ASSIGNMENT From: Dale: Estimated Cost: Type: WC6st PM.Cycle is Bus if Van I Lony i Treat if Prime Mover i Truck i Trailer or Type: WC6st PM.Cycle is Bus if Van I Lony i Treat if Prime Mover i Truck i Trailer or All ion Miss. ACCORD Colour Misser in Misse	71	22 1 1
From: Date: SSTEPPYPENT Veh No: SUP 9483D Yr Regn: 11 O Type: McGal McCycle / Bus 1 Van 1 Lorry / Taxl 1 Prime Mover 1 Type: McGal McCycle / Bus 1 Van 1 Lorry / Taxl 1	ASS. REC. BY:	23006043/Kn
From: Date: Vain No: SUP \$4 3 D Yr Ragn: OD OVER INVITATION TO inspect Value No: OD YET WAS IT PRES I OD RES I EVA J INV / IMV To inspect Value No: of OD YET WAS IT PRES I OD RES I EVA J INV / IMV OD YET WAS IT PRES I OD RES I EVA J INV / IMV OD YET WAS IT PRES I OD RES I EVA J INV / IMV OD YET WAS IT PRES I OD RES I EVA J INV / IMV OD YET WAS IT PRES I OD RES I EVA J INV / IMV OD YET WAS IT PRES I OD RES I EVA J INV / IMV OD YET WAS IT PRES I OD YET WAS I	nneth	SSIGNMENT
OD/TP/WS/TP RES (OD RES EVA INV INV To Inspect Vehicle No: at Workshop m/s of at Workshop m/s of Douby No. Claims No. Sum wource: (Cloine Record) Make: I Code	From:	
Truck Trailler or A A C C C C C C C C	Estimated Cost:	Ven No: SEP / 70 3D Yr Regn: [/ 1 00
To finged Vehicle No: at Workshop m/s of for for for for for for for	OD/TP/WS/TP RES/OD RES/EVA/INV/MV	
Colour M. B. Red. Insured: S. Reading 21 F6 F3 TRadic: Insured I Std I NI I NA English. Chaire No. Chaire No. Chaire No. Cho: (Clear Record) Misse of Vet: (Colour M. B. Red. Colour M. B. Red. Colour M. B. Red. Colour M. B. Red. Colour M. B. Red. Tradic: Insured I Std I NI I NA English. Colour M. B. Red. Sear No. Colour M. B. Red. Colour M. B. Red. Colour M. B. Red. Colour M. B. Red. Sear No. Colour M. B. Red. Colour M. B. Red. Colour M. B. Red. Colour M. B. Red. Sear No. Colour M. B. Red. Insured I Std I NI I NA Shering Jammed I Leaked I Burnt or Mod. In II Strim I Stp Affilian or The State Inputing Jammed I Leaked I Burnt or Mod. In II Strim I Stp Affilian or The State Inputing Jammed I Leaked I Burnt or Mod. In II Strim I Stp Affilian or Red. Record Med. Record Med. Record Med. Record Med. Tovo I yorko or Rear No. Colour Med. Record Med. R	To Inspect Vehicle No:	
of insured: Insured: Sold HI NA ACC. Insured: Insured: Isd HI NA INSURED: I		1 21
Insured: Policy No. Claims No. Claims No. Claims No. Claims No. Claims No. Claims Rocord] Miske of Veh: 10-360M (Policy Condition) Parmark: The veh had commenced its repart at the time of inspection. Isal or Markst Value: Isal	7 1000	201
Policy No. Citalma No. Sum Insured: Excess: (Citant's Record) Make of Velt: I G. 3 Gen. (Policy Condition) Parant: The veh had commenced its repair at the time of inspection. Id. 7 Martin Value: Id. 8 Joun I Excest Value: Id. 9 Joun Value: Id. 9 Joun Value: Id. 1 Pr. 5 Sent: Consistent?: Yes or No Id. 1 Pr. 5 Sent: Id. 1 Pr. 5 Sent: Id. 1 Pr. 1 Jahrs. Id. 2 Jahrs. Vehicle: IN Jour The UIC J Chasals frame J Body Structure affected due to collision. The UIC J Chasals frame J Body Structure affected due to collision. Add Fee: Sourcey No. of Trip: Survey Fee: Interview (3) Press. Interview (5) Press. Interview (6) Poor Interview (7) Press. Interview (7) Press. Interview (8) Press. Interview (9) Pre		- 1017 J
Sum insured: Excess: Gen.Cohd: 9600 Fair Poor Burnt or	Policy No.	
Sum insured: Coloris Record) Sum insured: Excess:	Claims No.	- CON CONTROL - 10 6 7 260 . 30335
