	ASS. REC. BY:	30009661K.
, A	ALIMATA	SSIGNMENT
en	Date:	
F	Estimated Cost:	Veh No: SUU 5191X Yr Regn: 12, 17
E:	C TEVALINY I MV	- Taxi / Prime Mover /
Q	i o inspect vehicle No:	Make:
: То	at Workshop m/s SUP Mole	Colonia Civic c.c 1397
at		CO.
of	Incurad:	Sp.Reading 6967/ T/Radio: Insured / Std / NI / NA
ln.	Policy No.	Eng/No:
Po	Claims No.	CNO: MRIATEC 565014 7000657
CI	Sum Insured: Excess:	Gen. Cond: @od / Fair / Poor / Burnt
St	(Client's Record)	Steering: Inorder / Jammed / Leaked / Burnt or
ε -	Make of Ven:	Brake: Inodes / Jammed / Leaked / Burnt or
. M	11.30-1343	Modi: Nil / STRIM / STD A/Rim or
4	(Policy Condition)	Tyre Size: F: 235/40R18
	Remark: The veh had commenced its N/S O/S	
R.	repair at the time of inspection.	BS / DUN / EXNOVA / BY FS / LIZA / MIC / OHTSU / PIR / SUMI /
	Bal. or Market Value: \$71/k	TOYO / YOKO or
) 	IDAC Accident Rport: Consistent? : Yes or No	Fron! O Rear O
Be	GIA / PR Seen: Consistent?: Yes or No	R/Bal mm R/Bal mm
ID.	C	L/Bal mm L/Bal. P
GI	20,0	D.O.A. 24/1/23 D.O.I. 7/2/2023
C Es	John Joseph Mo	Survey held at
Lu	CA / REV / REP. / 24 HRS	Des. of Damages Frt Rear / O/S / N/S / U/C / Rooftop or
- CI	Date:Person Contacted: Vehicle: IN / OUT	Old / NOS / Old / ROOMED OF
	11 Contacted.	The U/C / Chassis frame / Body Structure affected due to collision.
De O	Date / Time Action / Instruction	anocted due to conside.
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<i>-</i>	Oato/Time, File Pass to? : Prell. Report	
Da	11	ys Of Repair:
	Outs/fine, File Return to?	survey No. of Trip: Survey Fee:
1)		Transportation
Ox	Add Fee:	: Site Insp (\$)s-Rssi
2)		: Interview (\$
	Report Format :	Took In 18
R	Lump Sum / I.B.I: (S	
Lı	*	Weekend (\$
		1974.

SLP Motoring Services

102 Gerald Drive #04-75 Singapore 798593 HP 91004390/91254449 Fax 6484 1482 Email:slpmotoring@gmail.com

M/s Income Insurance Limited DATE 07.02.2023

73 Bras Basah Road, #05-01 CAR NO SLU 5191 X

NTUC Trade Union House S189556 MAKE Honda Civic

ESTIMATE COST OF REPAIR FOR THE ABOVE MENTIONED VEHICLE YOUR INSURED :

°c	Pcs	MRHFC5650HT000657	UNIT PRICE	AMOUNT
	рс	Front grille assy Nett	cm	\$589.50
		Labour for dismantle and replace front grille assy and repair front bumper.		/5/ \$400.00
		To respray front bumper and front grille.		\$500.00
		Nos 1	mestr	
		Mos to the Manny 19	34 pains	
			days	
			A A Consultanta hanca	notify
		the • To	Auto Consultants hence Repairer of the following: resurvey before/after spray pair	nting
		• ρ _ε	display damaged part(s) during arts ordes the subject to confirm and party survey is on a "Withou	nation It Prejudice" basis
			o illegal inodification(s) is allowed upplementary item(s) must be re subject to final approval from Ir	esurveyed and
			knowledged by Repairer	
		Da		
_		Page 1	of 1 Total	\$1,489.5

Susan Lim

SLP Motoring Services.



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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Actual Drive
- 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

- 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 26/01/2023 16:44 (SGT) Reported by Driver **Date of Accident** 24/01/2023 11:40 (SGT) **Exact Location of Accident** 27 Leng Kee Rd, Singapore 159098 Additional Location Information **BANGKIT MINI CARPARK** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLU5191X

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **KWEK KEH HOE NRIC No** S1236078I **Email Address** JASON_HE_JIANXIONG@HOTMAIL.COM Mobile Phone No (Phone) +65-91141914 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Honda Model Civic Variant Exact purpose for which vehicle was being used at time of Private use

Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category **Transmission**

No - Claiming third party Private car **Auto**

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number

MSIG Insurance (Singapore) Pte. Ltd. A300714759QMY

DRIVER

CC

Name of Driver **NRIC No** Date Of Birth Occupation

HE JIANXIONG, JASON S8803722G 03/02/1988 Indoor

IMPORTANT NOTICE

SKETCH PLAN

- Please report correctly the details of the accident to speed up the claims process. 2. This Farm must be completed by the Policyholder and/or the Actual Driver.
- 3 Information provided must be as in this and accurate us possible. Any wifus 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 kability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Traffic Police Department for investigation. 5. This report will be forwarded by the insurers to the GLA 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
- 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 variate(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 lawyershaw 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 mile.
- (iv) administering my claims (including the making of correspondence, statements, involces, 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 und/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 have 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 linkth-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 Order's Symplifice (if policyhofder) Land & Time we (if driver is not the Witnes Joy Reporting Centre Personnel (Name as in NRIC/ID card)

