

ASS. REC. BY:

REF:

INC / 23000978/KV

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To inspect Vehicle No:

at Workshop m/s

Yee Auto

of

003A

Insured: SMC 3138Y

Policy No.

Claims No. MT/1207129-002

Sum Insured:

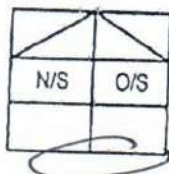
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value:

8103K

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

5 days

Res.: Yes or No

Lum Sum:

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SMF 3859 J Yr Regn: 11. 18

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Mit Outlander C.C. 1998

Colour

M.P. White A/C: Insured / Std / NI / NA

Sp. Reading

61668

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

GIF 7W 0600246

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD A/Rim or

Tyre Size:

F: Hapsen 225/35R18

R: TOYO

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal.

6 mm

R/Bal.

4 mm

L/Bal.

6 mm

L/Bal.

4 mm

D.O.A.

20/1/23

D.O.I.

31/1/2023

Survey held at

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

17/3/23 11:00 AM @ 4450L Car (red 14,683.10, 76%)

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2) 21/3/23-typist

Days Of Repair: 5

Resurvey No. of Trlp: 2

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation

S - RS. SI

Parking

Others

TOTAL

Report Format: TP

Lump Sum H.B.I: (\$ 4450)



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 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 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	27/01/2023 14:58 (SGT)
Reported by	Both
Date of Accident	20/01/2023 17:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	WOODLANDS CROSSING TOWARDS WOODLANDS CIQ
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMF3859J
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	JEFFERY YAP CHOON MING
NRIC No	S7178003A
Email Address	YAP.JEFFERY@HOTMAIL.COM
Mobile Phone No	(Phone) +65-90070999
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Outlander
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	2000

INSURANCE COMPANY

Name of Insurance Company	Auto & General Insurance (Singapore) Pte. Limited.
Policy Number / Cover Note Number	P10450812R02

DRIVER

Name of Driver	JEFFERY YAP CHOON MING
NRIC No	S7178003A
Date Of Birth	13/11/1971
Occupation	Indoor



Date Of Driving Pass	22/02/2008
Driving experience	14 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90070999
Alt. Phone Number	-
Email Address	YAP.JEFFERY@HOTMAIL.COM
Address	BLK 301C ANCHORVALE DRIVE #15-47
Address complement	-
Postcode	543301
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
Weather Conditions	AFTER RAIN
Road Surface	Wet

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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	5
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	NG HUI LENG
Gender	Female

PASSENGER 2

Name	SRI HATI
Gender	Female

PASSENGER 3

Name	JARERN YAP
Gender	Male

PASSENGER 4

Name	JAVIER YAP
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMC3138Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-

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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 companies.
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 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 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.
- (d) 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: 27/1/2023
2:05 PM

Driver's Signature

(If driver is not the policyholder)
Date & Time: 27/1/2023
2:05 PM

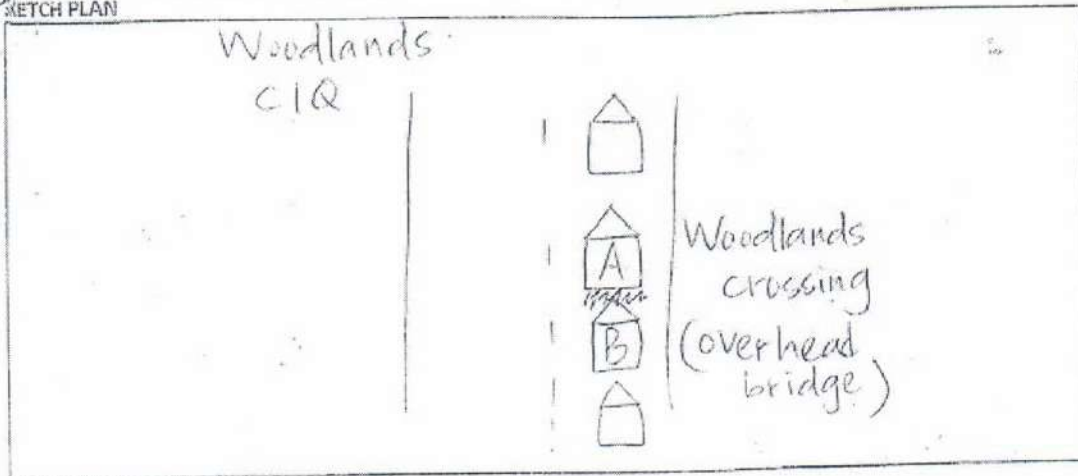


Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.:

