATION

Company Ref. No.: S60FC1380G

GST Reg No.: M200050223

**Surveyor Name** 

**Survey Date Authorisation Date** 

Owner's Name Ins Policy No. **Date of Accident** 

Registration No

Chassis No

Model

Customer

: 7/11/2022

: SMW307R

: HUA MEITING

Date of Monage			II-it Delaa	Disc %	Amount	7% GST Amount	Amount incld GST
Item	Description	Qty	Unit Price 22.10	25	16.57	1.16	17.73
71507-T5A-J60	COVER,L.RR.BUMPER 7	1	60.80	25	45.60	3.19	48.79
84640-T5A-003ZA	LINING ASSY, RR. PANEL .	1		25	257.17	18.00	275.17
66100-TAR-T00ZZ	PANEL COMPRR. ? Pho	1	342.90	25 25	458.02	32.06	490.08
04636-T5A-300ZZ	PANEL SETR.RR.OUTSIDE	1	610.70		414.82		443.86
04646-T5A-E50ZZ	PANEL SET,L.RR.OUTER 7	1	553.10	25		59.68	912.20
39530-T5A-J01	CAMERA ASSY,RR.VIEW 🗡 🧳	1	1136.70	25	852.52		75.03
76710-T5A-003	MOTOR COMPRR.WINDSHIELD WIPER '	1	93.50	25	70.12		
76720-T5A-003	ARMRR.WIPER SUP-	1	45.60	25	34.20		36.59
76721-T5A-003	COVERARM CM	1	5.70	25	4.27		4.57
76730-T5A-003	BLADERR.WINDSHIELD WIPER 350M	1	43.90	25	32.92	2.30	35.22
NMDVR-NEFUPLABO	DVR, NEFU PLABO 2 CHANNEL NEW POOP	1	330.00		330.00	23.10	353.10
73211-T5A-J01	GLASS SETRR.WINDSHIELD	1	625.60	25	469.20	32.84	502.04
73127-TY0-000	RUBBER CWINDSHIELD DAMPER M	1	12.30	25	9.22	0.65	9.87
73214-T5A-013	RUBBERWINDSHIELD DAMPER 🖊	2	7.60	25	11.40	0.80	12.20
73226-SZW-000	DAMPERSTD 5X5 🖊	1	9.10	25	6.82	0.48	7.30
BO-WS-SEALANT	WINDSCREEN SEALANT (N)	2	60.00		120.00	8.40	128.40
				Sum Item	<u>5117.44</u>	358.24	<u>5,475.68</u>
BO-R-COOL-RWS	SUPPLY & INSTALL SOLAR FILM ON REAR M / WINDSCREEN.	1	300.00 Sum E	xt. Service	300.00		321.00 321.00
					344.6		
BOSUN	SUNDRIES	1	100.00	70	100.00	7.00	107.00
BG02R	REPLACE RR. WINDSCREEN.(N)	1	650.00		650.00	45.50	695.50
BML02I	INSPECT RR LIGHTING MECHANISMS. PERFORM WATER	1	180.00		180.00	12.60	192.60
BA02R	REMOVE & RENEW REVERSE SENSORS-4 PCS (N)	1	180.00		180.00	12.60	192.60
BG01S	TO VACUUM & CLEAR SHATTERED GLASS	1	450.00 3	80	450.00	31.50	481.50
BKTG02R	REMOVE & TRANSFER ITEMS TO NEW TAILGATE. ADJUST &	1	459.00	80	450.00	31.50	481.50

#### Printed on 8/11/2022 7:07:06 PM

This is a computer generated invoice. No signature is required.

Part prices are subjected to change without notice.

The above estimated cost of repair do not include any unforeseen damages.

GST Amount is calculated from individual line(s).

An amount of \$53.50 (incl GST) will be applicable for the request of the above quotation for estimates above \$2,000.00.

However, if the repairs are subsequently done at Kah Motor Co. Sdn. Bhd, it will be refunded.

