

EM Solution Pte Ltd

160 Sin Ming Drive #03-19, Sin Ming Autocity
Singapore 575722
Tel: 64560226
GST/Reg. No: 201016308K

*NOT WITHIN
1/1 Day &
Repair After Repair
2 days*

ESTIMATE

Date : 2nd Sept 2024

Mdm **Tay Kim Wah**
Blk 337 Bukit Batok St 34, #08-02
Singapore 650337

Veh No : **SJR 7537J**
Make/Model : **Toyota Estima**
Chassis No : ACR507004060
Date of Acc : 20.08.24
TP Veh No : SLJ 1188R

| S/No | Qty | Description | Unit Price | Amount |
|------------------|-------|---|-----------------------------------|--------------------|
| Materials | | | | |
| 1 | 1 pc | Frt Bumper | <i>Bul/Net</i> 1,917.80 | ✓ |
| 2 | 1 pc | Frt Bumper Side Retainer LH | \$ <i>in</i> 164.80 | x |
| 3 | 1 pc | Headlamp LH | <i>my, ms</i> 1,917.80 | ✓ |
| | | | \$ 4,000.40 | |
| | | | Less 25% | \$ 1,000.10 |
| | | | | \$ 3,000.30 |
| 4 | 1 set | Frt Bumper Clips | S/Nett | \$ 50.00 |
| | | | Parts Total : | \$ 3,050.30 |
| Labour | | | | |
| 1 | | To remove & rearrange electrical wirings, check lightings | \$ 80.00 | <i>2d</i> |
| 2 | | To remove, repair & replace damaged bodyparts, realign bodywork and where consistent to the accident. | \$ 400.00 | <i>200d</i> |
| 3 | | Putty and respray painting on affected portions. | \$ 400.00 | <i>220d</i> |
| 4 | | Rust proofing on affected portions. | \$ <i>nn</i> 80.00 | x |
| | | | Labour Total : | \$ 960.00 |
| | | | Total Parts & Labour : | \$ 4,010.30 |

for **E M Solution Pte Ltd**

Parts quoted were based on visual inspection. Should additional parts be found damaged upon dismantling, we will seek your approval before proceeding.

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

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 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 First Submission | 20/08/2024 16:13 (SGT) |
| Reported by | Actual Driver |
| Date of Accident | 20/08/2024 07:20 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | BUKIT BATOK EAST AVE 2 |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SJR7537J |
|-----------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------|----------------------|
| Is company? | No |
| Name Of Registered Owner | TAY KIM WAH |
| NRIC No | S1044812C |
| Email Address | Z.KOH90@GMAIL.COM |
| Mobile Phone No | (Phone) +65-96689129 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Toyota |
| Model | Estima |
| 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 |
| Transmission | Auto |
| CC | 2400 |
| Vehicle Fuel | - |
| First Registration Date | - |
| Chassis no | - |
| Effective Date/Time of Ownership | - |

INSURANCE COMPANY

| | |
|-----------------------------------|--------------------------|
| Name of Insurance Company | Income Insurance Limited |
| Policy Number / Cover Note Number | 5116932467-04 |

SKETCH PLAN

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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 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 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.
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)

I 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 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;
 - (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' 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 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.

CITY AUTO PTE LTD

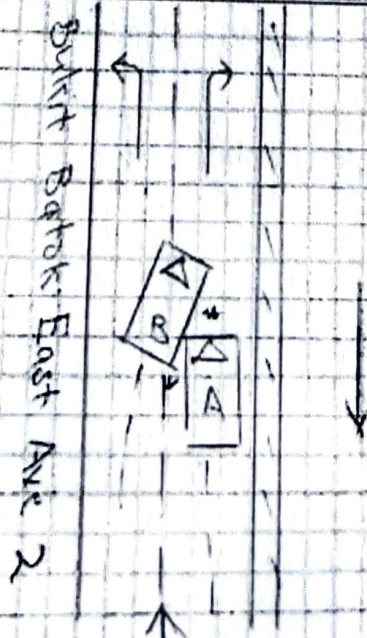
Blk 8 Sin Ming Road
#01-52/50/62 Sin Ming Ind Est
Singapore 575643
Tel: 6453 1235 Fax: 6453 7944
(Claims Section)

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Policyholder's Signature / Date & Time

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

Sketch Plan



A) SJR 7537 J
B) SLJ 1188 R