Estimate Cost ODL DESTREAM COST Truck I Trailer or Make:	enne Kennerh AS	SIGNMENT
COUNT THE RESIDENCE SELEVATINU INV TO RUSS TO RUSS AND ASSESSES TO RESIDENCE INVOICE TO RUSS AND ASSESSES TO RUSS ASSESSES ASSESS		_ Veh No:
To larged Valdes No: If Mode of 176 C1-72 If Work of 176 C1-72 If Work of 176 C1-72 If Note of No. IVS23/0092 If Clother Record) If Clother Record) If Clother Record of Clothe		Type: M.Caf / M.Cycle / Bus / Van / Lorry / Taxl / Prime Mover /
To larged Valdes No: If Mode of 176 C1-72 If Work of 176 C1-72 If Work of 176 C1-72 If Note of No. IVS23/0092 If Clother Record) If Clother Record) If Clother Record of Clothe	OD VTPA WS / TP RES / OD RES / EVA / INV / MV	
at Workshop nis of 1/6 01/72 Sp. Reading 91/97 Triadic Insured Isid INITINA Initinal Insured Isid InitinA Sp. Reading 91/97 Triadic Insured Isid InitinA Initinal Insured Isid InitinA Sp. Reading 91/97 Triadic Insured Isid InitinA Initinal Ini	To Inspect Vehicle No:	Make: Toy Camer c.c 2487
So. Reacing 41192 Trikado: Insured SISI NI NI NA Insured: SNB 4158B	1	
Insured: SNB 4158B Pokey No. Cohere No. IVS23/0092 Sum insured: Excess: Check Code of Fair I Poor I Burnt Sum insured: Excess: Check Code of Fair I Poor I Burnt Sum insured: Excess: Check Code of Fair I Poor I Burnt Sum insured: Excess: Check Code of Fair I Poor I Burnt Sum insured: Excess: Check Code of Fair I Poor I Burnt Sum insured: Excess: Check Code of Fair I Poor I Burnt Sum insured: Excess: Check Code of Fair I Poor I Burnt Sum insured: Excess: Check Code of Fair I Poor I Burnt Sum insured: Excess: Check Code of Fair I Poor I Burnt Check Code of Ven: (Pokey Coddition) Read of Venical Excess (Branch For Venical Excess (Bra	d 176 C1-12	
Consistency Co	sured: SNB 4158B	the state of the s
Control Contro		
Sum insure: Excess: (Closits Record) Mode of Veh: (Policy Condition) (Policy Condition) Paramat: The veh had commenced its repair at the time of Inspection. Ball or Market Value: B/23/ (DAC Accident Rport: Consistent?: Yes or No GIA / PR Sean: Consistent?: Yes or No GIA / PR Sean: Consistent?: Yes or No Lum Sum: CA / REV / REP. / 24 HRS CA / REV / REP. / 24 HRS Date / Time Action / Instruction Add Fee: Stile Insp (\$) _ s-RS_SI Insterview (\$) _ s-RS_	ms N Claims No. IVS23/0092	
Content Record Parker Inoglar Jammed Leaked Burnt or Modi: NII STRIM STRARTIM or Tyre State: F: 2/5/55/17 Record Tyre State: F: 2/5/55/17 Tyre State:	Insu: Surn Insured: Excess:	
Mode of Value (Potoy Condition) Parmart: The vah had commonced its repair at the time of inspection. Bat or Market Value: Bat or Market Value: Bot Consistent?: Yes or No GIA / PR Sean: Consistent?: Yes or No CA / REV / REP. / 24 HRS Vehicle: IN/OUT Date / Time Action / Instruction CA / REP Sum Sum Stone Confirmed with Mr Low (red 704.30, 50%) Date / Time Sum Stone		
Continue Part Par	rue de la companya del companya de la companya del companya de la	
Person Condition Pamark: The vah had commenced its Person of Inspection. Pamark: The vah had commenced its Person of Inspection. Bat or Market Value: B/15/C B	lan	<u> </u>
Pamant: The veh had commenced its repair at the time of Inspection. Ball or Market Value: B/ 15/K Ball or Market Value: B/ 16/Ball or Market Value: B/ 15/K Ball or Market Value: B/ 15		
Report Forfinal: President Pinal Report Pin	h Pamark: The yeb had common at the	
Bal or Market Value: IDAC Accident Rport		
IDAC Accident Rport: Consistent?: Yes or No GIA / PR Sean: Consistent?: Yes or No GIA / PR Sean: Consistent?: Yes or No First Repairs: C2 days Res.: Yes or No First Lum Sum: 20 % 3 Val.: Yes or No CA / REV / REP. / 24 HRS Data: Person Contacted: Vehicle: IN / OUT Data / Time Action / Instruction Press Report Pass to? Press to? Press Report Pass to? Press to? Press to? Add Fee: Site Insp (\$) S-RS_SI	72(6.6)	TOYO/YORO Or
Consistent?: Yes or No GIA / PR Soon: Consistent?: Yes or No Est. Repells: C2 days Res.: Yes or No LBal. CA / REV / REP. / 24 HRS Date: Person Contacted: Date / Time Action / Instruction Days Of Repair:		1759
Consistent? Yes or No Est. Repetrs: C2 days Res.: Yes or No Lum Sum: 10 % 3 Val.: Yes or No CA / REV / REP. / 24 HRS Date: Person Contacted: Vehicle: IN / OUT Date / Time Action / Instruction 30/1/23 Lump Sum. \$700 confirmed with Mr Low (red 704.30, 50%) Lump Sum. \$700 confirmed with Mr Low (red 704.30, 50%) Prell. Report Days Of Repair: 2 Resurvey No. of Trip: Survey Fee: Interview (\$) S-RS. St Interv		R/Bal. 9 mm R/Bal. Q