Date of accident: 20/1/2023 Time: 5:00pm Location: Woodlands Crossing towards Woodlands C1Q
 Vehicle A: SMF 3859J Vehicle B: SMC 3138Y Vehicle C: _____

TP SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 20/1/2023 at 5:00pm I was driving my vehicle (A) SMF 3859J along Woodlands crossing towards woodlands C1Q. The traffic was heavy. In front of my vehicle stop and my vehicle also stop. Suddenly, the vehicle (B) SMC 3138Y cannot stop in time and hit onto my vehicle rear portion.

☐ Claim OD/TP at Ah Lim Motor ☒ Claim OD/TP at other workshop ☐ Reporting Only

Yee Auto Pte Ltd
 yeeautopteltd@gmail.com

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time:

GIARMC SketchPlanForm_V3

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

AH LIM MOTOR COMPANY



YEE AUTO PTE LTD

160 Sin Ming Drive #02-17/#07-12 Sin Ming AutoCity Singapore 575722

Tel: 6457 5768 Fax: 6252 8459 Mobile: 9687 4031

Email: yeeautopte ltd@gmail.com

Registration No.: 201719251W GST No: 201719251W

M/S : INCOME INSURANCE LIMITED
73 BRAS BASAH ROAD
#05-01 NTUC TRADE UNION HOUSE
SINGAPORE 189556

Estimate No: ES2300009

Date: 30 Jan 2023

Policy No:

