ASS. REC. BY:	30014631K
Kenneth ASS	SIGNMENT
From: Date:	Veh No: Stw 8859 Kyr Regn: 03, 20
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxl / Prime Mover /
OD/TP/WS/TP RES/OD RES/EVA/INV/MV	Truck / Traller or
To inspect Vehicle No:	Make: Tuy Rev 4 c.c 1987
at Workshop m/s Yec	Colour M. P. White AC: Insured / Std / HI / NA
in of	
is Insured:	Eng/No:
Policy No.	C/No: JTMY 43 FV 30 J 025111
Claims No.	Gen. Cond: Good 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
	Tyre Size: F:
(Policy Condition)	R: US/60R/6
Remark: The veh had commenced its N/S O/S	
repair at the time of inspection.	BS I DUN I EXNOVA I GY I FS I LIZA I MIC I OHTSU I PIR I SUMI I TOYO I YOKO or
Bal. or Market Value:	
IDAC Accident Rport: Consistent? : Yes or No	Fron! 7 Rear
	R/Bal. / mm R/Bal. / mm
7	L/Bal. 7 mm L/Bal. 7 mm
Est. Repairs: O 2 days Res.: Yes or No	D.O.A. 9/1/23 D.O.I. 13/2/2023
Lum Sum: //3// % 3 Val.: Yes or No	Survey held at
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Vehicle: IN / OUT	18 187
Date:Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	
0.	
41	
₹€	
7	
Onto/Time, File Pass to?	
. Freii. Report	ys Of Repair:
	survey No. of Trip; Survey Fee:
Cata/Time, File Return to?	Transportativa
Add Fee:	: Site Insp (\$ )_s - RSSI
·	Intention (S
oport Format :	Took laws (\$
·	<b></b>
ump Sum / I.B.I: (\$	Weekend (\$



# EE 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: First Capital Insurance Ltd

> 36 Robinson Road #16-01 City House

Singapore 068877

ATTN: Motor Claim Department

Not Notheries
Resmy Ath Pains
2 day,

**Estimate No:** 

ES2300018

09 Feb 2023

Policy No:

Veh Reg No:

SKW8859K

Make/Model:

**HONDA VEZEL 1.5X** 

**CVT** 

Your Ref No:

Claim Type: Accident Date: TP Veh Reg No:

Third Party 09/01/2023 SMB1371H Chassis No: Engine No:

Date:

RU11103965 L15B4023969

Reg. Date:

19/11/2015

Estimate Repair Cost to Vehicle No :SKW8859K

-	Description	U/Price	Quantity	List Price	Amount
	Spare Parts			<u>\$\$</u>	<u>SS</u>
1	FRONT BUMPER	1,280,20	1 PC	n ₁,280,20 x	
2	FRONT BUMPER CLIPS	60.00	1 SET	~~ 60.00 X	
3	FRONT BUMPER LAMP - LH	205.10	1 PC	205.10 X	,
4	FRONT BUMPER LAMP COVER	95.20	1 PC	95.20	
5	FRONT BUMPER LOWER GARNISH - LH	215.50	1 PC	215.50	
6	FRONT BUMPER SIDE RETAINER - LH	97.20	1 PC	97.20	
7	FRONT FENDER - LH	747.00	1 PC	A 747.00 1	
8	FRONT FENDER ARCH GARNISH	265.20	1 PC	€ 265.20 -	
9	FRONT FENDER INNER SHIELD - LH	225.00	1 PC	° 225.00 ⊀	
10	FRONT FENDER INNER SHIELD CLIPS - LH	80.00	1 SET	223.00 x 80.00 x	
11	HEAD LAMP - LH	1,975,15	1 PC	00.00	
	25%	1,975.15	IPC -	1,975.15 X	
	1			5,245.55	5,245.55
	Labour				
	TO DISMANTLE & REPLACE DAMAGED PARTS, PANEL BEAT WHERE NECESSARY.	1,200.00	1 JOB	1,200.00	501
13 T	TO PUTTY, APPLY PRIMER & SPRAY-PAINT ON THE AFFECTED PORTION.	1,000.00	l JOB	1,000.00	201
	O APPLY RUST- PROOFING ON REPAIRED, REPLACED ANEL.	80.00	1 JOB	nn 80.00 )	<
5 T	O CHECK WIRING FUNCTIONS.	50.00	1 JOB	~~50.00	X
				2,330.00	2,330.00
				Total	00 7 676 6

LKK Auto Consultants hence notify the Repairer of the following:

To resurvey before/after spray painting

TOTAL: SINGAPORE DOLLAR EIGHT THOUS NORMALION HUNDRED E GHTY ONE AND CENTS FIFTY NINE ONLY

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:

Total S\$ 7,575.55 Add GST @ 8% 606.04 **Total Amount Payable** S\$ 8,181.59

For Yee Auto Pte Ltd

AUTHORISE

\$L0M231G000A / Lai Huat (Meng Kee) Motor Pte Ltd ENTRY DATE & TIME: 16/01/2023 18:09 (SGT) SUBMITTED BY: LHMK-3 VERSION: 1 (16/01/2023 18:09 (SGT))

# **©** SINGAPORE ACCIDENT STATEMENT

#### 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
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding or material racis 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 Invastigation.

  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 16/01/2023 18:09 (SGT) Reported by Driver Date of Accident 09/01/2023 07:40 (SGT) **Exact Location of Accident** MacPherson Rd, Singapore Additional Location Information **Towards PIE** Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Toyota

1987

Vehicle Registration Number SKW8859K

### INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner TAN TZE CHIANG NRIC No S7311113G **Email Address** akat88@yahoo.com.sg Mobile Phone No (Phone) +65-98519987 Alternative Phone No

# VEHICLE PARTICULARS

Manufacturer

Model Rav4 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? No - Claiming third party Vehicle Category Private car **Transmission** Auto

# **INSURANCE COMPANY**

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Policy Number / Cover Note Number 2070036409-02

# DRIVER

CC

lame of Driver KOH AI TENG (XU AITING) RIC No S7831810D ate Of Birth 05/11/1978 ccupation Indoor

# SKETCH PLAN

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. 2. This Form must be completed by the Collection of the Collection
- insurance companies to repudiate policy liability. insurance companies to resource of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

  4. The issue and acceptance of this Form by insurance companies, the companies of the companies
- Any false reporting may be referred to the Traffic Police Department for investigation. Any false reporting may be referred to the GIA Records Management Centre established by the General Insurance Association of This report will be forwarded by the insurance Association of
- This report will be forwarded by the state of this report will for a fee be made available upon application by interested parties.

  Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties. Singapore (GPA) for a series of the insurers, you hereby consent to the archiving of this report at the centre and to copies of the 7. By the lodgement 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:

understand, accumingly and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose (a) My insurer, my transfer my personal data/personal information set out in this (form) and any other personal information provided by me or and/or process my personal information and disclose and transfer such Personal Information to all insurer(s) possessed of the posses who have insured 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:

government agents.

(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims:

- investigating the accident and/or my claims:
- ii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve sclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail ckages); and/or

complying with applicable law in administering, processing, handling and/or dealing with my claims. liectively the "Purposes")

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

y Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents ding their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Criver's Signature (indriver is not the policyholder) / Date 8 Time

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card) SOH JVT HOON

Plan Macpherson road