ASS. REC. BY:	23001230/kgy3
11	ASSIGNMENT
From: Date:  Estimated Cost:	Veh No: SKL 314(1 V. Dans 10 13
OD // P/WS/TP RES/ OD RES/ EVA/ INV / MV	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or (A)
To Inspect Vehicle No:	Make: Toy Altis c.c 1598
at Workshop m/s Wei Lee	- AC: Insured / Std / NI / NA
insured:	Sp.Reading 26095) T/Radio: Insured / Std / NI / NA
Policy No.	Eng/No:
Claims No.	C/No: MR053R & E.10416607  Gen. Cond: 2600 Fair/Poor/Burnt
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: NII / S/Rim / STD A/Rim or
(Policy Condition)	Tyre Size: F: 185/65R13
Remark: The veh had commenced its repair at the time of inspection.  N/S O/S	BS DETRI EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
	TOYO/YOKO or
Bal. or Market Value: 21/C  IDAC Accident Rport: Consistent? : Yes or No.	Eroni Poor
	R/Bai. 9 mm R/Bai. 9
E-1 C	L/Bal. S mm L/Bal S
20)5 165 01 NO	D.O.A. 17/1/23 D.O.I. 6/2/2023
Tes or No	Survey held at
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Date: Person Contacted: Vehicle: IN / OUT	Verbrandsministering and the second s
Date / Time Action / Instruction	The U/C / Chassis frame / Body Structure affected due to collision.
1/2 /10 800	
11 1 mp 6 210de Cosh C	Red \$ 3585.79 63%)
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10.	
Onte/Timo, File Pass to? : Prell. Report	VI O( P
1) A 15/2 MMST - FIRST BOOM	ys Of Repair: 4
Cute/Fine, File Return to?	survey No. of Trip: / Survey Fee
Add Fee:	: Site Insp (\$
<i>→</i>	: Interview (\$
Report Format:	Tech love (\$
ump Sum / I.B.A. (S 2100	Weekend (\$
	)
	10.74

# WEI LEE MOTOR WORKS

BLOCK 9 SIN MING INDUSTRIAL ESTATE #01-32. SINGAPORE 575644. TEL: 6456 9830 • FAX: 6458 0128

Business Regn No: 269436/00J

Not Norhaire USing & 2100h Renny Afra Paing

#### 03 FEBRUARY 2023

Liberty Insurance PL 51 Club Street #03-00 Liberty House Singapore 069428

Attn: Motor claim dept-3rd party claim

Claiming against your insured vehicle no: YM9569C

Accident involving vehicle no: SKL3146A/YM9569C

DOA: 17/01/2023 at TAMPINES ROAD

Dear officer in charge

Estimate cost of repair for vehicle no: SKL3146A

To supplied:

p .	Qty	Amount
1300/0	m 1	482.00
n	2	145.40 X
	1	m 117.50
Pm.	2	74.40
R	7 1	754.30
n	11	96.50
ß	n 2	116.60
		332.98
1	e 1	32.10
1	- 1	38.40
		45.00
		44.10
P	1	175.35
		702.90
	1	N 581.20
	1	185.20
MI P.	2	
13 14	. 2	563.80
		4,487.73
		3,365.79
		Sve / em 1

#### 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:

1. Reverse sensor

2. Remove damaged parts & attachments Cut/weld damaged panel Repair dented area Replace/realign all parts into same position

