ASS. RECBY: Taupon REF CS/LIP 2701	17770/7043
ASS. RECEY: TOUME	. 1703
ASSIG	NMLENT
Date:	Veh No: S29 48287 Yr Regn. 2016, Sy.
FIDITI.	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD / THI WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
	Make: Monda vegel co 1496
10 morporation	The second second
at Workstrip m/s	7.0 04 TIP - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
of	Sp.Reading 15 3988 T/Radio; Insured / Std / NI / NA
Insured: SLN 8579D	Eng/No: expoweded by Reparer
Policy No.	CIVID: Re Anglest (of that express) from the resurveyand and
Claims Na AVS22/3367	Gen. Cond: Good / Fair / Poor / Burnt
Sum Insuled: Excess:	Steering: in order / Jammed / Leaked / Burnt or ordumation
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or and teamsex
Make of Veht	Modi: Nil Isram / STD Arkim or us community
	Tyre Size: F: 715/60866
(Policy Condition)	R: 7 -
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY I-FS / LIZA / MIC / OHTSU / PIR / SUM! /
repair at the time of inspection.	TOYO/YOKO DT Nexen
Bal. or Market Value: \$60K.	<u>Front</u> <u>Rear</u>
IDAC Accident Rport: Consistent? ; Yes or No	R/Bal. R/Bal. mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. L/Bal. 6 mm
Est. Repairs: days Res.: Yes or No	D.O.A. 29/11/2022 D.O.I. 8/17/72
Lum Sum: % 3 Val.: Yes or No	Survey held at Dickson White
CA / REV / REP. / 24 HRS	Des. of Damages Frt / Ream / O/S / N/S / U/C / Rooftop or
Vehicle: IN / OU	
Date: Person Contacted: M. Pos^	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	
28/4/23 Lump Sum \$5900 confirmed by en	nail (Red 9257, 61%)
Zor-1/20 Earny Garn 40000 committed by Ch	Hall (100 3237, 3170)
-	
	*
Date/Time, File Pass 40? : Preli. Report	Days Of Repair: . 8
; Final Report	Resurvey No. of Trip: 2 Survey Fee:
Date/Time, File Return to?	Transportation:
2) 28/4/23-typist Add F	
	:Interview (\$ ) Photos
Report Format :	: Tech. Invs (\$ ) Others
Lump Sum / <del>I.D.k</del> : // \$5900	:Weekend (\$ )
	TOTAL AND



DICKSON AUTO CARE CENTRE PTE LTD 29 UBI ROAD 4, DICKSON AUTO CENTRE SINGAPORE 408619 TEL: 6668 1122 | FAX: 6668 1123

## QUOTATION

DATE: 30/11/2022

REF: SLG4828Z VEHICLE NO.: SLG4828Z

MAKE: HONDA

MODEL: VEZEL
PREPARED BY: MR POON

### QUOTATION FOR

NAME: Liberty Insurance Pte Ltd

COMPANY NAME: Liberty Insurance Pte Ltd

STREET ADDRESS: 51 Club Street, #03-00 Liberty House

POSTAL CODE: Singapore 069428 PHONE: 6221 8611

S/N	DESCRIPTION	QTY	иом	UNIT PRICE	BEFORE DISCOUNT	DISC	AMOUNT
	LABOUR FRONT						
1	TO REMOVE & REFIT FRONT LIGHTING & WIRING AND TEST FOR PROPER FUNCTIONING	1		\$100.00	\$ 100.00	*	<b>\$</b> 100.
2	TO REMOVE & REFIT FRONT SENSOR	1		\$200.00	\$ 200.00	30	\$ 200.
3	TO PROVIDE LABOUR TO REMOVE ALL FRONT DAMAGED PARTS & PANELS . CUT & WELD IF NECESSARY	1		\$400.00	\$ 400.00	200	\$ 400.
4	TO PROVIDE LABOUR & MATERIAL TO PAINT NEW PARTS & PANELS	1		\$600.00	\$ 600.00	200	\$ 600.
	LABOUR REAR						
1	TO REMOVE & REFIT REAR LIGHTING & WIRING AND TEST FOR PROPER FUNCTIONING	1		\$100.00	\$ 100.00	30	\$ 100.
2	TO REMOVE & REFIT REAR SENSOR	1		\$200.00	\$ 200.00	40	\$ 200.
3	TO REMOVE & REFIT REAR WINDSCREEN	1		\$200.00	\$ 200.00	(20	<b>\$</b> 200.
4	TO PROVIDE LABOUR TO REMOVE ALL REAR DAMAGED PARTS & PANELS, CUT & WELD IF NECESSARY	1		\$ ,000.00	\$ 1,000.00	800	\$ 1,000.
5	TO PROVIDE LABOUR & MATERIAL TO PAINT NEW PARTS & PANELS	1		\$ ,000.00	\$ 1,000.00	800	\$ 1,000.
	PARTS						
1	FRONT NO PLATE WITH CASING	1		\$45.00	\$ 45.00	art/	\$ 45.
2	FRONT NO PLATE GRILLE (BEHIDE NO PLATE)	1		\$307.00	\$ 307.00	7.	\$ 307.
3	FRONT NO PLATE GRILLE UPPER PANEL	1		\$221,00	\$ 221.00	en	\$ 221.
4	FRONT NO PLATE GRILLE UPPER PANEL LOGO	1		\$35.00	\$ 35.00	aut	\$ 35.
5	FRONT BUMPER	1		\$807.00	\$ 807.00	RY	\$ 807.
6	FRONT BUMPER CLIPS	10		\$5.50	\$ 55.00	ner-30	\$ 55.
7	FRONT BUMPER SIDE RETAINER LH & RH	2		\$28.00	\$ 56.00	7	\$ 56.
8	FRONT BUMPER LOWER GRILLE	1		\$77.00	\$ 77.00	×	s 77.
9	FRONT BUMPER LOWER SPOILER	1		\$227.00	\$ 227.00	K	\$ 227
10	FRONT BUMPER SENSORS	2		\$350.00	\$ 700.00	?	\$ 700.