Est Repairs: O 2 days Res.: Yes or No CA / REV / REP. / 24 HRS Date: Person Contacted: Vehicle: IN / OUT Date / Time Action / Instruction Action / Instru		L/Bal. S mm I/Bal S
CA REV REP. 24 HRS Date: Person Contacted: Vehicle: IN OUT The U/C Chassis frame Body Structure affected due to collision. Date Time Action Instruction Date	Est Repairs: UZ days Res.: Yes or No	004 17.700
Date: Person Contacted: Vehicle: IN/OUT Date / Time Action / Instruction Date / Time Action / Instru	The angle of the second	
Date: Person Contacted: The U/C./ Chassis frame / Body Structure affected due to collision. Date/Time Action/Instruction 30/1/23 Lump Sum \$700 confirmed with Mr Low (red 704.30, 50%) Determine, File Pass 107 Prell. Report Days Of Repair: 2 I] Cota/Time, File Return 107 Resurvey No. of Trip: Survey Fee: Transponsitive Transponsitive Transponsitive Transponsitive Transponsitive Tech Invs (\$) S-RS, SI Report Format: TP Tech Invs (\$) File Insp (\$) File In	CA / REV / REP. / 24 UDS	
Date / Time Action / Instruction 30/1/23 Lump Sum \$700 confirmed with Mr Low (red 704.30, 50%) Date / Time Action / Instruction	Vehicle: IN / OUT	C Rooftop or
Coto/Time, File Pass to? Prell. Report Days Of Repair: 2	Person Contacted:	The U/C / Chasale frame / Date of
Lump Sum \$700 confirmed with Mr Low (red 704.30, 50%) Rec	Date / Time Action / Instruction	Body Structure affected due to collision.
Lump Sum \$700 confirmed with Mr Low (red 704.30, 50%) Rec	0-0/4/00	
DeterTime, File Pass to? Prell. Report Days Of Repair: 2 Prell. Report Resurvey No. of Trip: Survey Fee: Tay 30/1/23-typist Add Fee: Site Insp (\$) s-rs. si Report Format: TP Lump Sum / LB.H: (\$ 700 Weekend (\$) Weekend (\$	30/1/23 Lump Sum \$700 confirmed with Mr I	ow (red 704.30, 50%)
Dota/Time, File Pass to? Prell. Report Days Of Repair: 2 Final Report Costs/Time, File Return to? Days Of Repair: 2 Resurvey No. of Trip: Survey Fee: Transportative Transportative Add Fee: Site Insp (5)s - RsSi Interview (\$) First Tech Invs (\$) Others Weekend (\$) Weekend (\$	The state of the s	
Dota/Time, File Pass to? Prell. Report Days Of Repair: 2 Final Report Costs/Time, File Return to? Days Of Repair: 2 Resurvey No. of Trip: Survey Fee: Transportative Transportative Add Fee: Site Insp (5)s - RsSi Interview (\$) First Tech Invs (\$) Others Weekend (\$) Weekend (\$		
Prell. Report Days Of Repair: 2 Resurvey No. of Trip: Survey Fee:	Re	
Prell. Report Days Of Repair: 2 Resurvey No. of Trip: Survey Fee:		The second of th
Prell. Report Days Of Repair: 2 Resurvey No. of Trip: Survey Fee:	£₽	
Prell. Report Days Of Repair: 2 Resurvey No. of Trip: Survey Fee:	fp	
Prell. Report Days Of Repair: 2 Resurvey No. of Trip: Survey Fee:	kr.	
Survey Fee: Survey Fee: Survey Fee: Survey Fee: Survey Fee: Survey Fee: Survey Fee: Survey Fee: Survey Fee: Survey Fee: Survey	Lip.	
Resurvey No. of Trip: Survey Fee: 7: 30/1/23-typist Add Fee: Site Insp (\$)s-Rssi Interview (\$)s-Rssi Lump Sum / I.B.I: (\$ 700		
Add Fee: Site Insp (\$) _ \$ - R\$\$I Report Format: TP Lump Sum / I.B.I: (\$ 700	: Prell. Report Day	The state of the s
Report Format: TP Lump Sum / I.B.I: (\$ 700 Add Fee: Site Insp (\$) _ s - Rs _ si : Interview (\$) _ r	: Prell. Report Day	
Report Format: TP Lump Sum / I.B.I: (\$ 700 Tech Invs (\$) First Weekend (\$) Weekend (\$)	: Prell. Report Day Cute/Time, File Return to? : Final Report Res	urvey No. of Trip: Survey Fee:
Lump Sum / I.B.I: (\$ 700 Tech Invs (\$) Weekend (\$)	: Prell. Report Day	Urvey No. of Trip: Survey Fee:
Lump Sum / I.B.I: (\$ 700 Weekend (\$)	: Prell. Report Day Outs/Time, File Return to? Standard Control Outs/Time, File Return to? Add Fee:	Survey Fee: Slite Insp (\$) _ S - RS SI
Weekend (\$: Prell. Report Day Cuta/Time, File Return to? 7) 30/1/23-typist Add Fee:	Survey Fee: Survey Fee: Transportation Tran
	: Prell. Report Day Cuta/Time, File Return to? Prell. Report Cuta/Time, File Return to? Res Report Format : TP	Survey Fee: Survey Fee:
	Prell. Report Day Couta/Time, File Return to? 2) 30/1/23-typist Add Fee:	Survey Fee: Survey Fee: Transportation Tran
	Prell. Report Day Couta/Time, File Return to? 2) 30/1/23-typist Add Fee:	Site Insp (\$) _ S - RS SI Interview (\$) _ F X Tech Invs (\$) Others Weekend (\$