All quotations and prices are subjected to GST adjustment from 7% to 8% with effect from 1st Jan 2023.



**QUOTATION** 

GST Reg No.: M200050223 Company Ref. No.: S60FC1380G

**7% GST** 

Page

1

Amount

#### KAH MOTOR CO. SDN. BHD.

(A Member of the Oriental Holdings Berhad)

Service and Body Repair

Tel: +65 6841 3838

Website: www.honda.com.sg

For 24-hours Roadside Assistance, Call 98203838

Customer

: LONPAC INSURANCE BHD 300 BEACH ROAD #17-04/07

THE CONCOURSE

SINGAPORE 199555

**Registration No** 

: SMW307R

Chassis No

: JHMGK3850LS218306

Model

: JAZZ 1.3LXR CVT 20YM (EURO 6)

Owner's Name

: HUA MEITING

Ins Policy No.

**Date of Accident** 

: 7/11/2022

Document No.

Date

: SQT22003292

: 8. Nov 2022

Customer No.

: WZL009

Svc Advisor

: ANIKKA LAI SWEE KAM

Engine No Date | Time : L13B15001052

**Surveyor Name** 

: 8. Nov 2022 6:44:23 PM

**Survey Date** 

**Authorisation Date** 

Item	Description		Qty	Unit Price	Disc %	Amount	Amount	incld GST
	TP DIRECT SETTLEMENT (J/NO:	)						
	OWNER: HUA MEITING							
	OWNER INSURER: LIBERTY							
	ACC DATE: 07/11/2022							
	SURVEYED BY:							
	DATE:							
	REF NO:							
	TP INSURER: LONPAC							
	TP VEH: YQ9696Y							
8100-T5A-U10ZZ	TAIL GATE COMP		1	782.10	25	586.57	41.06	627.63
8210-T5A-H01ZZ	HINGE COMP, TAILGATE		2	32.30	25	48.45	3.39	
4440-T5A-003	WEATHERSTRIPTAILGATE &		1	92.30	25	69.22		51.84
1801-T5S-K01	LOCK ASSY, TAILGATE		1	91.10	25 25		4.85	74.07
5722-T5L-T01	EMBLEMRR. A		1	12.50	25 25	68.32	4.78	73.10
4890-T5A-A11	GARNISH ASSY,RR LICENCE		1	112.90	25 25	9.37	0.66	10.03
701-T5A-000	EMBLEMH A		1	10.70	25 25	84.67	5.93	90.60
301-ST0-003	NUT, PUSH 3MM		2	2.10		8.02	0.56	8.58
1150-T5A-J01	LIGHT ASSYR.LID .		1	94.20	25	3.15	0.22	3.37
1155-T5A-J01	LIGHT ASSYL.LID ?		1	94.20	25	70.65	4.95	75.60
3500-T5A-J02	TAILLIGHT ASSY,R.		1	258.40	25	70.65	4.95	75.60
3550-T5A-J02	TAILLIGHT ASSYL.		1		25	193.80	13.57	207.37
1440-T5A-J02ZA	LINING ASSYTAILGATE LOWER .			258.40	25	193.80	13.57	207.37
4550-T5A-J30	BOX ASSY, CARGO FLOOR GATE ?		1	61.90	25	46.42	3.25	49.67
715-T5A-J50ZZ	FACE,RR.BUMPER		1	125.70	25	94.27	6.60	100.87
1593-T5A-000	SPACERR.RR.BUMPER M		1	496,90	25	372.67	26.09	398.76
1598-T5A-000	SPACERL.RR.BUMPER A-		1	11.50	25	8.62	0.60	9.22
1505-T5A-J50	GARNISH,RR.BUMPER CA		1	11.50	25	8.62	0.60	9.22
1502-T5A-J60	COVER,R.RR.BUMPER ?		1	41.00	25	30.75	2.15	32.90
			1	22.10	25	16.57	1.16	17.73

#### Printed on 8/11/2022 7:07:06 PM

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Service and Body Repair

Tel: +65 6841 3838

Website: www.honda.com.sg

For 24-hours Roadside Assistance, Call 98203838

: LONPAC INSURANCE BHD Customer 300 BEACH ROAD #17-04/07

THE CONCOURSE

SINGAPORE 199555

**Registration No** 

: SMW307R

Chassis No

: JHMGK3850LS218306

Model Owner's Name : JAZZ 1.3LXR CVT 20YM (EURO 6) : HUA MEITING

**Date of Accident** 

Ins Policy No.