S/N	DESCRIPTION	QTY	UOM	UNIT PRICE	AMOUNT BEFORE DISCOUNT	DISC	-	MOUNT
11	FRONT BUMPER REINFORCEMENT	1		\$337.00	\$ 337.00	7.	\$	337.00
12	FRONT RH FENDER	1		\$358.00	\$ 358.00	*	s	358.00
13	FRONT RH HEADLAMP	1		\$1,870.00	\$ 1,870.00	×	s	1,870.00
14	REAR NO PLATE	1		\$45.00	\$ 45.00	*	s	45.00
15	TAILGATE	1		\$1,068.00	\$ 1,068.00	4/	s	1,068.00
16	TAILGATE INNER LOCK	1		\$145.00	\$ 145.00	T.	s	145.00
17	TAILGATE W/STRIP	1		\$140.00	\$ 140.00	7	\$	140.00
18	REAR WINDSCREEN MOULDING	4		\$35.00	\$ 140.00	nec/	\$	140.00
19	SEALANT	1		\$45.00	\$ 45.00	7.	\$	45.00
20	TAILGATE REFLECTOR RH	1		\$271.00	\$ 271.00	and/	\$	271.00
21	TAILGATE LOGO	1		\$35.00	\$ 35.00	un	s	35.00
22	TAILGATE VEZEL LOGO	1		\$58.00	\$ 58.00	ner	s	58.00
23	RR RIGTH TAIL LAMP	1		\$508.00	\$ 508.00	cua/	\$	508.00
24	REAR BUMPER	1		\$508.00	\$ 508.00	de/	\$	508.00
25	REAR BUMPER CLIPS	10		\$5.50	\$ 55.00	neer 30	\$	55.00
26	REAR BUMPER SIDE RETAINER LH &	2		\$29.00	\$ 58.00	LHX RY de	s	58.00
27	REAR BUMPER SENSOR	1		\$350.00	\$ 350.00	7	\$	350,00
28	REAR BUMPER RH REFLECTOR	1		\$151.00	\$ 151.00	cut	\$	151.00
29	REAR RH CORNER PANEL	1		\$151.00	\$ 151.00	de/	\$	151.00
30	REAR RH FENDER	1		\$930.00	\$ 930.00	bue/	s	930.00
31	REAR RH FENDER INNER SHIELD	1		\$158.00	\$ 158.00	de/	\$	158.00
32	REAR RH FENDER INNER SHIELD CLIPS	10		\$5.50	\$ 55.00	me/	s	55.00
33	REAR RH FENDER ARCH	1		\$172.00	\$ 172.00	mis/	s	172.00
34	REAR RH FENDER ARCH CLIPS	10		\$6.50	\$ 65.00	nu/	s	65.00
35	REAR FENDER MUD FLAP	1		\$155.00	\$ 155.00	au/	\$	155.00
36	REAR END PANEL	1		\$428.00	\$ 428.00	RN	\$	428.00
	Tauphin 9749	1549		SUBTOTAL	\$ 14,586.00	100000000000000000000000000000000000000	\$	14,586.00
MARKS:	MR' Chalas	0 1147	0.1	GST 7%	\$ 1,021.02	gst 7%	\$	1,021.02
	The second of the	6 (15)	· Edens	TOTAL	\$ 15,607.02	TOTAL	s	15,607.02

Page 2 of 2

45 Resury after report faufun @ lahouto-con.

I AGREE TO THE REMARKS AND PRICE AS LISTED ABOVE.