Veh Reg No: SMF3859J

Make/Model: MITSUBISHI
OUTLANDER 2.0 CVT

Chassis No: GF7W0600246

Engine No: 4J11AA1411

Reg. Date: 08/11/2018

ATTN: Motor Claim Department *11 Day @ 4450/hr*

Your Ref No: -

Claim Type: Third Party

Accident Date: 20/01/2023

TP Veh Reg No: SMC3138Y

Not with claim
Money After Paim
5 days

Estimate Repair Cost to Vehicle No :SMF3859J

Description	U/Price	Quantity	List Price	Amount
			<u>SS</u>	<u>SS</u>
Net Price				
1 REAR WINDSCREEN SEALANT	60.00	1 PC	<i>Am</i> 60.00	<i>405N</i>
2 REAR NUMBER PLATE	60.00	1 PC	<i>Red</i> 60.00	<i>455N</i>
			120.00	120.00
Spare Parts				
3 REAR BUMPER <i>872</i>	1,280.20	1 PC	<i>Am</i> 1,280.20	<i>✓</i>
4 REAR BUMPER BRACKET - LH	145.00	1 PC	<i>Am</i> 145.00	<i>X</i>
5 REAR BUMPER BRACKET - RH	145.00	1 PC	<i>Am</i> 145.00	<i>X</i>
6 REAR BUMPER GARNISH (CENTER)	595.20	1 PC	<i>Am</i> 595.20	<i>X</i>
7 REAR BUZZER SENSOR	265.20	1 PC	<i>Am</i> 265.20	<i>X</i>
8 REAR BUMPER SIDE RETAINER - LH	95.00	1 PC	<i>Am</i> 95.00	<i>X</i>
9 REAR BUMPER SIDE RETAINER - RH	95.00	1 PC	<i>Am</i> 95.00	<i>X</i>
10 REAR BUMPER LOWER GARNISH (SILVER)	585.70	1 PC	<i>Am</i> 585.70	<i>X</i>
11 REAR BUMPER REFLECTOR - LH	245.10	1 PC	<i>Am</i> 245.10	<i>X</i>
12 REAR BUMPER REFLECTOR - RH	245.10	1 PC	<i>Am</i> 245.10	<i>X</i>
13 REAR BUMPER CLIPS	80.00	1 SET	<i>Am</i> 80.00	<i>✓</i>
14 REAR BODY END PANEL <i>588</i>	879.10	1 PC	<i>Am</i> 879.10	<i>✓</i>
15 REAR BODY PANEL TOP GARNISH	298.50	1 PC	<i>Am</i> 298.50	<i>X</i>
16 REAR TAILGATE <i>989</i>	2,289.70	1 PC	<i>Am</i> 2,289.70	<i>✓</i>
17 REAR TAILGATE WEATHERSTRIP	185.90	1 PC	<i>Am</i> 185.90	<i>X</i>
18 REAR TAILGATE LOCK <i>238</i>	485.10	1 PC	<i>Am</i> 485.10	<i>✓</i>
19 REAR TAILGATE OUTER GARNISH <i>466</i>	498.50	1 PC	<i>Am</i> 498.50	<i>✓</i>
20 REAR TAILGATE 'LOGO' EMBLEM <i>86</i>	102.00	1 PC	<i>Am</i> 102.00	<i>✓</i>
21 REAR TAILGATE 'OUTLANDER' EMBLEM <i>85</i>	103.20	1 PC	<i>Am</i> 103.20	<i>✓</i>
22 REAR TAILGATE 'MIVEC' EMBLEM <i>56</i>	95.10	1 PC	<i>Am</i> 95.10	<i>✓</i>
23 REAR TAILGATE ABSORBER - LH	315.00	1 PC	<i>Am</i> 315.00	<i>X</i>
24 REAR TAILGATE ABSORBER - RH	315.00	1 PC	<i>Am</i> 315.00	<i>X</i>
25 REAR TAILGATE INNER TRIMBOARD <i>312</i>	525.60	1 PC	<i>Am</i> 525.60	<i>✓</i>
26 REAR TAILGATE REFLECTOR - LH	475.10	1 PC	<i>Am</i> 475.10	<i>✓</i>
27 REAR TAILGATE REFLECTOR - RH	475.10	1 PC	<i>Am</i> 475.10	<i>X</i>
28 REAR WIPER MOTOR	525.60	1 PC	<i>Am</i> 525.60	<i>X</i>
29 REAR WINDSCREEN MOULDING	126.60	1 PC	<i>Am</i> 126.60	<i>✓</i>
30 TAIL LAMP LH	825.10	1 PC	<i>Am</i> 825.10	<i>X</i>
31 TAIL LAMP RH	825.10	1 PC	<i>Am</i> 825.10	<i>X</i>
32 SPARE WHEEL PANEL TOP COVER	255.00	1 PC	<i>Am</i> 255.00	<i>X</i>
33 EXHAUST MUFFLER <i>108</i>	1,286.30	1 PC	<i>Am</i> 1,286.30	<i>X</i>

AUTO WRECK



Name: *Mr. [illegible]*
 Address: *1111 [illegible]*
 City: *Los Angeles*
 State: *Calif.*
 Zip: *90001*
 Phone: *4-3500*
 Date: *10-1-58*
 Time: *10:00 AM*
 Location: *1111 [illegible]*
 Description: *1958 Ford [illegible]*
 Make: *Ford*
 Model: *Mustang*
 Year: *1958*
 Color: *Black*
 VIN: *8-4-2-5-0-1*
 License: *1A-2-3-4-5*
 Title: *1A-2-3-4-5*
 Insurance: *1A-2-3-4-5*
 Remarks: *1A-2-3-4-5*