(Clen's Record) Make of Veh: (Polay Condition) Remark: The veh had commenced its repair at the time of inspection. Id. 30cm (Polay Condition) Remark: The veh had commenced its repair at the time of inspection. Id. or Market Value: Id. AC Accident Rport: Consistent?: Yea or No St. Repairs: Consistent?: Yea or No Jun Sum: J	Complete	
Mode of Veh: C.360M (Pokey Condition) NIS OS repair at the time of inspection. NIS OS Salar Market Value: Consistent? : Yee or No		
(Poley Condition) Permark: The veh had commenced its repair at the time of inspection. Id. or Market Value: DAC Accident Rport: Consistent?: Yes or No UMA / PR Seen: Con	•	
Policy Condition Person Contacted: Perso	10.3000	
Remark: The veh had commenced its repair at the time of inspection. All or Market Value: DAC Accident Rport: Consistent?: Yes or No IA / PR Seen: Consistent?: Yes or No IA / PR Seen: Consistent?: Yes or No IA / REP / REP / 24 HRS AL REV / REP / 24 HRS The UIC / Chassis frame / Body Structura affected due to collision. Date / Time Acciden / Instruction Days Of Repair: The UIC / Chassis frame / Body Structura affected due to collision. Add Fee: Sile Insp (\$) 5 -RS SI Interview (\$) 5 -RS SI Interview (\$) 5 -RS SI Tech Invs (\$) 0 Perso.		
repair at the time of inspection. al. or Market Value: DAC Accident Rport: Consistent?: Yea or No LA / PR Seen: Consistent?: Yea or No St. Repairs: D.O.A. / / / / / / / / / / / / / / / / / /	Comparts The such hard	
A Consistent?: Yes or No IA / PR Seen: Consistent?: Yes or No Survey held at Des. of Damages: Frt / Rear / O/S / N/S / N/S / U/C / Rooftop or IA / PR Seen: Consistent:		AND STOCK TECHNOLOGY FS TLIZA T MIC TOHTSU TPIR I SUMIT
DAC Accident Report IA / PR Seen: Consistent?: Yes or No IA / PR Seen: Consistent?: Yes or No St. Repairs: DOA	ial. or Market Value:	
A / PR Seen: Consistent?: Yes or No st. Repairs: 03 days Res.: Yes or No Jum Sum: 20 % 3 Val.: Yes or No A / REP / REP. / 24 HRS Jule: Person Contacted: Vehicle: IN / OUT Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or The U/C / Chassis frame / Body Structure affected due to collision. The U/C / Chassis frame / Body Structure affected due to collision. Time, Fis Pass to? Prell. Report Days Of Repair: Resurvey No. of Trip: Survey Fee: Transportation: Add Fee: Silte Insp (\$) \$ - RS St	DAC Accident Rport: Consistent? : Yes or No	7
st. Repairs: 03 days Res.: Yes or No Immunity Sum: 20 % 3 Val.: Yes or No A / REV / REP. / 24 HRS Ide: Person Contacted: Vehicle: IN / OUT Do.O.A. / / / / / / / / / / / / / / / / / /		Mm NBa.) mm
Survey held at Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or Survey held at Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or The U/C / Chassis frame / Body Structure affected due to collision. The U/C / Chassis frame / Body Structure affected due to collision. The U/C / Chassis frame / Body Structure affected due to collision. Days Of Repair: Final Report Days Of Repair: Survey Fee: Image: Survey Fee: Image: Silte Insp (\$) Survey Fee: Interview (\$) Final Report Transportes: Interview (\$) Final Report Transportes: The Interview (\$) Final Report Transportes: The Interview (\$) Final Report The Interview (\$)	0.2	mm Usal. mm
Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or Carl Chassis frame / Body Structure affected due to collision. The U/C / Chassis frame / Body Structure affected due to collision. The U/C / Chassis frame / Body Structure affected due to collision. The U/C / Chassis frame / Body Structure affected due to collision. The U/C / Chassis frame / Body Structure affected due to collision. The U/C / Chassis frame / Body Structure affected due to collision. The U/C / Chassis frame / Body Structure affected due to collision. The U/C / Chassis frame / Body Structure affected due to collision. The U/C / Chassis frame / Body Structure affected due to collision. The U/C / Chassis frame / Body Structure affected due to collision. The U/C / Chassis frame / Body Structure affected due to collision. The U/C / Chassis frame / Body Structure affected due to collision. The U/C / Chassis frame / Body Structure affected due to collision. The U/C / Chassis frame / Body Structure affected due to collision. The U/C / Chassis frame / Body Structure affected due to collision. The U/C / Chassis frame / Body Structure affected due to collision. The U/C / Chassis frame / Body Structure affected due to collision. The U/C / Chassis frame / Body Structure affected due to collision. The U/C / Chassis frame / Body Structure affected due to collision. The U/C / Chassis frame / Body Structure affected due to collision. The U/C / Chassis frame / Body Structure affected due to collision. The U/C / Chassis frame / Body Structure affected due to collision. The U/C / Chassis frame / Body Structure affected due to collision.	um Sum: 20 % 3 Val.: Yes or No	01/6/40
Vehicle: IN / OUT Person Contacted: Vehicle: IN / OUT The U/C / Chassis frame / Body Structure affected due to collision. The U/C / Chassis frame / Body Structure affected due to collision. Vitine, File Pass to? Prell. Report Survey Fee: Vitine, File Return to? Add Fee: Sille Insp (\$)	A / REV / REP. / 24 Mps	
The U/C / Chassis frame / Body Structure affected due to collision. Date / Time Action / Instruction	Vehicle: IN / OUT	Rear I OIS NIS UIC Rooftop or
Time, File Pass to? Prell. Report Days Of Repair: Final Report Resurvey No. of Trip: Survey Fee: Transportation Add Fee: Site Insp (\$) s - Rs _ Si Interview (\$) Fee: The Sum / I.B.I; (\$) Others	Person Contacted:	10 006
Days Of Repair: Final Report Resurvey No. of Trip: Survey Fee:	Jate / Time Action / Instruction	anected due to coffision.
Days Of Repair: Final Report Resurvey No. of Trip: Survey Fee:		
Days Of Repair: Final Report Resurvey No. of Trip: Survey Fee:		
Days Of Repair: Final Report Resurvey No. of Trip: Survey Fee:		
Days Of Repair: Final Report Resurvey No. of Trip: Survey Fee:		
Days Of Repair: Final Report Resurvey No. of Trip: Survey Fee:		
Days Of Repair: Final Report Resurvey No. of Trip: Survey Fee:		
Days Of Repair: Final Report Resurvey No. of Trip: Survey Fee:		
Final Report Resurvey No. of Trip: Survey Fee: Transportation: Survey Fee: Transportation: Interview (\$) SHE'S Tech Invs (\$) Others	/Time, File Pass to? : Prell. Report	Dave Of Popular
Add Fee: Slite Insp (\$) _ s + Rs _ sl Port Format: Tech Invs (\$) Others	: Final Report	
Add Fee: Site Insp (\$)_\$+RS_SI Port Format: Interview (\$), Fix 25 Tech Invs (\$), Others	/Time, File Return to?	
ort Format : : Interview (\$). Fix 35 Tech Invs (\$). Others	Add Fee:	Cito ince 18
np Sum / I.B.I: (S	•	Intended (\$
np Sum / I.B.I; (S		Tach Inva (\$
	np Sum / I.B.I: (\$	Weekend (\$
	. 101	1674)

