



PRIORITY SERVICES

Insurance Loss Adjusters and Motor Appraisers

Blk 779 Yishun Avenue 2

#01-1545 Singapore 760779

Tel: 6293 4822 Fax: 6296 3283

E-mail: admin@priorityservices.sg

Messrs. Sompoo Insurance Pte Ltd
50 Singapore Land Tower
#05-01/06 Raffles Place
Singapore 048623

Bill No : DN/00081/21

Date : 16/1/2021

Dr.

To

Survey Fee (S\$) : 100.00
Photographs (S\$) :
Transport (S\$) :
Resurvey (S\$) :
Miscellaneous (S\$) :

Services rendered including photographs and transport charges

(S\$) : 100.00

Our Reference : TP-0019/01/21
Insured : GBC 3401 S
Date Of Accident : 27/12/2020
Policy / Cert. No. : Pre-repair Survey
Your Claim No : CMTD2100045/THE
Vehicle : Mazda 5 (A) - SKV 5713 Y

Dollars : One Hundred ONLY

For PRIORITY SERVICES

E & O.E.



PRIORITY SERVICES

Insurance Loss Adjusters and Motor Appraisers
Blk 779 #01-1545 Yishun Ave 2 Singapore 760779
Tel: 62934822 Fax: 62963283
E-mail: admin@priorityservices.sg

Your Ref. : CMTD2100045/THE
Our Ref. : TP-0019/01/21

Date: 16 January 2021

M/s. Sompo Insurance Pte Ltd
50 Singapore Land Tower
#05-01/06
Singapore 048623

Attn.: Ms. Thelma Choo

Madam,

Pre-Repair Survey

Vehicle No.: SKV 5713 Y

Date Of Accident: 27-Dec-2020

Date and Time of Request : 05-Jan-2021 / 2.18 pm

Date and Time of Inspection: 1) 11-Jan-2021 / 10.20 am (PRI by appointment)
2) 14-Jan-2021 / 12.45 pm (For after repair)
@ M/s. JL Auto Service Pte Ltd

Particulars of Vehicle

Registration No.	: SKV 5713 Y
Make / Model	: Mazda / 5 (A)
Year	: 2015
Colour	: Met. Blue
Odometer	: 76584 km
Engine Capacity	: 1998 cc
Carrying Capacity	: 6
Engine No.	: -
Chassis / Body Frame	: JM6CW1071G0122280
Radio / CD Player	: Yes
Air-Con Conditioner	: Yes
Other Apparent Accessories	: No
Spare Tyre	: Intact
Jack / Tools	: Intact

(65) Photographs of vehicle taken.

Documents Available At Time Of Inspection

- 1) Singapore Accident Statement (SAS)

Visual Damages

At the rear LH portion.

Damages subject to consistency.

Remarks

Despite our request, the repairer would not provide: -

- 1) Repairer estimate

Pre-Accident market value: About \$52,000.00.

PARF/COE Rebate: \$41,662.00 (COE expiry on 22 Sep 2025).

Estimated repair cost: About \$800.00.

Estimated period of repairs: About 2 working days.

Note: Repairer did not call us for dismantled items

Yours Very Truly

PRIORITY SERVICES



LAWRENCE NG

MSAAA

Motor Appraiser

SINGAPORE ACCIDENT STATEMENT

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. 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	28/12/2020 09:02 (SGT)
Date of Accident	27/12/2020 14:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BLK 739 BEDOK RESERVOIR ROAD CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKV5713Y

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KOH TIONG WEE (GUO ZHONGWEI)
NRIC No	SXXXX020A
Email Address	mugen_koh@yahoo.com.sg
Mobile Phone No	(Phone) +65-93851619
Alternative Phone No	+65-93851619

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	MAZDA / MAZDA5 5-DOOR WAGON 2.0L SP.6EAT SUNROOF
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?	No - Claiming third party
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5115536069
Cover Note Number	-

DRIVER

Name of Driver	KOH TIONG WEE (GUO ZHONGWEI)
NRIC No	SXXXX020A
Date Of Birth	21/08/1979
Occupation	Indoor

Date Of Driving Pass	15/06/1998
Driving experience	22 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93851619
Alt. Phone Number	+65-93851619
Email Address	mugen_koh@yahoo.com.sg
Address	BLK 670 #12-45 JALAN DAMAI EUNOS DAMAI VILLE
Address complement	-
Postcode	410670
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	Side Swipe
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 material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

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

REFER ATTACHED;

Type of accident: REAR TO REAR

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBC3401S
Vehicle Manufacturer	Toyota
Vehicle Model	TOYOTA / DYNA 150 MANUAL 3SEATER
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	SHARMA SONAL
Work Permit No	GXXXX464U
Contact Number	-
Address	-

Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN

IMPORTANT NOTICE

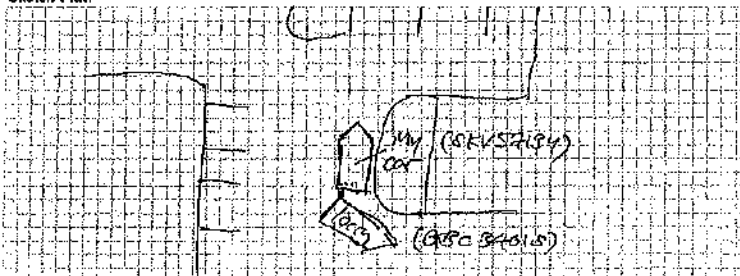
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to rescind 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)
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 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 the 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;
(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 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/are 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.

[Signature]
Policyholder's Signature / Date &
Time

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

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415955
Tel: 67416897 Fax: 67492305
Email: vac.kb@vicom.com.sg
Witnessed by Reporting Centre
Personnel 28 DEC 2020

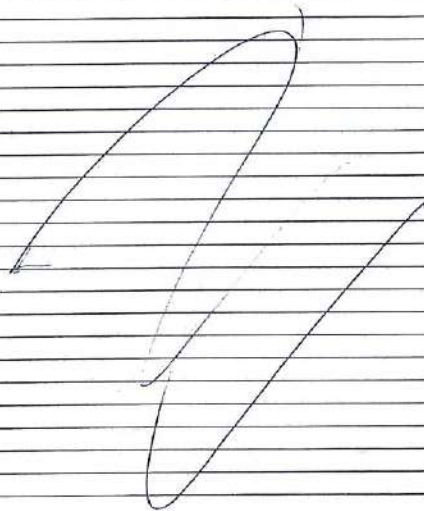
Sketch Plan



Describe Circumstances of the Accident at 2:50pm.

On 27 Dec '20, I am driving into 151K 739 Bedok Reservoir Road carpark. After I entered, I heard something that I ran over and stop at the side of the road to inspect with hazard light "ON".

While I am checking, a lorry reversed and hit the back of my car.



Declaration

We declare the foregoing particulars are true in every respect.

[Signature]
28 Dec '20 9:00am
Policyholder's Signature / Date & Time

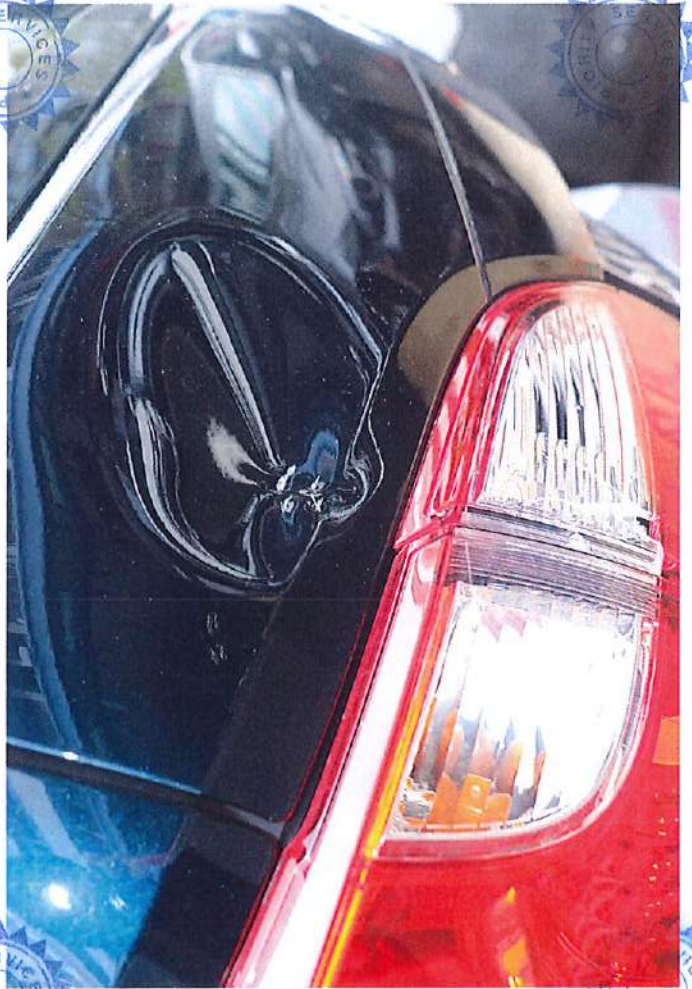
Driver's Signature (If driver is not the policyholder) / Date & Time

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67418697 Fax: 67492305
Email: vackb@vicom.com.sg

