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ALAN'S UNITED AUTO PTE. LTD.

Block 7, Sin Ming Industrial Estate, #01-76, Singapore 575642.

Tel: 6453 8686 (3 Lines) Fax: 6459 6550 Company Reg. No.: 201113667N

GST Reg. No.: 201113667N

No.: 06859

Date: 16-Jun-2023

PAGE: 1

Vehicle Insured: SJP7477J Accident Date : 14-Jun-2023

Our Ref : 023132 (AUTO & GEN) / CHAN

TAN SIEW HUAY

BLK 863 YISHUN AVE 4

#03-77

Singapore 760863

Net Nothering Beronny Bépains 3day

ESTIMATED COST OF REPAIR FOR TOYOTA COASTER CB3366D

1 pc Rear bumper fascia

2 pcs Rear bumper inner bracket

1 pc Rear bumper tow cover

By 764.30 -@ S\$276.00 CM 552.00 Z nu 52.60

1,368.90

Less 25% :

342.23

1,026.67

To putty and spray replaced parts

To remove, cut-out damaged parts, panel beating, welding, align, refix and to renew above parts

500.00 4401

400.00 30

Total:

S\$ 1,926.67 =========

Singapore Dollars One Thousand Nine Hundred and Twenty Six and Cents Sixty Seven Only

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
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Companies

Acknowledged by Repairer

Signature:

Date:



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 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

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

15/06/2023 18:06 (SGT) Both Policyholder and Actual Driver 14/06/2023 18:25 (SGT) Singapore YISHUN AVE 2 SLIP RD TWDS YISHUN AVE 1 Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

CB3366D

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No **Email Address**

Mobile Phone No Alternative Phone No No

TAN SIEW HUAY S1527449B

jess@oddsneven.com.sg (Phone) +65-90087863

VEHICLE PARTICULARS

Manufacturer Model

Variant

CC

Toyota COASTER 23 SEATER AUTO

Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category

Transmission

Private use

No - Claiming third party

Bus Auto 4009

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number

China Taiping Insurance (Singapore) Pte. Ltd. DMB1SNW00004322300

DRIVER

Occupation

Name of Driver NRIC No Date Of Birth

TAN SIEW HUAY S1527449B 05/01/1962 Outdoor



Accident report SC1I236F0009

Page 1 of 11

Date Of Driving Pass 23/02/1984 Driving experience 39 YEARS AND 4 MONTHS Gender Female Mobile Number (Phone) +65-90087863 Alt. Phone Number Email Address jess@oddsneven.com.sg Address BLK 863 YISHUN AVE 4 #03-77 Address complement Postcode 760863 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 Collision - Head to Rear 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) 1 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 REFER TO ATTACHED. 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	SJP7477J
Vehicle Manufacturer	•
Vehicle Model	
Vehicle Variant	
Vehicle Colour	
Vehicle Category	Private car
Name of Driver	LIM PEI CHIN EUNICE
NRIC No	S9136028D



Contact Number	(Phone) +65-91510304
Address	-
Address complement	-
Postcode	_
Insurance Company Name	_
Nature Of Damage	_
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	1

SKETCH PLAN

VEHNO CB3366D

DATE OF ACC. 14/6/23 @ 18:25

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
- Information provided must be as truthful and accurate as possible. Any willul micropresentation or withholding of material facts may allow insurance companies to repulgiate policy satisfact.
- 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.
- 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.
- 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)

t understand, acknowledge, agree and consent that

(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/late 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 "Issurers"), the Insurers' lawyers/law firms, the Monetery 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) earrying 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 ray 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 GtA 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.

Policyhotder's Signature / Date & Time

Sketch Plan

Oriver's Signature (didn'ver is not the policyholder) / Date A Time

Witnessed by Reporting Centre Personnel (Name as in NRICITO card) [4 5 5

PUEASE
TUURN

OVER

4

" NOTE PLEASE TAKE NOTE THAT YOUR INSURER HAVE 14DAYS TIME FR. Claim under your Own Comprehensive policy. Pls check your policy for	
() Claim Own Policy () Claim Third party ((V) Claim OD (TP)at other workshop (Reporting Onlly
Yishun Ave 1	A: CB3366D (Mone) B: SJP7477J (Alona) Lim Pei Chin Eunice S9136028D HP-91510304
came to a step at the above	n suddenly car B
Declaration We declare the foregoing particulars are true in every respect.	
Poscyfelioer's Signature / Date & Time Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel (Name as in NRICI)D card) (V.C.)