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
  (CUSTOMER'S SIGNATURE ANDHOU Prejudice" basis

  \* Introduction of the property of the parts of
- Supplementary :tem(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

FOR DICKSON AUTO CARE CENTRE PTE LTD



(AUTHORISED SIGNATURE)

SD0B22BU0002 / DICKSON AUTO CARE CENTRE PTE LTD ENTRY DATE & TIME: 30/11/2022 17:22 (SGT)
SUBMITTED BY: TEO SHU JIUN VERSION: 1 (30/11/2022 17:22 (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.

ACC	DFN'	T STA	TEM	FNT
			44-14	

Date of Submission 30/11/2022 17:22 (SGT) Reported by Date of Accident 29/11/2022 21:30 (SGT) Exact Location of Accident Near 59 Ub Ave 1, Singapore 408938 Additional Location Information PIE RD TOWARDS CHANGI

Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SI G48287

#### INSURED/POLICYHOLDER

Is company? Name Of Registered Owner KOH GUAN XIONG NRIC No. SXXXX627 Email Address ADMIN@DACC.COM.SG Mobile Phone No (Phone) +6\$-82233509

Alternative Phone No

### VEHICLE PARTICULARS

Manufacturer Honda Model Vezel Exact purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category Transmission

CC

Private hire

No - Claiming third party Private hire

Auto 1496

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5123695219-01

DRIVER

Name of Driver KOH GUAN XIONG NRIC No SXXXX627 Date Of Birth 11/02/1992 Occupation Outdoor

Accident report SD0B22BU0002

Page 1 of 24

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement 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	16/12/2010 11 YEARS AND 11 MONTHS Male (Phone) +65-82233509 - ADMIN@DACC.COM.SG BLK 842H TAMPINES STREET 82 #03-68 - 528842 Yes - No	nee
GENERAL INFORMATION OF THE ACCIDENT		
Type of Accident Weather Conditions Road Surface OTHER INFORMATION	Chain Collision Clear Dry	
Was any foreign vehicle involved in the accident?  Number of vehicles involved in the accident  Was anybody injured in the Accident?  Was any injured conveyed to hospital by ambulance?  Was any other vehicle or property damaged?  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  PASSENGER 1  Name  Gender		
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No -	
CIRCUMSTANCES OF ACCIDENT		
PLEASE REFER TO THE SKECTH PLAN		
ATTACHMENT(S)		
Are accident photos available for attachment? Was there any video captured by Car Camera?  DETAILS OF OTHE	Yes Yes R VEHICLE PROPERTY 1	
Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant  Accident report SD0B22BU0002	SLN8579D Ssangyong Tivoli -	4

#### 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.
- 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 flability on the part of the insurance companies
- 5. Any false reporting may be referred to the Traffic Police Department for investigation.
- 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.
- By the ladgement 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 daims 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 Perposes; 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/faw firms), which may be sited outside of Singapore, for one or more of the above Purposes.

30/11/2022

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)

#### Sketch Plan

	111 UB1 POWT 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
VEHICLE A: SIG 4828 # 111	
VEHICLE B : SLN 85790	
VEHICLE ICI: SKZ 6640XI	
	PIEL TOWARDS CHANGE

-

Vehicle Colour	White
Vehicle Category	NA / Unknown
Name of Driver	KOH GUAN XIONG
NRIC No	SXXXX627I
Contact Number	(Phone) +65-96245948
Address	1.51
Address complement	
Postcode	: <del>*</del> :
Insurance Company Name	
Nature Of Damage	
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	12

## DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKZ6640X
Vehicle Manufacturer	Mazda
Vehicle Model	3
Vehicle Variant	32
Vehicle Colour	i e
Vehicle Category	NA / Unknown
Name of Driver	TANG KAH CHOON
NRIC No	GXXXX707W
Contact Number	(Phone) +65-87557537
Address	-
Address complement	-
Postcode	- 1
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	
No. Of Passenger (Including Driver)	-

## INJURED PERSONS DETAILS

## INJURED 1

Name of injured person	FAITH WONG
Gender	Female
Phone No	210 210
Address	.
Address Complement	.
Post Code	
Approximate Age Years Old	
Injuries Sustained	SHOULDER PAIN
Injured person in which vehicle?	SLG4828Z
Were seat belts worn?	01040202
Was this injured conveyed to hospital by ambulance?	77. Ga

Describe Circumstance of the Accident	
while driving along PIE toward infront stop. I stop my car be the car behind transl bring my collide into the vehicle infront.	ols changi, the vehicle
The car behind thank have my	med the car intront.
collide into the vehicle infant	en car and my car
The territory and the territory.	
•	
eclaration	
We declare the foregoing particulars are true in every respect.	٨
\	
MAN II	1.0
30 11/2022	, and a second
olicyholder Signature / Date & Time Delver's Signature (if driver is not the policyho	
	(Name as in NRIC(D card)

2