3. To spray paint

220.00 2005n

1,100.00 5001

1,000.00 6001

5,685.79

#### > Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars		
Owner ID Type:	Company	
Owner ID: Vehicle Details	813C	
Vehicle No.:	SKL3146A	
Vehicle to be Exported:	Yes	
Intended Deregistration Date:	27 Feb 2023	
Vehicle Make:	TOYOTA	
Vehicle Model:	COROLLA ALTIS 1.6 A	
Primary Colour:	Silver	
Manufacturing Year:	2013	
Engine No.:	1ZRX330658	
Chassis No.:	MR053REE104166071	
Maximum Power Output:	90.0 kW (120 bhp)	
Open Market Value:	\$15,897.00	
Original Registration Date:	28 Oct 2013	
First Registration Date:	28 Oct 2013	
Transfer Count:	1	
Actual ARF Paid: Intended PARF Rebate Details	\$15,897.00	
PARF Eligibility:	Yes	
PARF Eligibility Expiry Date:	27 Oct 2023	
PARF Rebate Amount: Intended COE Rebate Details	\$7,948.00	
COE Expiry Date:	27 Oct 2023	
COE Category:	A - Car (1600cc & below)	
COE Period(Years):	10	
QP Paid:	\$85,000,00	
COE Rebate Amount:	\$5,666.00	
Total Rebate Amount:	\$13,614.00	

The information contained herein is correct as at 03 Feb 2023

SN07231H0007 / Income Insurance Limited ENTRY DATE & TIME: 17/01/2023 11:22 (SGT) SUBMITTED BY: Ahmad Sufiyan Assuri Bin Mustaffa VERSION: 1 (17/01/2023 11:22 (SGT))

### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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 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 17/01/2023 11:22 (SGT) Reported by Driver Date of Accident 17/01/2023 07:40 (SGT) Exact Location of Accident Singapore Additional Location Information TAMPINES ROAD Country/State of Loss Singapore

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

Vehicle Registration Number **SKL3146A** 

#### INSURED/POLICYHOLDER

Is company? Name Of Registered Owner
Company Reg No KH LEASING PTE. LTD. 201611813C Email Address KAHUPLEASING@GMAIL.COM Mobile Phone No (Phone) +65-90690032 Alternative Phone No

#### VEHICLE PARTICULARS

Manufacturer Model **COROLLA ALTIS** Variant Exact purpose for which vehicle was being used at time of Private hire Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Private hire Transmission Auto 1600

#### INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5129566682

#### DRIVER

Name of Driver GOH CHENG HONG S6907195C Date Of Birth 24/02/1969 Occupation Outdoor

Date Of Driving Pass 27/10/1998 Driving experience ..... 24 YEARS AND 3 MONTHS Gender Male (Phone) +65-88209020 Mobile Number Alt. Phone Number KAHUPLEASING@GMAIL.COM Email Address **BLK 264A PUNGGOL WAY** Address Address complement ..... #17-300 Postcode 821264 Is the driver the policyholder? No If No. Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Collision - Head to Rear Type of Accident Weather Conditions Clear Road Surface Dry 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) 2 Has the driver been approached by unknown person(s) No 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 **ASHWINI** Name Gender Female DETAILS OF POLICE ACTION Was the accident reported to the police? Toa Payoh Neighbourhood Police Centre Police Station Name (Phone) +65-18002519999 Police Station Phone No Alt. Police Station Phone No (Fax) +65-63548749 93 Toa Payoh Central Toa Payoh Community Building #01-02 Police Station Address Singapore 319194 Was notice of intended Prosecution given? No If yes, against whom?

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO POLICE REPORT AND SKETCH PLAN

#### ATTACHMENT(S)

 Yes

EMAIL TO MOTORVIDEO@INCOME.COM.SG

#### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number Vehicle Manufacturer	YM9569C
Vehicle Model	_
Vehicle Variant	-
Vehicle Colour	_
Vehicle Category	Commercial vehicle
Name of Driver	UNKNOWN
Contact Number	-
Address	_
Address complement	_
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
	-
Details of property damaged in accident	CH.
No. Of Passenger (Including Driver)	1

#### WITNESS DETAILS

WITNESS 1

Name AHMAD
Phone (Phone) +65-97333453

Email ......

#### 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.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudate 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 Traffic Police Department for investigation.
- 8. 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.
- 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 aforesald.
- 8. Consent under the Personal Data Protection Act (PDPA)

funderstand, 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) sarrying out and/or dealing with my instructions or responding to any enquiries by me
- (N) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve discourse 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")

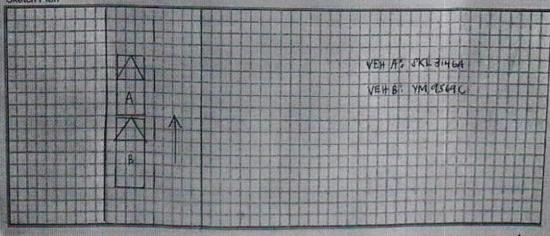
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes, and

(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 saed outside of Singapore, for one or more of the above Purposes.

