

ESTIMATE

CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD
 3 ANSON ROAD
 #16-00 SPRINGLEAF TOWER
 SINGAPORE 079909
 Tel: 68396111
 Fax: 62221033
 Attn: MOTOR CLAIM DEPARTMENT

No. : ES.24110008
 Date : 19-11-2024
 Ref. : GBL4446J
 Staff : SUSAN
 Terms : Progress Claim
 Job :

VEH NO : GBL4446J MODEL :TOYOTA DYNA 150 5MT CHASSIS NO: JTFAT35Y70K216693
DOA: 17/11/2024

SNo	Description	Quantity	Unit Price	Amount
	SPECIAL NETT PARTS ITEM:-			
1	REAR STEP CHEQUER C-CHANNEL <i>2x (step bar) - RT</i>	1	800.00	<i>400</i> 800.00
2	REAR STEP SUPPORT STEEL <i>(LH & RH) - RT</i>	2	400.00	<i>800</i> 800.00
3	REAR STEP STOPPER LH <i>/ Th</i>	1	252.00	252.00
4	REAR TAIL LAMP LH <i>X nn</i>	1	400.00	400.00
5	REAR TAIL LAMP BRACKET LH <i>X nn</i>	1	300.00	300.00
6	NUMBER PLATE <i>X nn</i>	1	40.00	40.00
7	NUMBER PLATE BRACKET <i>X nn</i>	1	60.00	60.00
8	REAR DOOR S/S FRAME <i>X nn</i>	1	4,000.00	4,000.00
9	REAR DOOR FRAME STICKER <i>X nn</i>	1	50.00	50.00
10	REVERSE SENSOR <i>X nn</i>	1	350.00	350.00
11	REAR DOOR <i>X nn</i>	1	1,650.00	1,650.00
12	REAR DOOR SEAL <i>X nn</i>	1	225.00	225.00
13	70KM/H STICKER <i>X nn</i>	1	30.00	30.00
	TOTAL			8,957.00
	LABOUR :-			
1	TO STRAIGHTEN AND PANEL BEAT ON ACCIDENT AREA REAR PORTION	1	1,500.00	<i>210</i> 1,500.00
2	TO PUTTY, RE-SPRAY PAINTING AND POLISH ON ACCIDENT AREA REAR PORTION	1	1,200.00	<i>210</i> 1,200.00
3	TO SPRAY RUST PROOFING ON AFFECTED AREA	1	180.00	<i>30</i> 180.00
4	TO CHECK AND RECTIFY WIRING CONNECT AND DISCONNECT	1	180.00	<i>30</i> 180.00
Sum of Singapore Dollars Thirteen Thousand Twenty Six And Cents Fifty Three Only			Amt S\$	12,017.00
			9% GST	1,009.53
			Total S\$	13,026.53

Steve (LKK)
20/11/24, 5-7pm
W L
P/P
4 AL
2 days

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 Company

Acknowledged by Repairer
 Signature: _____

 Authorised Signature

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	19/11/2024 11:23 (SGT)
Reported by	Actual Driver
Date of Accident	17/11/2024 12:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Along Simei Road
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBL4446J

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	BIG-FOOT LOGISTIC PTE LTD
Company Reg No	1XXXXX061H
Email Address	sanjay.ram@bigfoot.com.sg
Mobile Phone No	(Phone) +65-97307902
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	DYNA 150 5MT
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	Commercial vehicle
Transmission	Manual
CC	2982
Vehicle Fuel	-
First Registration Date	-
Chassis no	JTFAT35Y70K216693
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2031779618

DRIVER

Name of Driver	Velayutham Rajesh
Passport No/FIN	GXXXX552N
Date Of Birth	16/10/1992
Occupation	Outdoor
Driving Pass Date	22/03/2023
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	1 YEAR AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86208302
Alt. Phone Number	-
Email Address	sanjay.ram@bigfoot.com.sg
Address	8 Joo Koon Road, Singapore
Address complement	-
Postcode	628972
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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 sketch plan.

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	SLD72D
Vehicle Manufacturer	Mercedes

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

SKETCH PLAN

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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)**
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' law firms/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 firms/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 firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

X



V. Rajesh

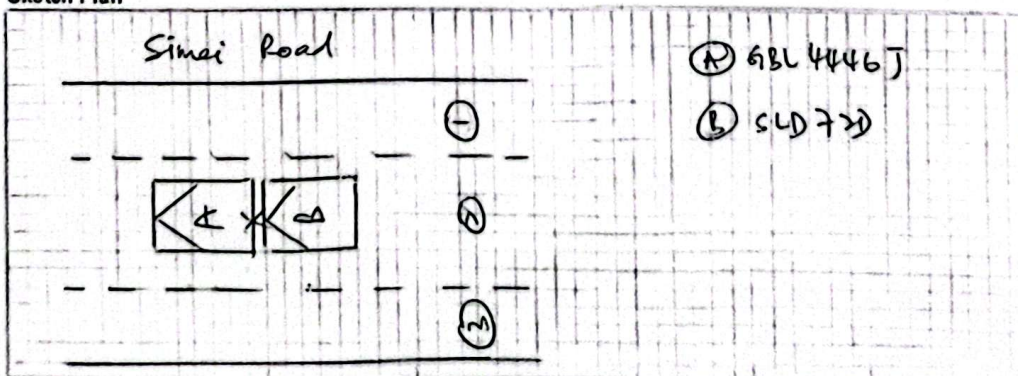


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

I drive my company vehicle bearing GBL4446J at Simai Road.

There was come lightly traffic jam. I follow the in front vehicle in slow speed and keep a safety distance. Suddenly, I felt an impact from rear side and I stop my vehicle and drop off from my vehicle. I realise that vehicle B accidentally hit onto my vehicle cause rear portion damage.

Declaration

We declare the following particulars are true in every respect

X 

Policyholder's Signature / Date & Time

V. Rajesh

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



Witnessed by Reporting Centre Personnel