Kenneth	ASSIGNMENT C
From: Date: Estimated Cost: OD VTP WS / TP RES / OD RES / EVA / INV / MV To Inspect Vehicle No: at Workshop m/s of Insured: Policy No. Claims No. Sum Insured: Excess: (Client's Record) Make of Yeh: (Policy Condition) Remark: The veh had commenced its repair at the time of inspection. Bal. or Market Value: IDAC Accident Rport: Consistent?: Yes or No GIA / PR Seen: Consistent?: Yes or No Est. Repairs: OS days Res.: Yes or No Lum Sum: 20 % 3 Val.: Yes or No CA / REV / REP. / 24 HRS Date: Person Contacted: Date / Time Action / Instruction	Veh No: SMZ 5812/A Yr Regn: 05, 2/ Type: M.Car M.Cycle / Bus / Van / Lorry / Taxl / Prime Mover / Truck / Trailier or A Make: / Janda Vare / c.c / 496 Colour M. Cary A/C: Insured / Std / NI / NA Eng/No: C/No: Rul · / 33258 Gen. Cond: Good / Fair / Poor / Burnt Steering: Inorder / Jammed / Leaked / Burnt or Brake: Inorder / Jammed / Leaked / Burnt or Modi: NII / S/Rim / STD A/Rim or Tyre Size: F: Airvo 2/5/80R/6 R: Dus BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUM/ I TOYO / YOKO or Eron! Rear R/Bai. Amm R/Bai. 3 mm L/Bai. J mm L/Bai. 3 mm D.O.A. / 8/2/2/3 D.O.I. / / 3/202. Survey held at Des. of Damages / Ft Rear / O/S / N/S / U/C / Roofton or
614 1/Ly 87450/ Con	La cart 4 7638. (6, 5/2)
: Prell. Report : Final Report sute/Fine, File Return to? Add aport Format : imp Sum / I.B.I: (S	Days Of Repair: Resurvey No. of Trip: Survey Fee: Transportative Transportative Site Insp (\$) _ S + RS _ SI Interview (\$) Fire S Tech Invs (\$) Others Weekend (\$

辉陽汽車有限公司

HUI YANG MOTOR PTE. LTD.

Contact Add: SIN MING AUTOCARE Blk 176 Sin Ming Drive #04-02 Singapore 575721

Tel: 64515752 (2 Lines) . Fax: 64514658

GST Reg No. 201629438M

Not Notherite

Benny Afte Pains
5day,

18/02/2023

Owner:

GRAVITY CAR LEASING PTE LTD

ESTIMATE TO REPAIR HONDA VEZEL HYBRID - SMZ5812A

100	front bonnet 892-10	B	2	1,125.00	
1pc	front bonnet hinge @\$85.50		\$	171.00	_
2pcs 1pc	front bonnet inner rubber	Sin	4	150.50	X
1pc		011		395.20	
1pc	front honnet inner look brocket	DIT	2	78.50	_
2pcs	front headlamp @\$2580.50	m	\$	5,161.00	
2pcs	front headlamp chrome @\$185.50	nu		371.00	7/
2pcs	front headlamp top bracket @\$45.00	In		90.00	X
2pcs	front headlamp lower bracket @\$55.00	cm		110.00	2
1pc		cm		550.20	_
1pc	front centre grille outer garnish 385	cm		420.50	
1pc	front centre grille "HONDA" logo	cn		68.50	_
1pc	front bumper 762.70	By		951.70	
10pcs	front bumper clip @\$5.00	M		50.00	_
2pcs	front bumper side retainer @\$65.60	Dry		131.20	_
1pc	front bumper lower lid	Pn		450.30	X
1pc	front bumper lower grille	B	\$	280.50	53070
1pc	front bumper reinforcement 321.70	BI	\$	368.80	
2pcs	front fender @\$680.50	n	\$	1,361.00	X
2pcs	front fender protector @\$285.50	Su	\$	571.00	
1pc	front support panel 576.20	BI	\$	681.20	1
1pc		m	\$	385.20	
1pc	front air con condensor	Sh	\$	950.20	×
1pc	front radiator LKK Auto Consultants hence notify the Repairer of the following:	Pu	\$	1,150.20	٨
	lo resurvey before/after spray point				
	display damaged part(s) during an		\$ 1	6,022.70	
	less 20% Parts prices are subject to confirmation Third party survey is on a "Wishout Prejudice" basis No illegal modification of the party survey is on a "Wishout Prejudice" basis		\$	3,204.54	
	and the state of t		\$ 1	2,818.16	
	Supplementary item(s) must be resurveyed and is subject to final approval from leavereyed.		n	,	-
1set	is subject to final approval from Insurance Company front number plate & casing cknowledged by Repairer	nett	Mc \$	50.00	455m
	Signature:				
	Date:				- 1
	wiring		\$	100.00	201
	tuffkote		\$	120.00	301 8001 6001
	spray painting		\$	1,000.00	rod
	labour charges		\$	1,000.00	6001
	Total		\$ 1	5,088.16	
	10 10 V	3			

SL0M232L000D / Lai Huat (Meng Kee) Motor Pte Ltd ENTRY DATE & TIME: 21/02/2023 17:57 (SGT) SUBMITTED BY: Jenny Lim VERSION: 1 (21/02/2023 17:57 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. 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

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 policy liability.

A. 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.

5. Any raise reporting may be referred to the Folice 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

21/02/2023 17:57 (SGT) Both Policyholder and Actual Driver 18/02/2023 22:40 (SGT) 55 Jln Lokam, Singapore 537887

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMZ5812A

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner

Company Reg No **Email Address** Mobile Phone No

Alternative Phone No

Yes

Gravity Car Leasing Pte Ltd 202112245W hyms@live.com.sg (Phone) +65-83336725

VEHICLE PARTICULARS

Manufacturer Model

Variant

CC

Honda Vezel

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

Private hire

No - Claiming third party Private hire

Auto 1500

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number

Etiga Insurance Pte Ltd

M0016926

DRIVER

Name of Driver NRIC No

Date Of Birth Occupation

Samsu Adumai Hakkim S8572260C

30/12/1985 Outdoor



Date Of Driving Pass 27/05/2013 Driving experience 9 YEARS AND 9 MONTHS Gender Mobile Number (Phone) +65-88178482 Alt. Phone Number **Email Address** hyms@live.com.sg Address Blk 103 Commonwealth Crescent #05-158 Address complement Postcode 140403 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 Hit and run / Vandalism / Damaged whilst parked 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) 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 **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 Please refer to the 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
 GBJ8433E

 Vehicle Manufacturer

 Vehicle Model

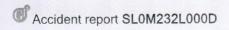
 Vehicle Variant

 Vehicle Colour

 Vehicle Category
 Commercial vehicle

 Name of Driver
 Muhammad Nur Shafiq Bin Omar

 NRIC No
 S9571913I



Contact Number	-
Address	_
Address complement	_
Postcode	_
Insurance Company Name	_
Nature Of Damage	
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1121

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 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 Traffic Police Department for investigation.
- 6. 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)

Lunderstand, 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:
- (iii) 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.

Policyholder's S Date & Time ? 1 FFB 2023

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

2 1 FEB 2023

Witnessed by Reporting Centre Personnel (Name as in NRICAD card)

Sketch Plan 3 00 20 7 t 23 Along 55 Jalan Lokam

Accident report SL0M232L000D

1

cribe Circumstance of the Acc	ident		
On 18.	1/03/23 01 10-	Gun, my val	bick A G142 3813
was Stationer	4 along 55 301	lan Lokam. Ya	chicle B (63,7843;
which was in	short of me 1	everse & hit	onto the
front portion	of my rahirle	A.	
		Programme Programme	
			a a constant
	-		
claration			
e declare the loregoing particul	ars are true in every respect.		
	\ \rightarrow	(No. 1 hal - B
licyholder's Signature / Date & Time	Driver's Signature (if driver is not the	policyholder) / Date Witnes	WY Lim Lan Pools sed by Reporting Centre Personnel

2 1 FEB 2023

2 1 FEB 2023

2