ASS. REC. BY:	3001532/KE			
AGG. NEG. DT.	GNMENT			
MERNETA	1 170,8210 02.19			
From: Date:	Veh No: J J P 0 30 C Yr Regn: U-31 / Type: McCar' M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /			
Estimated Cost:	Truck / Trailer or			
OD TP WS I TP RES I OD RES I EVA I INV I MY	1 4			
To Inspect Vehicle No:				
at Workshop m/s Falses	75.47			
୍ of	Sp.Reading 48956 T/Radio: Insured / Std / NI / NA			
Insured:	Eng/No:			
Policy No.	CNO: GK3 · 1344112			
Claims No.	Gen. Cond: 200d / Fair / Poor / Burnt			
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or			
(Cfient's Record)	Brake: Inorder / Jammed / Leaked / Burnt or			
Make of Veh:	Modi: Nil / S/Rim / STD A/Rim or			
	Tyre Size: F: 175/70R16			
(Policy Condition)	R:			
Remark: The veh had commenced its N/S O/S repair at the time of inspection.	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /			
	TOYO / XOKO or			
Bal. or Market Value: 3 76%	<u>Front</u> Rear			
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 9 mm R/Bal. 9 mm			
GIA / PR Seen: Consistent?: Yes or No	L/Bal. 5 mm L/Bal. 59 inm			
Est. Repairs: 03 days Res.: Yes or No	D.O.A. 10/2/23 D.O.I. 27/7/2023			
Lum Sum: 1.B1 % 3 Val.: Yes or No	Survey held at			
Lorn Som. 772/ % 5 Val 165 Of 16				
CA / REV / REP. / 24 HRS Vehicle: IN / OUT	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or			
Date:Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.			
Date / Time Action / Instruction				
"				
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Data/Time, File Pass to? : Prell. Report	ays Of Repair:			
	esurvey No. of Trip; Survey Fee:			
Outa/Time, File Return to?	Transportation			
Add Fee:	: Site Insp (\$)s - Rssi			
The second of the second	: Interview (\$), First			
<i>k</i> *	The state of the s			
eport Format :	Tech Invs (\$) Ohns			
ump Sum / I.B.I: (\$	Weekend (\$			

Co. Reg. No.: 199501140D GST Reg. No.: 199501140D



TAN NAN YANG GABRIEL C/O 176 SIN MING DRIVE #01-06/07 SIN MING AUTOCARE 575721

Attention: Motor Claim Department

Contact: 94557400

Punny Bany

Salay

Estimate: ES0125

Date: 18/02/2023

Vehicle Num.: SJP 836C

Make/Model: HONDA Fi
Chassis/Eng#: L13B1452!

Accident Date: 10/02/2023

Estimate: ES012579

Date: 18/02/2023

Make/Model: HONDA FIT 1.3 GF CVT-2018/2019

Chassis/Eng#: L13B1452544 Accident Date: 10/02/2023

Claim No. :

Reference: TP - INCOME AGT MS FIRST CAP

Policy No.: 5116174830-02

S/N	Quantity	Particular	Unit Price	Amount S\$	
1. 2.	1 PC 1 PC	LIST ITEMS : REAR BUMPER LH REAR BUMPER RETAINER	Pull	7 723.30 X	į
		List TotalS\$: 20.00% Discount S\$:		901.30 180.26	
				721.04	
1.	1 SET	SPECIAL NETT ITEMS : REAR BUMPER CLIP		Mr. 60.00	_
		Special Nett Total S\$:		60.00	
		LABOUR: TO REMOVE/REFIX REVERSE SENSOR TO REPAIR LH REAR FENDER INCLUDING REPLACEMENT OF PARTS TO SPRAY PAINT LH REAR FENDER, REAR BUMPER		50.00 25 480.00 25 600.00 &	- 01 01
		Labour Total S\$:		1,130.00	

E. & O.E.

Total S\$:

1,911.04

for FALCON AIR AUTO SERVICES PTE LTD

The qualation was prepared from visual inspection. Futher materials and labour company to the proving inspection of the proving inspection of the proving inspection of the proving inspection. commences. We will advise you accordingly.

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:

FALCON - AIR AUTO SERVICES PTE LTD (a subsidiary of Falcon-Air Holdings Pte Ltd)

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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 witholding of material facts may allow insurance companies to repudiate control in the policy liability. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding or material facts may allow insurance companies to repudiate policy liability.
 The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
 Any false reporting may be referred to the Police for investigation.
 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.
 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

11/02/2023 11:03 (SGT)

10/02/2023 18:20 (SGT)

Singapore

Singapore

Both Policyholder and Actual Driver

ANG MO KIO AVE 6 TO AVE 3

Date of Submission Reported by **Date of Accident Exact Location of Accident** Additional Location Information Country/State of Loss

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJP836C

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner TAN NAN YANG GABRIEL NRIC No SXXXX522I Email Address silly89@gmail.com Mobile Phone No (Phone) +65-94557400 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Honda Model Fit 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 1300

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5116174830-02

DRIVER

Name of Driver TAN NAN YANG GABRIEL NRIC No SXXXX522I Date Of Birth 14/02/1989 Occupation Indoor

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 Authorised 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. 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 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.
- 8. Consent under the Personal Data Protection Act(PDPA)

I understand, acknowledge, agree and consent that :

- (a) My insurer, my w orkshop 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) w ho have insured vehicle(s) involved in this accident (all insurer(s) w ho have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' law yers/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 daims:
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing w ith 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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposs

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

Witnessed by Reporting Centre Personnel

Sketch Plan SJP & 36C SBS 64095