: 7/11/2022

Document No.

Date

: SQT22003292

Page

3

QUOTATION

Company Ref. No.: S60FC1380G

GST Reg No.: M200050223

· 8. Nov 2022

Customer No.

: WZL009

Svc Advisor

: ANIKKA LAI SWEE KAM

**Engine No** 

: L13B15001052

Date | Time

: 8. Nov 2022 6:44:23 PM

**Surveyor Name** 

**Survey Date** 

**Authorisation Date** 

					7% GST	Amount incld GST
Item	Description	Qty	Unit Price Disc %	Amount	Amount	
BC011R	REMOVE INSTALL & CALIBRATE REAR VIEW CAMERA	1	450.00 380	450.00	31.50	481.50
BC011R	REMOVE & INSTALL CAR VIDEO CAMERA WITH POWE SAVER	R <sub>1</sub>	450.00 380	450.00	31.50	481.50
BMI03D	REMOVE & INSTALL REAR COMPARTMENT LININGS	1	659.00 325	650.00	45.50	695.50
BOJSE	BODY JOINT SEALANT TAILGATE	1	109/60 80	100.00	7.00	107.00
BKRP02S	STRAIGHTEN ALIGN RR PANEL & RENEW DAMAGE PARTS.	1	4500.00	4500.00	315.00	4815.00
BP05R	SPRAY PAINTING ON REPAIRED OR REPLACED AREAS (5P)	<sup>S.</sup> 1	3500.00 2080	3500.00	245.00	3745.00
BO-TOW	TOWING SERVICES (MBBS)	1	100.00 ?	100.00	7.00	107.00
	,		Sum Labor	11760.00	823.20	12,583.20
	$\sim$					

Survey By

Date & Time

Excess

Status

Signature

8 days
Total (Ir
Rosy before puit

Total Amount 17,177.44 1,202.44

18,379.88

Total (Inclusive of GST)

18,379.88

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

#### Printed on 8/11/2022 7:12:35 PM

This is a computer generated invoice. No signature is required.

Part prices are subjected to change without notice

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SK0L22B8000E / KAH MOTOR CO SDN BHD [729905] ENTRY DATE & TIME: 08/11/2022 16:02 (SGT) SUBMITTED BY: LAI SWEE KAM ANIKKA VERSION: 1 (08/11/2022 16:02 (SGT))

# **G** SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report <u>correctly</u> the details of the accident to speed up the claims process.

2. This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>

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

5. Initinfactor produce make the companies is not an admission of 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 08/11/2022 16:02 (SGT) Reported by Date of Accident 07/11/2022 17:30 (SGT) **Exact Location of Accident** Singapore Additional Location Information **WOODLANDS AVE 4** Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

1300

Vehicle Registration Number **SMW307R** INSURED/POLICYHOLDER

Is company? Nο Name Of Registered Owner **HUA MEITING** NRIC No SXXXX457F **Email Address** huameiting@gmail.com Mobile Phone No (Phone) +65-98396554

VEHICLE PARTICULARS

Alternative Phone No

Manufacturer

Honda Model Jazz 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

INSURANCE COMPANY

Name of Insurance Company Liberty Insurance Pte Ltd Policy Number / Cover Note Number SD20V13848

DRIVER

Name of Driver **HUA MEITING NRIC No** SXXXX457F Date Of Birth 11/12/1992 Occupation Indoor