ACCORD AUTO SERVICES PTE LTD

BLOCK 1009 BUKIT MERAH LANE 3 #01-80 SINGAPORE 159723 TEL.62715133 62717433 FAX:62745715

ESTIMATE REPAIR

China Taiping Insurance (S) Pte Ltd

Date: 23.6.2023

Owner's Name: Goh Heok Seng

Vehicle No: SLP9483D

Vehicle Make & Model: Toyota Allion 1.5 A

Registration Date: 26 Nov 2008 (VOM 2008) COE Expire Date 25 N

Not Notherin

Uly &

Renny Afre Pain

Ida, Claim Type: Third Party Claim

Pgl

X

Chassis No: NZT2603033553

No	Description		Unit	List ((\$)	
1	REAR RH DOOR		1	S	By	850.0
2	REAR RH DOOR HINGE		2	\$	n	90.0
3	REAR RH DOOR PILLAR DECAL	9 1 1	1	s	M	60.0
4	REAR RH DOOR OUTER DOOR HANDLE		I	s	m	245.0
5	REAR RH DOOR WINDOW REGULATOR MOTOR		1	S	2	320.0
6	REAR RH DOOR LOCK	1 10	1	S		165.
7	REAR RH FENDER		1	S	n	920.
			0.00			
1			251	18 19		
			81			
				- 1. X		3 88
		12				
		No. 75 C. Sept.				
_	Control of the Contro	LKK	Auto Consultar	ts hence notify		7
4		the R	epairer of the	ollowing:		
		• To di	survey before/aite	r spray painting rt(s) during resurvey		
		Parts	prices are subject	t to confirmation		+
				a "Without Prejudice" t	pasis	-
1	A STATE OF THE STA		egal modification(s) is allowed must be resurveyed an	d	
+		is su	bject to final appro	val from Insurance Com	npany	
+		Ackno	vledged by Repai	er		
		Signat	ure:	April 1		
		Date:	Total (A):	S	2	50.0
			Less 25%	\$		662.5
			Total:			

ACCORD AUTO SERVICES PTE LTD

BLOCK 1009 BUKIT MERAH LANE 3 -#01-80 SINGAPORE 159723 TEL:62715133 62717433 FAX:62745715

ESTIMATE REPAIR

Pg 2

China Taiping Insurance (S) Pte Ltd

Date: 23.6.2023

Owner's Name: Goh Heok Seng

Vehicle No: SLP9483D

Vehicle Make & Model: Toyota Allion 1.5 A

Registration Date: 26 Nov 2008 (YOM 2008) COE Expiry Date 25 Nov 2028

Claim Type: Third Party Claim

Chassis No: NZT2603033553

DOA: 11.6.2023

No	Description	Unit	List (\$)
	Special Nett	F E	
	REAR DOOR INNER TRIM BOARD CLIPS	SET	\$ NA 35.00
*			
Fig			L.
		3	
		3 - 57	
£	Labour		
6	Spray Painting to All Affected Areas	1	\$ 800.00
	Labour Remove / Refix Accident Damages parts to knock, jack, cut weld and realign accident affected area	1	\$ 800.00
	Check Wiring System & Light	* 1	\$ 100.0
	To Remove / Refix Inner Compartment To Facilities Repair	1	\$ 150.0
		1 1	
		Y	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
			e 3 3 3
			N ₀ 0
	8		
		N 1	
, VO			
		Total (B)	
		Grand Total:	3,872.:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

FID Est

20

To

- 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 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 Independent of this report to the insurance available aforesaid.
- 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 12/06/2023 19:58 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 11/06/2023 13:50 (SGT) Exact Location of Accident Singapore Additional Location Information OSCP BLK 36 CHAI CHEE AVE S461036 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

SLP9483D

INSURED/POLICYHOLDER Is company? No Name Of Registered Owner **GOH HEOK SENG NRIC No** SXXXX689G Email Address ericgohhs@hotmail.com Mobile Phone No (Phone) +65-93830484 Alternative Phone No

VEHICLE PARTICULARS

Vehicle Registration Number

Manufacturer Tovota Model Allion Variant Exact purpose for which vehicle was being used at time of Private use accident Are you claiming under your own insurance policy for repair to No - Claiming third party vour vehicle? Vehicle Category Private car Transmission Auto

INSURANCE COMPANY

Sompo Insurance Singapore Pte. Ltd. Name of Insurance Company D22MTPV01018682 Policy Number / Cover Note Number

DRIVER

CHRISTINA PANG LEE CHIN Name of Driver SXXXX897J NRIC No 22/11/1965 Date Of Birth Indoor Occupation

Accident report SA1A236C0001

Page 1 of 19

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. 2. This Form must be continued by the state of the state
- allow insurance companies is not an admission of policy liability on the part of the insurance 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. 5. Any faise reporting that its the insurers of the GIA Records Management Centre established by the General Insurance Association 6. The report will be forwarded by the insurers of this report will for a fee be made available upon an attack.
- 6. The report will be forw arrued by the sistance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- or Singapore (CS).

 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 w orkshop 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' law yers/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 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 GIA 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. "I AM AWARED THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY FWILL CHECK MY POLICY FOR MORE DETAILS

Policyholder's Signature / Date &

Time

Sketch Plan

12 June 2023 10:10am Driver's Signature (# driver is not the policyholder) / Date

& Time

Witnessed by Reporting Centre Personnel

OSCP BIK 36 chải Chie AVE