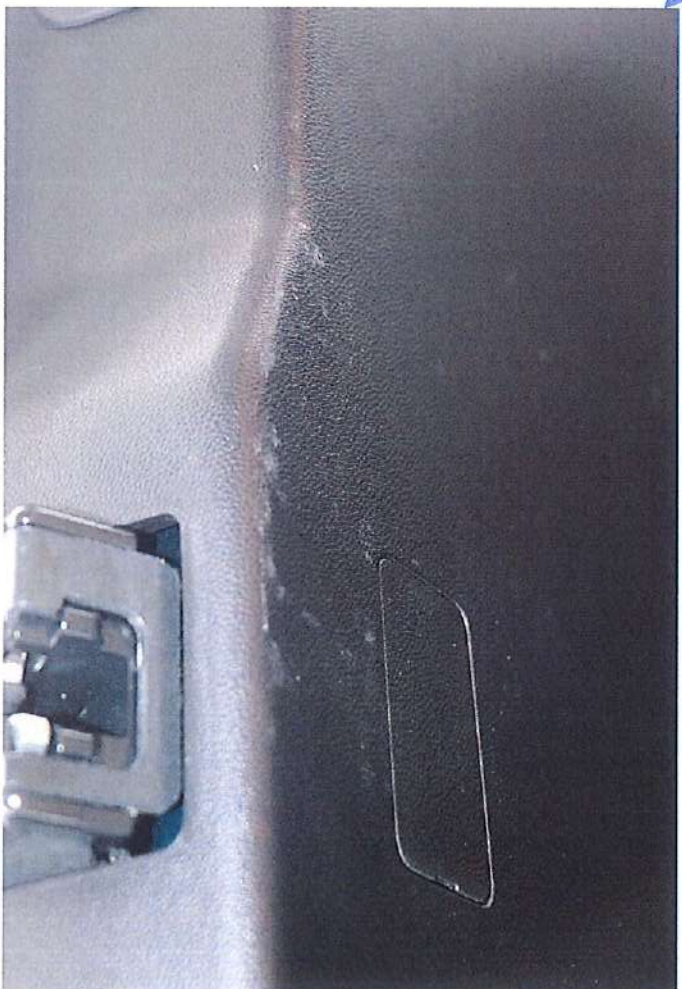
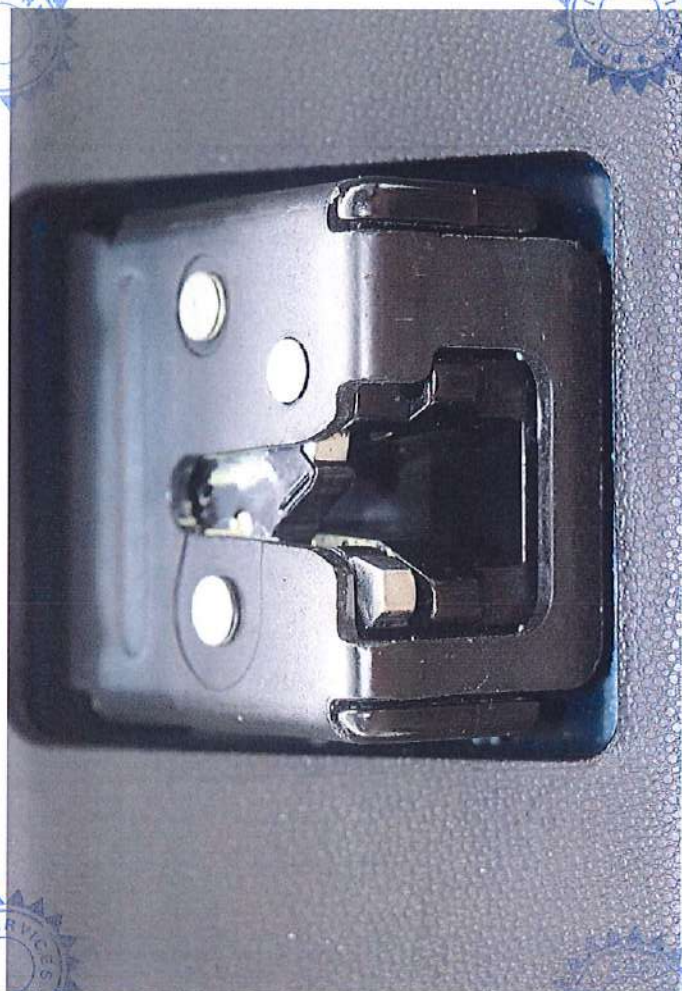
Witnessed by Reporting Centre Personnel

28 DEC 2020



















RESURVEYED
AFTER REPAIRS



