(08/11 /13)	wef	
ASS. REC.	BY!	Tayfiler

REF: 05/07/123006005/74ps

Ass	DIGNVIENT T				
From: Date:	Veh No: SJA 23236, Yr Regn: 2017, Jun				
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /				
OD I TPINS TTP RES I OD SES / EVA / INV / MV	Truck / Trailer or				
To In Spect Vehicle No:	Make: Hours Vozel c.c /476 Colour Wite A/C: Insured/Std/NI/NA				
at Workshop m/s	Colour Wite A/C: Insured / Std / NI / NA				
of	Sp.Reading 209(82 T/Radio: Insured / Std / NI / NA				
Insured:	Eng/No:				
Policy No.	C/No: R4//20/909*				
Claims No.	Gen. Cond: Good Fair / Poor / Burnt				
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or				
(Client's Record)	Brake: Indieder / Jammed / Leaked / Burnt or				
Make of Veh:	Modi: Nil / S/Rim / STD A/Rim or /				
	Tyre Size: F: 215/60KC6				
(Po licy Condition)	R:				
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY FS LIZA / MIC / OHTSU / PIR / SUMI /				
repair at the time of inspection.	TOYO / YOKO or				
Bal. or Market Value: P641	Front Rear				
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 6 mm R/Bal. 6 mm				
GIA / PR Seen: Consistent? : Yes or No	L/Bal. L/Bal. 6 mm				
Est Repairs: 4 days Res.: Yes or No	D.O.A. D.O.I. 20/6/25				
Lum Sum: % 3 Val.: Yes or No	Survey held at Suffer Zee				
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or				
Vehicle: IN / OUT Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.				
Date / Time : Action / Instruction *	The Ord 7 Chassis frame 7 Body Structure affected due to collision.				
Total Indiana					
Taufikh confirmed lump sum \$300	0 and 4 days				
(red, \$6017.3, 66%)	4				
	Days Of Repair: 4				
1) : Final Report Date/Time, File Return to?	Resurvey No. of Trip: Survey Fee:				
Add Eag	Transportation:				
2) Add Fee	Interview (\$				
Report Format :	Troch Inve /\$				
Lump Sum / I.B.I: (\$: Weekend (\$				
Turnip Guilli III	*				
	TOTAL 1				

UPBREZIBEIMONOR SBRWGE

BLK 14 DEFU LANE 10 #01-402 SINGAPORE 539195 TEL: 6383 1913 FAX: 6383 9565 EMAIL: superzeemotor@gmail.com

13 Jun 2023

China Taiping Insurance (S) Pte Ltd

3 Anson Road #16-00

Springleaf Tower Singapore 079909

Att: Motor Claims Dept

THIRD PARTY CLAIM

OWNER NAME

VEHICLE REG NO DATE OF ACCIDENT

PLACE OF ACCIDENT

INVOLVING VEH NO

LEW YOONG CHEE

SJA2323G

9 JUN 2023

GBC1413X

claimsdept@sg.cntaiping.com 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

DUXTON ROAD/CRAIG ROAD llegal modifications: is allowed Supplementary item(of most be resurveyed and is subject to final appro-al from Insurance Co., pany

We append herewith our estimate for the repair of SJA2323G as follows:

Materials Required

- 1 pc Front Bonnet
- 1 pc Front Bumper
- 1 pc Front Bumper Lower Spoiler
- 1 pc Front Bumper Reinforcement
- 1 pc Front Bumper Towing Cover
- 2 pcs Front Bumper Retainers
- 1 pc Front Bumper Fog Lamp Cover RH
- 1 pc Front Fender RH
- 1 pc Front Fender Inner Shield RH
- 1 pc Front Fender Arch Protector RH
- 1 pc Front Grille
- Front Grille Top Garnish 1 pc
- Front Grille Lower Moulding 1 pc
- 1 pc Front Support Panel
- Headlamp RH 1 pc

Labour Charges

- 1 pc Headlamp Lower Beam RH
- 1 pc Headlamp Top Bracket RH

Date:

- S\$ 945.50 ×
- S\$ 991,90 de
- S\$ 353.80 aut
- S\$ 418.30 ?
- S\$ 28.50 ~7
- 64.80 LH X RYCL/ S\$
- S\$ 57.30 ?
- S\$ 478.20 X
- S\$ 147.90 X
- S\$ 168.60 * 6 ?
- S\$ 440.80 aug.
- S\$ 363.70 x
- S\$ 106.60 Cxt
- S\$ 575.30 X
- S\$1,999.10 cut-
- S\$ 58.607
- S\$ 38.40 x

S\$7,237.30

To dismantle & replace damaged body parts and panelbeating

To putty, apply primer & spraypaint affected portion

To apply rustproofing on repaired, replaced panel

To check electrical wiring functions

S\$ 650.00 \$

S\$ 850.00 A

S\$ 200.00 ×

S\$ 80.00 30

S\$9,017.30

TOR SERVICE

SINGAPORE ACCIDENT STATEMENT

- 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 notice liability. 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

10/06/2023 15:55 (SGT)

Actual Driver

09/06/2023 18:45 (SGT)

Singapore

DUXTON ROAD TURNS CRAIG ROAD

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SJA2323G

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No

Email Address Mobile Phone No

Alternative Phone No

No

LEW YOONG CHEE

S7732194B

DAVIDLEWYC@GMAIL.COM

(Phone) +65-96555789

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

Honda Vezel

VEZEL 1.5X CVT ABS D/AIRBAG 2WD 5DR

Private hire

No - Claiming third party

Private hire Auto

1496

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

Income Insurance Limited

5121655851-02

DRIVER

Name of Driver NRIC No

Date Of Birth Occupation

LEW YOONG CHUEN S6904055A

31/01/1969 Outdoor

Date Of Driving Pass Driving experience

Gender

Mobile Number

Alt. Phone Number Email Address

Address

Address complement

Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

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 Weather Conditions Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident?

Number of vehicles involved in the accident Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance?

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? Was notice of intended Prosecution given?

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera?

GBC1413X

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DETAILS OF OTHER VEHICLE PROPERTY 1

Commercial vehicle

Collision - Head on collision

Clear Dry

19/11/1986

Male

431005

Sibling

No

No

36 YEARS AND 7 MONTHS

DAVIDLEWYC@GMAIL.COM

APT BLK 5 JALAN BATU #10-165

(Phone) +65-96263326

. . .

No 2

No

Yes

1

No

-

-

No

No

I WAS DRIVING ON MY LANE. I SAW VEHICLE B WAS DRIVING FROM DUXTON ROAD AND HE TURN LEFT INTO CRAIG ROAD BUT HE IS IN WRONG WAY. I HAD HORN HIM FOR MANY TIME HOWEVER HE STILL COLLIDED ONTO MY FRONT PORTION OF VEHICLE.

Yes

No

Vehicle Registration Number

Vehicle Manufacturer Vehicle Model Vehicle Variant

Vehicle Colour Vehicle Category

Accident report SJ0E236A0002

SKUTCH PLAS

IMPORTANT NOTICE

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- 5. Any false reporting may be referred to the Trains Police Department for investigation.
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§ Consent unifor the Personal Data Protection Act (PDPA)

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Déclaration

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