Item	QTY	UNIT	PRICE	TOTAL
1	1	EA	10.00	10.00
2	1	EA	10.00	10.00
3	1	EA	10.00	10.00
4	1	EA	10.00	10.00
5	1	EA	10.00	10.00
6	1	EA	10.00	10.00
7	1	EA	10.00	10.00
8	1	EA	10.00	10.00
9	1	EA	10.00	10.00
10	1	EA	10.00	10.00
11	1	EA	10.00	10.00
12	1	EA	10.00	10.00
13	1	EA	10.00	10.00
14	1	EA	10.00	10.00
15	1	EA	10.00	10.00
16	1	EA	10.00	10.00
17	1	EA	10.00	10.00
18	1	EA	10.00	10.00
19	1	EA	10.00	10.00
20	1	EA	10.00	10.00
21	1	EA	10.00	10.00
22	1	EA	10.00	10.00
23	1	EA	10.00	10.00
24	1	EA	10.00	10.00
25	1	EA	10.00	10.00
26	1	EA	10.00	10.00
27	1	EA	10.00	10.00
28	1	EA	10.00	10.00
29	1	EA	10.00	10.00
30	1	EA	10.00	10.00
31	1	EA	10.00	10.00
32	1	EA	10.00	10.00
33	1	EA	10.00	10.00
34	1	EA	10.00	10.00
35	1	EA	10.00	10.00
36	1	EA	10.00	10.00
37	1	EA	10.00	10.00
38	1	EA	10.00	10.00
39	1	EA	10.00	10.00
40	1	EA	10.00	10.00
41	1	EA	10.00	10.00
42	1	EA	10.00	10.00
43	1	EA	10.00	10.00
44	1	EA	10.00	10.00
45	1	EA	10.00	10.00
46	1	EA	10.00	10.00
47	1	EA	10.00	10.00
48	1	EA	10.00	10.00
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64	1	EA	10.00	10.00
65	1	EA	10.00	10.00
66	1	EA	10.00	10.00
67	1	EA	10.00	10.00
68	1	EA	10.00	10.00
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76	1	EA	10.00	10.00
77	1	EA	10.00	10.00
78	1	EA	10.00	10.00
79	1	EA	10.00	10.00
80	1	EA	10.00	10.00
81	1	EA	10.00	10.00
82	1	EA	10.00	10.00
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91	1	EA	10.00	10.00
92	1	EA	10.00	10.00
93	1	EA	10.00	10.00
94	1	EA	10.00	10.00
95	1	EA	10.00	10.00
96	1	EA	10.00	10.00
97	1	EA	10.00	10.00
98	1	EA	10.00	10.00
99	1	EA	10.00	10.00
100	1	EA	10.00	10.00

15.70
 3035.20

4313.20



YEE AUTO PTE LTD

160 Sin Ming Drive #02-17/#07-12 Sin Ming AutoCity Singapore 575722

Tel: 6457 5768 Fax: 6252 8459 Mobile: 9687 4031

Email: yeeautopteLtd@gmail.com

Registration No.: 201719251W GST No: 201719251W

M/S : INCOME INSURANCE LIMITED
73 BRAS BASAH ROAD
#05-01 NTUC TRADE UNION HOUSE
SINGAPORE 189556

ATTN: Motor Claim Department

Your Ref No: -
Claim Type: Third Party
Accident Date: 20/01/2023
TP Veh Reg No: SMC3138Y

Estimate No: ES2300009
Date: 30 Jan 2023
Policy No:
Veh Reg No: SMF3859J
Make/Model: MITSUBISHI
OUTLANDER 2.0 CVT
Chassis No: GF7W0600246
Engine No: 4J11AA1411
Reg. Date: 08/11/2018

Estimate Repair Cost to Vehicle No :SMF3859J

Description	U/Price	Quantity	List Price	Amount
			SS	SS
			14,663.10	14,663.10
Labour				
34 TO DISMANTLE & REPLACE DAMAGED PARTS, PANEL BEAT WHERE NECESSARY.	1,600.00	1 JOB	1,600.00	600
35 TO PUTTY, APPLY PRIMER & SPRAY-PAINT ON THE AFFECTED PORTION.	1,500.00	1 JOB	1,500.00	600
36 TO APPLY RUST- PROOFING ON REPAIRED, REPLACED PANEL.	200.00	1 JOB	200.00	80
37 TO REMOVE/REFIT REAR WINDSCREEN TO FACILITATE REPAIRS.	200.00	1 JOB	200.00	120
38 TO REMOVE/REFIT REAR COMPARTMENT GARNISH TO FACILITATE REPAIRS.	250.00	1 JOB	250.00	60
39 TO REMOVE/TRANSFER TAILGATE COMPONENTS.	150.00	1 PC	150.00	60
40 TO REMOVE/RENEW REVERSE SENSOR.	150.00	1 JOB	150.00	50
41 TO REMOVE/RENEW EXHAUST MUFFLER.	200.00	1 JOB	200.00	X
42 TO CHECK WIRING FUNCTIONS.	100.00	1 JOB	100.00	20
			4,350.00	4,350.00
Total			SS 19,133.10	
Add GST @ 8%				1,530.65
Total Amount Payable				SS 20,663.75

TOTAL: SINGAPORE DOLLAR TWENTY THOUSAND SIX HUNDRED SIXTY THREE AND CENTS SEVENTY FIVE ONLY

For Yee Auto 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:

AUTHORISED SIGNATURE