17 01 2023 1130 000

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Sketch Plan



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Declaration I/We declare the	foregoing particulars are true in eve	cy rospect.			



## SINGAPORE POLICE FORCE



Date of Expiry:

Police Station Of Origin: Toa Payoh N.P.C 93 Toa Payoh Central #01-02 Toa Payoh Community Building SINGAPORE 319194 Tel No: 1800-2519999

Report No. T/20230117/2023

#### REPORT OF A TRAFFIC ACCIDENT

17/01/20:	23 10:11	lade:	Vide Report No.: F/20230117/0035	Station Diary No.
Informar	t's Partice	ulars		196
Name of GOH CH	Informant: ENG HON		Address: APT BLK 264A PUNGGOL V 821264	VAY #17-300 SINGAPORE
NRIC NO	ID No.: / S690719	95C	Contact No.: Home/Office:	Mobile: 88209020
Nationality: SINGAPORE CITIZEN		EN	Email:	MOUNE, 86209020
Sex: Male	Age: 53	Date of Birth: 24/02/1969	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupati Marketin	on: g manager		Driving Licence Information: Class:	Date of Expiry:

Type of Accident:	Non-Injury Attended by Police	Orink Drive: No	Date/Time of Accident: 17/01/2023 07:40	Type of Location
Location: TAMPINES R Weather:	OAD	Road Surface:		Road Speed Limit:
Clear Traffic Flow:		Dry Traffic Control:		Traffic Volume:
Trainc Flow:				Heavy

Details of V	phicle involve	ed			and the second	The second second
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
SKL3146A	Car		1790			1
YM9569C	Lorry					0

No. or recesurans injured. Nic.	Use of Pedestrian Crossing: NA
No of Dodostrians Injured: NII	Use of Periodica o
Any Pedestrian Involved: No No. of Pedestrians Injured: NIL	
Details of Person Involved	



Police Station Of Origin: Toa Payon N.P.C 93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194 CONTINUATION OF REPORT Tel No: 1800-2519999



Report No. 7/20230117/2023

Name	GOH CHENG HONG		ID No.	S6907195C
Related Vehicle	NIL		Contact No.	88209020
Hospital/Clinic	NIL		Class of Driving	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disc	Licence & Expiry Date	

#### Brief Details.

I am a part time Grab Driver, I rented my car from Grab.

On 17/1/2023 at about 7.40am, I was driving my car (SKL3146A) along Tampines Rd going towards KPE. While I was driving along the slip road to enter KPE, the traffic was heavy and the vehicle infront of me stopped, I also came to a stop, near lamppost 106S7. About 5 seconds after my car stopped, I felt an impact from the rear of my car. I alighted and I saw that a lorry (YM9569C) had hit onto the rear of my car. There was a passenger in my car and she said she was fine. The lorry driver told me that he would stop to the cide but instead by driver away without stopping. at the side but instead he drove away without stopping.

Traffic Police and Ambulance came to the incident. No one was conveyed to hospital. I have yet to see a

There is a witness whose car camera had captured the incident. Witness detail: Ahmad 97333453



Police Station Of Origin: Toa Payoh N.P.C 93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194 CONTINUATION OF REPORT
Tel No: 1800-2519999



Report No. T/20230117/2023

Alle

#### Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report:

SGT 3 SATHISH KUMAR S/O TAMBI RAJAH

Signature Of Interpreter: Not applicable

Officer In Charge Of Case: TP / GIT / SI MOHAMMED FEROZ BIN HUSSIEN Contact No.: 65476206

NP168

Signature Of Informant:

Date/Time: 17/01/2023 10:11

Classification Of Case: