	ASS. REC. BY: REF: C7Z/ 23	3.003869/Kw C
Ke	From: Date: Estimated Cost: OD ITP/WS / TP RES / OD RES / EVA / INV / MV To Inspect Vehicle No: at Workshop m/s of Insured: Date: Chew Govs 4647	Veh No: SKN 8834D Yr Regn: F. 14 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Traller or A) Make: Vol/cswagen Golf c.c 1197 Colour M. Grey AC: Insured / Std / NI / NA Sp.Reading / 8686/ T/Radio: Insured / Std / NI / NA Eng/No: C/No: WVW 777 AUZEW 383809
	Policy No. Claims No. Sum Insured: Excess: (Client's Record) Make of Veh:	Gen. Cond: Good / Fair / Poor / Burnt Steering: Inorder / Jammed / Leaked / Burnt or Brake: Ingrder / Jammed / Leaked / Burnt or Modi: Nii / S/Rim / STD A/Rim or Tyre Size: F:
	(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 Consistent?: Yes or No Est. Repairs: Consistent?: Yes or No Lum Sum: Consistent?: Yes or No Vehicle: IN / OUT Date / Time Action / Instruction	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Certined / Front Rear R/Bal. I mm R/Bal. I mm L/Bal. I mm L/Bal. I mm D.O.A. 20/3/23 D.O.I. 14/4/2023 Survey held at Des. of Damages: Fift Rear / O/S / N/S / U/C / Rooftop or The U/C / Chassis frame / Body Structure affected due to collision.
	Cato/Time, File Pass to? 20 04 17032 : Prell. Report D	ays Of Repair: 02 esurvey No. of Trip: Survey Fee: Transportation: Site Insp (\$) _S - RSSi Interview (\$) _F - RSSi Tech Invs (\$) Others Weekend (\$)

趙 源 摩 哆 Chew Goon Motor

Blk 10, Ang Mo Kio Industrial Park 2A, Avenue 5 #01-15, 16, 17 & #03-05, AMK Autopoint Singapore 568047 Tel: 6484 1626 (24Hrs) Fax: 6484 0465

Business Reg. No: 221880/00C GST Reg. No: MX-0486007-A0

Busin	Business Reg. No: 221880/00C GST Reg. No: MX-0486007-AG			Third Party		
	China Taiping Insurance (S) Pt	e Ltd	Policy No:			
To:	China Taiping			13.04.2023		
2.5			Date			
	Accident Date : 20.03.2023	_				
esialised in	Car Painting, Welding,	ESTIMATE		承接汽车烧焊喷漆及 代理各种车辆赔偿		
anel-Beating	g and insurance claim		单价	银 Amount 额		
数量	1	SCRIPTION	Unit Price	\$ cts.		
Quantity	Estimate Cost of Repair to "\	/olkswagen Golf" Reg. No. SKN ed Veh. No. SJG3867R	N8834D	1,075.00		
1pc 12pcs 1pc 1pc 1pc 1pc 1pc 1pc 1pc	Front Bumper Front Bumper Clips Front Bumper Sponge Front Bumper Reinforcement Front Bumper Center Air Grille Grille Grille #14 Grille Emblem Headlamp RH		5.00	60.00 60.00 87.00 87.00 8576.00 8350.00 846.00 120.00 857.00 3,571.00 357.10		
TPC	Less 10%			3,213.90 A 45.00 SN X		
	Front Number Plate			30.00 24		
	To Conduct Electrical Check	k, Focus Headlamp	ort	400.00 200		
	Labour Charge - Panel Bea Panel & Part Replacement To Respray Affected Areas	ting, Repairing Of Bonnet, Suppo	Total:	580.00 ZZZ 4,268.90		
			When 2 2150h Afte Ring 2days			
		 Parts prices are su Third party survey No illegal modifica 	after spray painting d part(s) during resurvey bject to confirmation is on a "Without Prejudice" basis tion(s) is allowed tim(s) must be resurveyed and approval from Insurance Company			

SC1J233L0002 / Chew Goon Motor ENTRY DATE & TIME: 21/03/2023 12:34 (SGT) SUBMITTED BY: CG Pei Kee VERSION: 1 (21/03/2023 12:34 (SGT))



SINGAPORE ACCIDENT STATEMENT

- 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 intuition and acceptance of possible in 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

21/03/2023 12:34 (SGT) Date of Submission Both Policyholder and Actual Driver Reported by 20/03/2023 21:40 (SGT) Date of Accident Singapore Exact Location of Accident U-TURN POINT AT LENTOR AVE Additional Location Information Singapore Country/State of Loss

DETAILS OF OWN VEHICLE

SKN8834D Vehicle Registration Number INSURED/POLICYHOLDER No Is company? Name Of Registered Owner ANG JOO LENG SXXXX464Z NRIC No DARREN66.ANG@GMAIL.COM Email Address (Phone) +65-94387649 Mobile Phone No Alternative Phone No VEHICLE PARTICULARS Volkswagen Manufacturer Model VOLKSWAGEN / GOLF A7 1.2 TSI AT 5G12DZ 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 No - Claiming third party your vehicle? Private car Vehicle Category Auto Transmission 1197 CC

INSURANCE COMPANY

India International Insurance Pte Ltd Name of Insurance Company D22MPC0010096 Policy Number / Cover Note Number

DRIVER

ANG JOO LENG Name of Driver SXXXX464Z NRIC No 06/06/1973 Date Of Birth Outdoor Occupation

Date Of Driving Pass	26/02/1996
Driving experience	27 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-94387649
Alt. Phone Number	•
Email Address	DARREN66.ANG@GMAIL.COM
Address	APT BLK 988B BUANGKOK GREEN
Address complement	#13-69
Postcode	532988
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	165
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	140
Vehicle Registration Number of Other Vehicle Owned by Differ	
Insurance Company of Other Vehicle Owned by Driver	
OFFICIAL INCORMATION OF THE ACCIDENT	
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Collision - U-Turn
Weather Conditions	Clear
Road Surface	Dry
OTHER INFORMATION	
144 C. 1. Lists involved in the periodent?	N.
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?	- V
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s)	No
soliciting/offering accident claims assistance?	110
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?	-
ii yes, against wildin:	
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO THE SKETCH PLAN.	
ATTACHMENT(C)	
ATTACHMENT(S)	
Are accident photos available for attachment?	Yes
141 II	Vac

DETAILS OF OTHER VEHICLE PROPERTY 1

Yes

Vehicle Registration Number	SJG3867R
Vehicle Manufacturer	-
Vehicle Model	
Vehicle Variant	
Vehicle Colour	
Vehicle Category	NA / Unknown
Name of Driver	
Contact Number	

Was there any video captured by Car Camera?



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

SKETCH PLAN

IMPORTANT NOTICE

- Rease report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Formmust 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
- 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)

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;
- (ii) investigating the accident and/or my claims;
- (ii) 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 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 GM 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 Purposes.

Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

A'SKN 88340 B' SJG 3867R

Describe Circumstances of the Accident

on 20/3/23 AT 9 AND SH SEL 386+ R AND SH SEL 386+ R AND SH SEL 386+ R	When AS I'm	FRIMALIA	+ 4-7 KKn	s Alert:	LENTIR AU
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e declare the foregoing particular	s are true in every respe	ct			
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100 2 12/25					100
icyholder's Signature / Date & ne VO 460 H &	Driver's Signature (If di & Time	river is not the poli	cyholder) / Date	Witnessed Personnel	by Reporting Centre