176, SIN MING DRIVE, #01-12 SIN MING AUTOCARE, SINGAPORE 575721 TEL: 6453 2598, 6453 9730 FAX: 6552 0866 Email: tklow50@hotmail.com

HO SWEE THIAM

BLK 659A PUNGGOL EAST, #10-779

821659

Attention: THE OWNER

Contact: 93804338

NOT Sorheriel

Estimate: ES001498

Date: 09/01/2023
Vehicle Num.: SFJ4338B
Make/Model: TOYOTA CA
Make Vehicle Num. : SFJ4338B Make/Model : TOYOTA CAMRY

Reference: Policy No.:

S/N Quantity

Particular

Unit Price

Amount S\$

0

en.

LIST ITEMS : FRONT BUMPER

FRONT GRILLE CLIP

10

List Total S\$: 25.00% Discount S\$:

LABOUR:

TO REPLACE GUILLE & BUMPER TO SPRAY PAINTS ON SAME

Labour Total S\$:

Buchen

581.40

mpanies

IA) for a

able a

443.00 × 48.00 1 80 Me

> 1,072.40 268.10

> > 804.30

200.00 400.00 2201

600.00

E. & O.E.

Total S\$:

1,404.30

for TK CAR REPAIRS PTE LTD

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:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

To

at 1 of

Insu Polic Claim

Sum I (Cler

ake of

olky (

rk 7

dan

dde

2.

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

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 09/01/2023 17:29 (SGT) Reported by Date of Accident 06/01/2023 07:25 (SGT) Exact Location of Accident Singapore Additional Location Information BLK 659 PUNGGOL EAST MSCP LEVEL 1B Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner HO SWEE THIAM **NRIC No** S1581071H **Email Address** tklow50@hotmail.com Mobile Phone No (Phone) +65-91111111 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Toyota Model Camry Variant 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 Auto CC 2487

INSURANCE COMPANY

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd. Policy Number / Cover Note Number

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

HO SWEE THIAM S1581071H 01/02/1963 Indoor

No - Claiming third party

Private car

IMPORTANT NOTICE

SKETCH PLAN

- 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 witful misrepresentation or withholding of material facts may allow
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy subsity on the part of the insurance companies.
- 5. Any false reporting may be referred to the Traffic Police Department for investigation. 6. This report will be torwarded by the insurans to the GIA Records Management Centre established by the General Insurance Association of
- Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties. 7. By the todgement 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(e) 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/taw firms, the Monetary Authority of Singapore and any relevant government agencyfauthority (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 envelopeshmall 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' tawyers/faw 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

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

Witnessed by Reporting Centre Personnel (Name as in NRICAD card)

Sketch Plan

car panh ut Ms level 16 BILL 659 punggol East 9J2M VUL A: SFJ 4338B VUL 6: SNB 41586