SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

 Please report <u>correctly</u> the details of the accident to speed up the claims process.
 This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>
 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 Reported by Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss

17/02/2023 11:15 (SGT) Driver 16/02/2023 14:00 (SGT) PIE, Singapore

PIE TOWARDS CHANGI AIRPORT, AFTER KIM KEAT EXIT

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SHD6368J

Yes

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No Email Address Mobile Phone No.

Strides Taxi Pte Ltd 1XXXXXX369K AUTO-SVCS-TARC@SMRT.COM.SG (Phone) +65-68662671 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Model Variant Exact purpose for which vehicle was being used at time of

accident Are you claiming under your own insurance policy for repair to your vehicle?

Vehicle Category Transmission CC

Toyota Prius

Auto

1800

No - Claiming third party Taxi

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number MS First Capital Insurance Ltd D-22099115MFSH

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

SIN WAI MENG SXXXX991F 14/01/1960 Outdoor



Date Of Driving Pass 19/07/1984 Driving experience 38 YEARS AND 7 MONTHS Gender Mobile Number (Phone) +65-68662672 Alt. Phone Number Email Address AUTO-SVCS-TARC@SMRT.COM.SG Address Address complement Postcode Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Hirer 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 Chain Collision
Weather Conditions Clear
Road Surface Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 4 Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Yes Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 2 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 SUE Gender Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Police Station Name

Police Station Phone No

Police Station Address

Woodlands East Neighbourhood Police Centre
(Phone) +65-18007679999

3 Woodlands Drive 63 Singapore 737890

No

If yes, against whom?

-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT - T/20230216/2070

ATTACHMENT(S)

Are accident photos available for attachment?

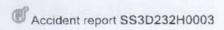
Was there any video captured by Car Camera?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SJH9707A



Vehicle Manufacturer Vehicle Model

-Vehicle Variant Vehicle Colour

Vehicle Category 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)

Toyota Prius

Private car **JENNIFER**

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

Vehicle Manufacturer Vehicle Model Vehicle Variant

Vehicle Colour

Vehicle Category 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)

SBN9800B

Private car

WONG

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

Vehicle Manufacturer Vehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Category

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)

SLR9782E

Private car

INJURED PERSONS DETAILS

INJURED 1

Name of injured person

Gender Phone No Address

Address Complement Post Code

Approximate Age Years Old Injuries Sustained

Injured person in which vehicle?

Were seat belts worn?

UNKNOWN

SLR9782E

| Was this injured conveyed to hospital by ambulance? | Yes |
|---|--------------|
| INJURED 2 | |
| Name of injured person | |
| Gender | |
| Phone No | |
| Address | |
| Address Complement | |
| Post Code | |
| Approximate Age Years Old | |
| Injuries Sustained | |
| Injured person in which vehicle? | |
| Were seat belts worn? | |
| Was this injured conveyed to hospital by ambulance? | No |
| INJURED 3 | |
| Name of injured person | SIN WAI MENG |
| Gender | |
| Phone No | |
| Address | |
| Address Complement | |
| Post Code | |
| Approximate Age Years Old | |
| Injuries Sustained | |
| Injured person in which vehicle? | SHD6368J |
| Were seat belts worn? | |
| Was this injured conveyed to hospital by ambulance? | No |

WITNESS DETAILS

WITNESS 1

Name SUE Phone - 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 Drivet.
- Information provided must be as <u>truthful</u> and <u>accurate as possible</u>. Any wiful misrepresentation of withholding of material facis may allow insurance combanies to <u>repudiate policy liability</u>.
- 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.

- 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.
- By the ladgement 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.

6. 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 date-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 Tawyers/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.

- (ir) 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 making 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 envelopos/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 addition 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 lavyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

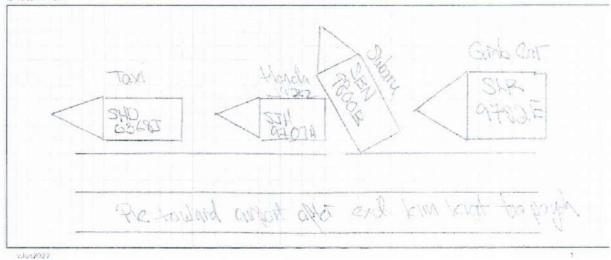
Policyholder's Signature / Date & Time

Actual Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personne (Name as in NRIC4D card)