Date Of Driving Pass Driving operlience Driving operlience Driving operlience Driving operlience Driving operlience Homel Alt, Phone Number Balt 649 WOODLANDS RING RD Balt 649 Woodland R	•	
Driving experience Gender Mobile Number Mit Privane Number Email Address Lit Privane Number Email Address Addr	Of Driving Pass	
Gender Mobile Number Alt. Phone Number Address Address Address Address Address Address Address Blt. K649 WOODLANDS RING RD M56-442 Address Address Address Blt. K649 WOODLANDS RING RD M56-442 Address Address Address Blt. K649 WOODLANDS RING RD M56-442 Address Address Address Blt. K649 WOODLANDS RING RD M56-442 Address Address Address Blt. K649 WOODLANDS RING RD M56-442 Address Address Address Blt. K649 WOODLANDS RING RD M56-442 Address Address Address Blt. K649 WOODLANDS RING RD M56-442 Address Address Address Blt. K649 WOODLANDS RING RD M56-442 Address Address Address Blt. K649 WOODLANDS RING RD M56-442 Address Address Address Blt. K649 WOODLANDS RING RD M56-442 Address Address Address Blt. K649 WOODLANDS RING RD M56-442 Address Address Address Blt. K649 WOODLANDS RING RD M56-442 Address Address Address Blt. K649 WOODLANDS RING RD M56-442 Address Address Address Blt. K649 WOODLANDS RING RD M56-442 Address	Date Of Diffing 1 add	2 YEARS AND 3 MONTHS
Mobile Number Alt Phone Number Email Address Alt Phone Number Email Address Analysia Address Address Address Address Address Analysia Address Address Address Address Address Analysia Address Address Address Analysia Address Address Analysia Address Analysia Addr	Driving experience	Female
Alt. Phone Number Email Address BLK 649 WOODLANDS RING RD 405-442 Address complement Postcode Ste the driver the policyholder? Is the driver the policyholder? Insurance Company of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver  GENERAL INCORMATION OF THE ACCIDENT  Type of Accide The Accident Railing Westher Conditions Road Surface  Was any foreign evhicle involved in the accident? Was any foreign evhicle involved in the accident? Was any foreign evhicle involved in the accident 2 Was any injured or the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Was any injured accident claims assistance? No  1 1  1 2  Was any foreign exhibit by ambulance? Was any other vehicle or property damaged? Yes  No  1 1  1 1  1 1  1 1  1 1  1 1  1 1	Gender	(Phone) +65-98396554
Alt. Phone Number Email Address BLK 649 WOODLANDS RING RD 405-442 Address complement Postcode Ste the driver the policyholder? Is the driver the policyholder? Insurance Company of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver  GENERAL INCORMATION OF THE ACCIDENT  Type of Accide The Accident Railing Westher Conditions Road Surface  Was any foreign evhicle involved in the accident? Was any foreign evhicle involved in the accident? Was any foreign evhicle involved in the accident 2 Was any injured or the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Was any injured accident claims assistance? No  1 1  1 2  Was any foreign exhibit by ambulance? Was any other vehicle or property damaged? Yes  No  1 1  1 1  1 1  1 1  1 1  1 1  1 1	Mobile Number	(i none) / see seeses
Email Address Address Address (PA) WOODLANDS RING RD RAddress (PA) Address (PA) Add	Alt Phone Number	hummaiting@gmail.com
Address complement 1705-442 Postcode Yes 1705-0479 Postcode Is the driver the policyholder? Yes 1705-0479 Postcode Is the driver the policyholder? Yes 1705-0479 Postcode Is the driver the policyholder? Yes 1705-0479 Postcode Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned Insurance Company of Other Vehicle Owned Insurance Owned Insuran	- 1 Addrocc	
Address complement Postcodo Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Insurance Company of Other Vehicles Owned by Driver Insurance Company of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver  GENERAL INFORMATION OF THE ACCIDENT  Type of Accident Weather Conditions Road Surface  Wet  Was any foreign vehicle involved in the accident? Was any foreign vehicle involved in the accident? Was any foreign vehicle involved in the accident Was any injured or the Accident Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Was any other of the property damaged? Was any other vehicle or property damaged? Was the accident reported to the police? Yes Police Station Phone No Was the accident reported to the police? Yes Police Station Phone No Was the accident reported to the police? Yes Police Station Phone No Was the accident reported to the police? Yes Police Station Phone No Was the accident reported to the police? Yes  DETAILS OF OTHER VEHICLE PROPERTY1 Vehicle Registration Number Vehicle Manufacturer Without Hall to the police of the property of the	Address to the second of the s	BLK 649 WOODLANDS RING RD
Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver  CENERAL INFORMATION OF THE ACCIDENT  Type of Accident  Type of Accident  Collision - Head to Rear Raining Wet  COLLIER INFORMATION  Was any foreign vehicle involved in the accident?  Was any foreign vehicle involved in the accident  Was any springured on the Accident?  Was any injured on veyed to hospital by ambulance?  Was any injured on veyed to hospital by ambulance?  No  Was any of Peasengers (Including Driver)  1 Has the driver been approached by unknown person(s)  soliciting/offering accident claims assistance?  Translator's Bone  Translator's Bone  Translator's Bone  Translator's Bone  DETAILS OF POLICE ACTION  Was the accident reported to the police?  Yes  Translator's Existion Phone No  (Phone) +65-65474000  (Phone) +65-65474000  (Phone) +65-65474000  (If yes, against whom?  CIRCUMSTANCES OF ACCIDENT  AS ANNEX DRE  POLICE REPORT NO. T/20221108/7051  ATTACLIMENT(S)  Are accident photos available for attachment?  Yes  DETAILS OF OTHER VEHICLE PROPERTY 1  Vehicle Manufacturer	A Lives complement	#05-442
Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles Owned by Driver  Insurance Company of Other Vehicle Owned by Driver  GENERAL INFORMATION OF THE ACCIDENT  Type of Accident Weather Conditions Road Surface  OTHER INFORMATION  Was any foreign whicle involved in the accident? Was any foreign whicle involved in the accident? Was any foreign whicle involved in the accident? Was any fluered conveyed to hospital by ambulance? Was any signered conveyed to hospital by ambulance? Was any signered conveyed to hospital by ambulance? Was any winder or Passengers (including Driver)  1 Has the driver been approached by unknown person(s) Soliciting offering accident claims assistance? 1 Translator's Brone number 1 Translator's Brone number 1 Translator's Brone number 1 Translator's Grail  DETAILS OF POLICE ACTION  Was the accident reported to the police?  Yes Police Station Name Police Station Name (Phone) +65-65470000 (Fax) +65-654	Address complement	730649
If No, Relationship of the Driver with the insured Does Driver Or Other Vehicle Power of Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver General Necromania of Other Vehicle Owned by Driver General Necromania of Other Vehicle Owned by Driver General Necromania of Other Netherland New Year Owned New Yea	Postcode	Yes
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Does Driver Own Other Vehicles Published Number of Other Vehicle Cowned by Driver  Insurance Company of Other Vehicle Owned by Driver  GENERAL INFORMATION OF THE ACCIDENT  Type of Accident Weather Conditions Road Surface  OTHER INFORMATION  Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 2 Was any foreign vehicle involved in the accident 2 Was any sany injured on the Accident? Was any injured onveyed to hospital by ambulance? No Was any injured onveyed to hospital by ambulance? No Was any injured conveyed to hospital by ambulance? No Was any injured on the Accident? Was any injured onveyed to hospital by ambulance? No Was any of the vehicle or properly damaged? Yes Number of Passengers (Including Driver)  1 Has the driver been approached by unknown person(s) Soliciting/offering accident claims assistance? 1 Translator's Dranslator's International Properties of the Properties Office Station Name  DETAILS OF POLICE ACTION  Was the accident reported to the police? Yes Under Station Name  Translator's Exported to the Police? Yes  Translator's Marker Office Station Phone No (Phone) +65-65470000 (Phone) +65-65470000 (Phone) +65-65474900 (Phone) +65	If No, Relationship of the Driver with the insured	- N-
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Police Station Address Was notice of intended Prosecution given? If yes, against whom?  CIRCUMSTANCES OF ACCIDENT  AS ANNEX D&E POLICE REPORT NO. T/20221108/7051  ATTACHMENT(S)  Are accident photos available for attachment? Was there any video captured by Car Camera?  Yes  DETAILS OF OTHER VEHICLE PROPERTY 1  Vehicle Registration Number Vehicle Manufacturer  Vehicle Manufacturer  Volity Avenue 3 Singapore 408865 No	Alt. Police Station Phone No	(Fax) +65-65474900
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Vehicle Manufacturer Mitsubishi	M. Istala Damietrotion Number	
MIGGERAL		YQ9696Y
	Vehicle Manufacturer	Mitsubishi
	Vehicle Model	-
	Security of Subsequential Activities	

Vehicle Variant	
Vehicle Colour	-
Vehicle Category	Green
Name of Driver	Commercial vehicle
The state of the s	LEE YOON LEONG
Work Permit No	5XXXX4202
Contact Number	
Address	(Phone) +65-94228796
Address complement	-
Postcode	<del>-</del>
The state of the s	-
Insurance Company Name	
Nature Of Damage	-
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	
Jan (moleculing Dilly of )	-

#### INJURED PERSONS DETAILS

#### INJURED 1

Name of injured person Gender Phone No	HUA MEITING Female (Phone) +65-98396554
Address	_
Address Complement	_
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK & LOWER BACK ACHING
Injured person in which vehicle?	SMW307R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

Page 3 of 20

Vehicle Numbers SMN 307R

#### 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.
- 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 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 aforesald.
- 8. Consent under the Personal Data Protection Act (PDPA) 1 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 date/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
  - 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
  - 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.
  - 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 Sig Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

Vehicle Number: 2M W30 7R

SKETCH P	LAN
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DESCRIBE CIRCUMSTANCES OF THE ACCIDENT but bus which is diving give way ldouble hne lav. mar vernich distaged willing and (4) AUTO Windstroen the bus on "Statement recorded in ENGUEM language by driver. \*Own Damage (OD) Claim submission must be proceeded within 14 Days from Date of Accident.

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: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

5





Police Station Of Origin:

**Traffic Police** 

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20221108/7051

#### REPORT OF A TRAFFIC ACCIDENT

Date/Time I 08/11/2022	•	de:	Vide Report No.:	Station Diary No.:
Informant's	s Particula	irs		And the state of t
Name of In			Address: 649 WOODLANDS RING ROA 730649	D #05-442 SINGAPORE
ID Type / II NRIC NO /		F	Contact No.: Home/Office:	Mobile: 98396554
Nationality SINGAPO		N	Email: HUAMEITING@GMAIL.COM	
Sex: Female	Age: 29	Date of Birth: 11/12/1992	Type of Informant: Driver	Institution / School Name:
Race: Chinese Occupatio	n:		Language: English  Driving Licence Information: Class:	Date of Expiry:

Seneral Inforr Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 07/11/2022 17:30	Type of Location: Near bus give- way box
Location: WOODLAND	S AVENUE 4			
		Road Surface:		Road Speed Limit:
Weather: Heavy rain		Wet	1.	60 Km/h
A STATE OF THE STA				

Details of V	enicie invo	iveu		Color	Conditio	No of
Vehicle No.	Type	Make	Model	Color		0
SMW307R	Car					0
YQ9696Y	Lorry					





