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OPTIMA WERKZ PTE LTD Co. Reg. No. 201212455W

www.ow.sg SINGAPORE

/Optimawerkz

Date:

12-9-2024

Vehicle No: SNP1219E

Not Northwise

Resurry Bépains Third Party Insurer:
Third Party Veh No:
Date of Accident:
Estimator:

AIG SLG7203G

Model:

Toyota Sienta Hybrid

12/9/2024

Chassis:

JTDBBBA350L000159

Loong

28.10.2022 Reg.Year:

Surveyor:

#### **ESTIMATE**

NO.	DESCRIPTION	QTY	UNIT S\$	AMOUNT S\$
1	FRONT LH DOOR PANEL	1		Ry \$1,991.90
2	FRONT LH DOOR OUTER LOWER MOULDING	1		\$293.50
3	FRONT LH DOOR NO.1 BLACK OUT TAPE	1		M \$89.40
4	FRONT LH OUTER DOOR HANDLE	1		REPAIR
5	FRONT LH SIDE MIRROR	1		REPAIR
	Section Control of the Control of th		SUB TOTAL	\$2,374.80
			LESS 25%	-\$593.70
			PARTS TOTAL	\$1,781.1

NO.	SPECIAL NETT	QTY	UNIT S\$	AMOUNT S\$
	FRONT DOOR INNER TRIM BOARD CLIPS	1		<b>ル</b> へ \$50.00
	FRONT DOOR OUTER MOULDING CLIPS	1		\$50.00
ĺ.			- /: TOTAL	\$100.00
-			S/N TOTAL	\$100.00

**LABOUR CHARGES:** 

2001

LABOUR CHARGES TO REMOVE, REPLACE, REFIX, REPAIR & READJUST FRONT LH ACCIDENT

\$300.00

AREAS & ETC.

2201 \$550.00

LABOUR CHARGES FOR PAINTING & TO SUPPLY PAINT & FURNISHING MATERIALS AT FRONT LH DOOR PANEL, FRONT LH OUTER DOOR HANDLE, FRONT LH SIDE MIRROR, ETC

\$100.00 601

LABOUR CHARGES TO REMOVE & REINSTALLED FRONT DOOR INNER MECHANSIM & ETC. BACK TO ORIGINAL OPERATIONS.

TO TUFF KOTE & UNDERSEAL MATERIALS.

\$100.00 30/

TO CHECK WIRING & ELECTRICAL SYSTEM.

\$100.00 20/

CHECK WIRING & ELECTRICAL 3131	LKK Auto Consultants hence notify	BOUR TOTAL \$1,150.00
	the Repairer of the following:  To resurvey before/after spray painting	BOOKTOTAL
	<ul> <li>To display damaged part(s) during resurvey</li> </ul>	
	<ul> <li>Parts prices are subject to confirmation</li> </ul>	\$3,031.10
90	Third party survey is on a "Without Prejudice" Tag	3TAL \$5,031:10
- 17 Marie	<ul> <li>No illegal modification(s) is allowed</li> </ul>	
	<ul> <li>Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Comp</li> </ul>	

Acknowledged by Repairer

484 9919 Fax: (-65) 6481 1993

Head office 6 Kung Chong Road Singapore 159143 BA Serangoon North Ave 5 Sing

Date:

ranch (Motor Insurance claims)

(10 Ang Mo Kio Ind. Park 2A #01-05 Singapore 568047 Branch (Motor insurance diaims)

Tel: (-85) 6481 1522 Fax: (-85) 6481 1011



# **©** SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

1. Please report <u>correctly</u> the details of the accident to speed up the claims process.
2. This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>
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

9. Intrinsicular provided mast be as truther and acceptance of palaceters of 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**

12/09/2024 15:52 (SGT) **Date of First Submission** Both Policyholder and Actual Driver Reported by 12/09/2024 12:02 (SGT) **Date of Accident** Phillips Ave, Singapore **Exact Location of Accident** Additional Location Information Singapore Country/State of Loss

# DETAILS OF OWN VEHICLE

**SNP1219E** Vehicle Registration Number

INSURED/POLICYHOLDER

No Is company? **TEH EAN LENG** Name Of Registered Owner S7625370F NRIC No EANLENG76@GMAIL.COM **Fmail Address** (Phone) +65-98270889 Mobile Phone No Alternative Phone No

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 Vehicle Fuel

First Regisration Date

Chassis no Effective Date/Time of Ownership

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number Toyota SIENTA HYBRID

Private hire

No - Claiming third party Private hire Auto 1490 Petrol-Electric 28/10/2022 JTDBBBA350L000159 07/02/2024 12:02 (SGT)

Income Insurance Limited 5143220727

DRIVER

Name of Driver TEH EAN LENG NRIC No S7625370F Date Of Birth 21/08/1976 Occupation Outdoor **Driving Pass Date** Vel 02/06/1998 **Driving License Pass Class** Ve **Driving License Validity** Valid Driving experience 26 YEARS AND 3 MONTHS Gender Male Mobile Number (Phone) +65-98270889 Alt. Phone Number **Email Address** EANLENG76@GMAIL.COM Address BLK 434B FERNVALE ROAD #24-238 Address complement Postcode 792434 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 Hit and run / Vandalism / Damaged whilst parked Weather Conditions Clear Road Surface OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) 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** No Was the accident reported to the police? Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO ACCIDENT STATEMENT AS ATTACHED. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes VIDEO FOOTAGE WILL BE SEND VIA EMAIL Reasons for not uploading a video of the accident

# DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

RI

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**SLG7203G** 

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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)

Lunderstand, 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' 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.

Policyholder's Signature / Date &

Sketch Plan

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

Personnel Nelle Tan

AND AUTOPOINT PIL

A SNP1219E

SLG72039

rdiline

	the 12th septementer 2024, during 12:02pm., with the road	
vinhila	being clear. I was along philips sure diopping off a vallenger from a	
Guel	her for it philip are near the side mate. I was trustionary for	
-tien	enter to some down at the right side of the lar and the votienter	
1	which and I consider to the morn sign of the lay and the volithram	
ras	could and I revealed to close the days when the days was	
Cla	hallway and saw a car station with its hockride	
10	ing out of 17 philip avenue and have proceeded to how when	
.46	(S WALL IN COV Jamatha Codylland than the two	
(d	wed to delete despite the hour and have hit the lift ado	
p	y front door leaving a dent on the left from district door.	
		200
	And present the second	
	, and the second	
	The second secon	

## Declaration

IWe declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &

Time

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

Witnessed by Reporting Centre
Personnel JRENE TAN
AMIC AUTOPOINT PL