Mr 16.2 2023

Sketch Plan



| cribe Circumstance of the Accid | ent | | | | |
|--------------------------------------|--|------------------------------|-----------------------------|-------|------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| eclaration | | | | | |
| Ve declare the foregoing particular | A | | | | |
| | (h) | 16223 | | lun i | 6.2.20x |
| olicyholder's Signature / Date & Tin | ne Actual Driver Silign / Date & Time | nature (if driver is not the | policyholder) Witne (Nam | | Centre Personnel |
| | | | | | |



SMRT Accident Vehicle Repair Estimates

60 Woodlands Industrial Park E4, Singapore 757705

FAX Number : 63685592

Estimator Telephone Number: 68662623

Accident Reporting Number : 68662672

Date Generated : 17/02/2023

: BoonChewTay

| Section A - Accident Details | | | | | |
|------------------------------------|----------------------|--|--|--|--|
| Registration Number | SHD6368J | | | | |
| ase Reference Number | TAX/02/23/2033 | | | | |
| Registration Date | 26/12/2019 | | | | |
| Company Type | Strides Taxi Pte Ltd | | | | |
| /lake | TOYOTA | | | | |
| Andel | PRIUS4FL | | | | |
| lame of Driver | SIN WAI MENG | | | | |
| ype of Accident | Head to Rear | | | | |
| Accident Date and Time | 16/2/2023 2:00 PM | | | | |
| ccident Reported Date and Time | 16/2/2023 4:18 PM | | | | |
| s Surveyor Required? | No | | | | |
| Survey by | | | | | |
| /ehicle is Towed Back? | No | | | | |
| owed Back Date and Time | | | | | |
| Replacement Vehicle issued? | No | | | | |
| ob Card Number | 24117650 | | | | |
| special Instruction to ARC, if any | TP/ REAR PORTION | | | | |
| repared Date and Time | 17/2/2023 10.43 AM | | | | |
| hassis Number | d d | | | | |
| Alleage | | | | | |
| Vork Shop | | | | | |
| Repair Completion Date and Time | | | | | |

| Quotation from ARC | Adjusted by Surveyor, if applicable |
|---------------------|---|
| \$1,014.00 | \$0.00 |
| \$1,296.00 | \$0.00 |
| \$6,184.70 | \$0.00 |
| \$500.00 | \$0.00 |
| \$8,994.70 | \$0.00 |
| \$9,000.00 | \$0.00 |
| 6.0 | 2days |
| Boon Chew Tay | |
| 17/02/2023 11:07 AM | |
| × | × |
| | |
| | \$1.296.00 \$6,184.70 \$500.00 \$8,994.70 \$9,000.00 6.0 Boon Chew Tay 17/02/2023 11:07 AM |

| Section C - Quotation and Accident Invoice Details | | | | | | |
|--|----------------|--|--|--|--|--|
| Luotation Number | Invoice Number | | | | | |
| luotation Date | Invoice Date | | | | | |
| tvoice Amount | Prepared Date | | | | | |

Page 1 of 3

Kenserh (lkk)

L/Smp

LKK Auto
the Repair

To resurvey
To display o
Parts prices

Not Authorn

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:

Pate:



SMRT Accident Vehicle Repair Estimates

SMRT Automotive Services Pte Ltd

60 Woodlands Industrial Park E4, Singapore 757705

FAX Number : 63685592

Estimator Telephone Number: 68662623

Accident Reporting Number : 68662672

Date Generated: 17/02/2023

User ID : BoonChewTay

| ov nedino | METERS. | DINE NOTE | Section | on D - Deta | ils of Repair E | stimates | | | The State of the Line of the L |
|-----------------------|----------------|-------------------|--|---------------|-----------------|--------------|---|------------------------|--|
| art 1 - Labou | ur Works | | | | | | | | |
| ob Scope | | | | Quotation fr | om AR | | | Adjusted by Surveyo | r, if applicable |
| O REPAIR REAR PORTION | | | | \$1,014.00 | | 2001 | | | |
| otal Labour | | F Later | | \$1,014.00 | | 2001 | | | |
| art 2 - Spray | Painting & P | anel Beating Rela | ted Works | | | MA LA | | | CHILDREN LINE |
| ob Scope | | | | Quotation f | rom ARC | | | Adjusted by Surveyo | or, if applicable |
| O RESPRAY REAR BUMPER | | | | | | 2001 | Intelligence of the last | | |
| O RESPRAY REAR PANEL | | | | | | * | | | TELL SO |
| O RESPRAY | TAIL GATE | | | \$378.00 | | × | | | |
| O RESPRAY | TAILGATE OUT | SIDE GARNISH | | \$180.00 | | 1501 | | | |
| O RESPRAY | REAR SPOILER | 3 | | \$180.00 | | X | | | |
| otal Spray Pa | inting & Panel | Beating | | \$1,296.00 | | ACA. | | | |
| art 3 - Other | Costs - Accid | dent and Accident | Repair Related Expens | ie | ALLE WAR | | No. of Control | NAME OF TAXABLE PARTY. | |
| ob Scope | | | | Quotation for | rom ARC | | | Adjusted by Surveyo | or, if applicable |
| O WASH AND | VACUUM | | | \$60.00 | | × | | | |
| O CHECK WIF | RING AND SYS | TEM FUNCTION | | \$120.00 | | 201 | | | |
| O APPLY RUS | ST-PROOFING | ON AFFECTED ARE | A | \$100.00 | | X | | | |
| O TEST AND | REFIX REVERS | SE SENSOR SYSTE | M | \$120.00 | | 501 | | | |
| O REPLACE S | SUNDRY PART | S | | \$100.00 | | X | | | |
| otal Other Co | sts | | | \$500.00 | | | | | |
| art 4 - Spare | Parts / Mater | rial Usage | ANYEOLOGICAL | III ENGLI | | 124 17/159 | | | |
| art Number | Portion | Stock Number | Part Name | Quantity | List Price (\$) | Discount (%) | Final Price (\$) | Estimator Approved | Surveyor Approved |
| | | | Control of the last | | | | 12-13-12-12-12-12-12-12-12-12-12-12-12-12-12- | | , |
| | | 52023-47030 | REAR BUMPER REINFORCEMENT | 1,00 | \$360.10 | 25.00 | \$270.08 | Replace | 9 2 |
| | | 52159-47927 | COVER, RR BUMPER ASSY | 1.00 | \$525.40 | 25.00 | \$394.05 | Replace | RI RX |
| | | 52462-47130 | PAD, RR BUMPER, RH & LH . 3 | 2.00 | \$12.00 | 25.00 | \$18.00 | Replace | an X |
| | | 52462-47030 | PAD, RR BUMPER, RH & LH , 2 | 2.00 | \$4.30 | 25.00 | \$6.45 | Replace | inx |
| | | 52462-47020 | PAD, RR BUMPER, RH & LH , 1 | 2.00 | \$4.30 | 25.00 | \$6.45 | Replace | an X |
| | | 52461-47070 | PAD, RR BUMPER, CTR | 3.00 | \$12.00 | 25.00 | \$27.00 | Replace | nn X |
| | | 52191-47030 | SEAL, RR BUMPER ARM, RH & LH | 2.00 | \$12.30 | 25.00 | \$18.45 | Replace | Pn x |
| | | 52599-68030 | STOPPER, RR BUMPER, RH & LH | 2.00 | \$4.80 | 25.00 | \$7.20 | Replace | In X |
| | | 52575-47060 | RETAINER, RR BUMPER, RH | 1.00 | \$143.60 | 25.00 | \$107.70 | Replace | In X |
| | | 52570-47060 | RETAINER, RR BUMPER, LH | 1.00 | \$143.60 | 25.00 | \$107.70 | Replace | Pn X |
| | | 52591-47080 | SEAL, RR BUMPER , RH | 1.00 | \$128.00 | 25.00 | \$96.00 | Replace | an x |
| | | 52592-47080 | SEAL, RR BUMPER . LH | 1.00 | \$128.00 | 25.00 | \$96.00 | Replace | in X |
| | | 52161-16010 | CLIPS PIECE, FRT & RR BUMPER | 10.00 | \$4.80 | 25.00 | \$36.00 | Replace | nn X |
| | | 52453-47900 | GUARD, RR BUMPER, LOWER | 1.00 | \$405.00 | 25.00 | \$303.75 | Replace | nell los - |
| | | 52169-47070 | COVER, GUARD RR BUMPER LOWER | 1.00 | \$23.90 | 25.00 | \$17.92 | Replace | Sn 1 |
| | | 81910-47030 | REAR BUMPER REFLECTOR ASSY, REFLEX, RH | 1.00 | \$42.20 | 25.00 | \$31.65 | Replace | su x |
| | | 81920-47030 | REAR BUMPER REFLECTOR ASSY, REFLEX, LH | 1.00 | \$42.20 | 25.00 | \$31.65 | Replace | Pux |

Page 2 of 3

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 approver from insurance Company



SMRT Accident Vehicle Repair Estimates

SMRT Automotive Services Pte Ltd

60 Woodlands Industrial Park E4, Singapore 757705

FAX Number : 63685592

Estimator Telephone Number : 68662623

Accident Reporting Number : 68862672

Date Generated : 17/02/2023

: BoonChew⊺ay

| ert Number | Portion | Stock Number | Part Name | Quantity | List Price (\$) | Discount (%) | Final Price (\$) | Estimator Approved | Surveyor Approved |
|------------|----------------|--------------------|--|----------|-----------------|--------------|------------------|--------------------|------------------------|
| | | 9018906029 | REAR BUMPER GROMMET SCREW | 1.00 | \$2.20 | 25.00 | \$1.65 | Replace | In X |
| | | 58398-47050 | COVER, REAR FLOOR UNDER, RH | 1.00 | \$189.20 | 25.00 | \$141.90 | Replace | In X |
| | | 58399-47030 | COVER, REAR FLOOR UNDER , LH | 1.00 | \$261.60 | 25.00 | \$196.20 | Replace | Por X |
| | | 66259-47010 | COVER, REAR FLOOR UNDER CENTER | 1.00 | \$249.10 | 25.00 | \$186.83 | Replace | Pn x |
| | | 81551-47481 | LENS & BODY, REAR COMBINATION LAMP . RH | 1,00 | \$367.30 | 10.00 | \$330.57 | Replace | fu x |
| | | 81561-47471 | LENS & BODY, REAR COMBINATION LAMP, LH | 1.00 | \$367.30 | 10.00 | \$330.57 | Replace | tnx |
| | | 81457-47020 | LENS & BODY, REAR COMBINATION LAMP, NO.2 RH | 1,00 | \$282,70 | 10.00 | \$254.43 | Replace | m x |
| | | 81456-47020 | LENS & BODY, REAR COMBINATION LAMP, NO.2 LH | 1.00 | \$282.70 | 10.00 | \$254,43 | Replace | n x |
| | | 81580-47070 | LAMP ASSY, REAR, RH | 1.00 | \$317.80 | 10.00 | \$285.02 | Replace | Sh X |
| | | 81590-47070 | LAMP ASSY, REAR, LH | 1.00 | \$317.80 | 10.00 | \$286.02 | Replace | In X |
| | | | SENSOR REVERSE | 1.00 | \$180.00 | 0.00 | \$180.00 | Replace | In X |
| | | 89997-30100 | ANTENNA, ELECTRICAL KEY | 1.00 | \$78.00 | 10.00 | \$70.20 | Replace | In X |
| | | 58307-47100 | END PANEL SUB-ASSY, BODY LOWER BACK | 1.00 | \$707.10 | 25.00 | \$530.33 | Replace | m x |
| | | 67005-47530 | TAIL GATE PANEL SUB- ASSY, BACK DOOR | 1.00 | \$1,238.40 | 25.00 | \$928.80 | Replace | sux |
| | | 76801-47170- A1 | TAIL GATE BACK DOOR OUTSIDE GARNISH SUB-ASSY | 1.00 | \$992,30 | 25.00 | \$744,22 | Replace | ar · X Re |
| | | 75403-48010 | EMBLEM SUB-ASSY REAR | 1.00 | \$77.40 | 25.00 | \$58.05 | Replace | Mar |
| | | 75441-47220 | NAME PLATE (HYBRID) , LUGGAGE COMPARTMENT DOOR | 1.00 | \$59.10 | 25.00 | \$44.33 | Replace | Men |
| | | 75442-47200 | NAME PLATE (PRIUS) . LUGGAGE COMPARTMENT DOOR | 1.00 | \$59.10 | 25.00 | \$44.33 | Replace | Me |
| | | 76085-47916 | SPOILER SUB-ASSY, REAR | 1.00 | \$1,704.20 | 25.00 | \$1,278.15 | Replace | In X |
| | | | STRIDES LOGO | 1.00 | \$7.80 | 0.00 | \$7.80 | Replace | Ma - |
| | | | STICKER DECAL 65558888 | 1.00 | \$21.60 | 0.00 | \$21.60 | Replace | Ma - |
| otal | | | | | \$9,759.20 | | \$7,752.48 | | |
| dded Spare | Parts / Materi | al Usage After Su | rveyor Signed off | 1410 | | | | | |
| art Number | Portion | Stock Number | Part Name | Quantity | List Price \$ | Discount (%) | Final Price (\$) | ARC Check | Surveyor Check |
| otal | | | | | | | | | Manager and the second |

| art Number | Portion | Stock Number | Part Name | Quantity | List Price \$ | Discount (%) | Final Price (\$) | ARC Check | Surveyor Check |
|------------|---------|--------------|-----------|----------|---------------|--------------|------------------|-----------|----------------|
| otal | | | | | | | | | |