2 of 3

Report No. T/20221108/7051

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

#### **CONTINUATION OF REPORT**

Any Pedestrian I	nvolved: No					
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA			
Driver	A King Territor & Fr		144.			
Name	HUA MEITING			ID No.		S9245457F
Related Vehicle	SMW307R (Car)			Contact No.		98396554
Hospital/Clinic	GREENLINK MEDICAL CLINIC			Class of Driving Licence & Expiry		Class: NIL Date of Expiry: NIL
Date	08/11/2022 Date		Date	08/11/2022		/2022
No. of Days granted Medical Leave 04		Degree of		Slight	t /	
Driver	And the second second second	<b>外型</b> 能够多数				Alex Mink at 12 this
Name	LEE YOON LEONG			ID No	•	537344202
Related Vehicle	YQ9696Y (Lorry)			Conta	ct No.	94228796
Hospital/Clinic	NIL			Class of Driving Licence & Expiry		Class: NIL Date of Expiry: NIL
Date	NIL		Date		NIL	
No. of Days grant	ted Medical Leave	NIL	Degree of	N 10 7 A [ 100 per	NIL	

#### Brief Details.

Traveling near Blk 617 Woodlands Avenue 4 S730617

I was stopping behind bus give-way box to allow public bus to exit bus stop. Truck behind me was too close and too fast and rear-ended my vehicle. I did not hit the bus ahead of me, bus drove off.

I have pictures and videos.





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

3 of 3 Report No. T/20221108/7051

#### **CONTINUATION OF REPORT**

Sketch	Plan
	· ICII

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable  Signature Of Interpreter: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.  Date/Time: 08/11/2022 15:07		
Officer In Charge Of Case: TP / TPIB / ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:		
NP168			

### 

he information contained herein is correct as at 10 Nov 2022

# nguire PARF/COE Rebate for Registered Vehicle

CWIET D	Singapore NRIC 457F
Vehicle No:  Vehicle to be Exported:  Intersted Beregistration Date:	SMW307R Ne 10 Nov 2022
Vehicle Make: Vehicle Model: Primary Colour:	HONDA JAZZ LSCVT White
Manufacturing Year: Engine No.:	2020 L13815001052 JHMGK3850L5218306
Chassis No.:  Maximum Power Output:  Open Market Value:	73.0kW (97 bhp) \$16,738.00 30.Oct 2020
Original Registration Date: First Registration Date: Transfer Count:	30 Oct 2020 0 56-738,00
Actual ARF Paid:  PARF Eligibility:	Yes 39 Oct 2030
PARE Eligibility Sypiny Date: PARE Rebate Amount	\$5.053.00 29.0ct 2030
COE Expiny Date:  COE Category  COE Period(Years)	A - Car up to 1600cc & 97kW (130bhp) 10
QPPaid: COE Rebate Amount:	\$37,766.00 \$30,090.00

OK

415 143.00

## Honda Jazz 1.3A

Overview

**Financial** 

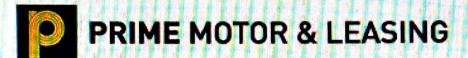
Accessories

Similar

Research

**Photos** 

Мар





ICHENG YONG	CREDIT	ENTERPRISES	PTF ITD	GROUP OF	COMPANIES
			I'm a limit has been	CONTRACTOR CONTRACTOR	Tank the st & " E E

• PRIME CAR RENIAL & TAY SERVICES PIET IN • SECTION CREDIT & MOTOR, EASING PIET IN • BEST PETROL AND DIESEL SUPPLY PIET LID • BEST ELECTRICITY SUPPLY PIET.

Priœ	\$87,500		
Depreciation ②	\$11,030 /yr View models with similar depre	Reg Date	26-Jun-2020 (7yrs 7mths 15days COE left)
Mileage	31,200 km (13.1k /yr)	Manufactured (?)	2020
Road Tax 🧑	\$578 /yr	Transm <mark>i</mark> ssion	Auto
Dereg Value 🧑	\$29,949 as of today (change)	OMV Ø	\$16,678
COE ①	\$32,699	ARF 🗇	\$6,678
Engine Cap	1,318 cc	Power	73.0 kW (97 bhp)
Curb Weight ①	1,052 kg	No. of Owners 🕥	