	24120120/Tp43
AS	SIGNMENT
From: Date:	Veh No: SJN 9944 Pyr Regn: 2017, 66
Estimated Cost:	Type: M.Cycle / Bus / Van / Lorry / Taxl / Prime Mover /
OD / P/WS / TP RES / OD RES / EVA / INV / MV	Truck / Traller or
To Inspect Vehicle No:	Make: + 2 yoth Senta cc 1416
at Workshop m/s	Colour White A/C: Insured / Std / Ní / NA
of .	Sp. Reading 5570+ T/Radio; Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	CINO: WSP170707.5067
Claims No.	Gen. Cond: GO / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake; Indrder / Jammed / Leaked / Burnt or
Make of Veh:	Modl: NII / S/Rim / STD A/Rim or
	Tyre Size: F: 185 60 KIS
(Policy Condition)	R:
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO / YOKO or Confinental
Bal. or Market Value: 440K	Front Rear
DAC Accident Roort Consistent? : Yes or No	R/Bal, Mm R/Bal, 6 mm
GIA / PR Seen: Consistent?: Yes or No	L/Bal. mm L/Bal. mm
Est Repairs: days Res.: Yes or No	D.O.A. D.O.I. 10 12 24
Lum Sum: % 3 Val.: Yes or No	Survey held at ARC Toh Guen
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/G / Rooftop or
Dale: Person Contacted: Vehicle: IN / OU	
Date / Time   Action / Instruction	The U/C / Chassis frame / Body Structure affected due to collision.
Date Figure   Month Historia()	
	AND THE PARTY OF T
	PATRICLE AND ADMINISTRATION OF THE PATRICLE AND ADM
	ASSAME AND THE CONTROL OF THE CONTRO
Date/Time, File Pass to? Preli Report	
Trom Report	Days Of Repair:
Dala/Time, File Rebuin to?	Resurvey No. of Trip: Survey Fee:
	Transportation:
Add Fe	7-0110-01
Population	: Interview (\$ ) Photos : Tech, Invs (\$ ) Others

## **Estimate**

### **Automotive Repair Centre Pte Ltd**

CO. Reg. No. : 201312913C

48 Toh Guan Rd East Enterprise Hub

#02-143/144/145/146/147, Singapore 608586

Tel: 89183288 Fax: 67228585

E-mail: info@automotiverepaircentre.com.sg

EST2412-782-TG ESTIMATE NO. :

DATE: 9-Dec-2024

**SJN9944A** VEHICLE REG. NO.:

TOYOTA SIENTA 1.5G CVT VEHICLE MAKE: NSP1707075067 CHASSIS NO. :

> 7/6/2027 COE:

> > Add GST @ 9%

**Total Amount Payable** 

735.02

8,901.94

FOR SURVEYOR

FIRST CAP

TO

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

ESTIMATE REPAIR CO	וכי
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	ESTIMATE REPAIR CO	ST	a to the state of the state of	
NO.	Asknowledged by Reserver Signature: DESCRIPTION	QUANTITY	UNIT COST	TOTAL COST
	SPARE PARTSDate:			
1	Rear Bumper	1	\$ 880.50	\$ ? 880.50
2	Rear Bumper Side Retainer LH	1	\$ 157.50	\$ × 157.50
3	Rear Bumper Side Retainer RH	1	\$ 157.50	\$ 🗴 157.50
4	Rear Bumper Center Garnish	1	\$ 312.80	\$ ( 12.80
5	Rear Tailgate	1	\$ 1,926.80	\$ht/1,926.80
6	Rear Tailgate Lock	1	\$ 747.90	\$ 7 747.90
7	Rear Tailgate Weatherstrip	1	\$ 615.40	\$ ? 615.40
8	Rear Tailgate Trimboard	1	\$ 241.10	\$ X 241.10
9	Rear Tailgate Glass Moulding	1	\$ 177.80	\$ New 177.80
10	Rear End Panel (Inner)	1	\$ 761.40	\$ × 761.40
11	Rear End Panel (Outer) - plusto	1	\$ 1,258.90	\$ RY 1,258.90
12	Rear End Panel Top Garnish	1	\$ 252.30	\$ × 252.30
	The state of the s	To	tal Cost Less 20%	\$ (1,497.98
			Total Spare Parts	Complete Service Complete Comp
	SPECIAL NETT		Total Spare Parts	\$ 5,991.92
13	Rear Bumper Clips	10	\$ 3.00	\$ 7 30.00
14	Rear Number Plate	1		, 30.00
15	Windscreen Sealant	1		\$ × 35.00
16	Rear Reverse Sensor	1		\$ Nec / 60.00
			\$ 200.00	\$1W/200.00
	LABOUR		otal Special Nett	\$ 325.00
17	Repair and Replace Affected Accident Parts			
	Repair and Replace Affected Accident Parts	1	\$ 800.00	\$ 600 800.00
18	Spray painting (Rear Bumper, Rear Tailgate, Rear End Panel)	1	\$ 800.00	. (
19	Remove & Refit Rear Windscreen	1		\$ 600 800.00
20	Remove & Replace Rear Reverse Sensor	1	\$ 120.00	\$ 120.00
21	Check & Rectrify Wiring	1	\$ 80.00	\$ 40 80.00
timat	e prepared by: JAMES		\$ 50.00	\$ 🗷 50.00
e abo	ve is an estimate based on our inspection and door not severe		Total Labour	\$ 1,850.00
attion	al parts or labour which may be required after work has been started.  nally, worn or damaged parts are discovered which may not be evident.	Am	ount Before Excess	\$ 8,166.92

s are discovered which may not be evident on the first inspection. Because of this, the above price are not guaranteed.

the first inspection. Because of this, the above price are not guaranteed.

Quotation on parts and labour are current and subject to change.

Tanfilm 97495749 WP'10/12/24245pc

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# **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 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 05/12/2024 09:49 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 03/12/2024 19:45 (SGT) **Exact Location of Accident** Singapore Additional Location Information DOWNTOWN EAST DROP OFF POINT EXIT Country/State of Loss

### DETAILS OF OWN VEHICLES

Singapore

Vehicle Registration Number SJN9944A

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner DOMINIC CHIA KIM SENG NRIC No SXXXXX4071 **Email Address** DOMINATION79@YAHOO.COM Mobile Phone No (Phone) +65-93633789 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Toyota Model Sienta 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 Auto CC 1500 Vehicle Fuel First Regisration Date Chassis no

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number

Effective Date/Time of Ownership

Auto & General Insurance (Singapore) Pte. Limited. P10364890R04

DRIVER

Name of Driver	DOMINIC CHIA KIM SENG
NRIC No	DOMINIO OF IT
Date Of Birth	SXXXX407I
Occupation	11/01/1979
Driving Pass Date	Indoor
Driving License Pass Class	16/04/2001
Driving License Validity	3
	Valid
Driving experience	23 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93633789
Alt. Phone Number	-
Email Address	DOMINATION79@YAHOO.COM
Address	217 PASIR RIS STREET 21, #11-152
Address complement	217 PASIR RIS STREET 21, #11 102
Postcode	- F40047
Is the driver the policyholder?	510217
If No, Relationship of the Driver with the Insured	Yes
Does Driver Own Other Vehicles?	가 있다는 그 사람들이 생각하는 것이 되었다. 그 사람들이 되었다. 그 사람들이 되었다. 그렇게 하는 것이 되었다.
Vehicle Registration Number of Other Vehicle O	No
Vehicle Registration Number of Other Vehicle Owned by Driver	
Insurance Company of Other Vehicle Owned by Driver	
The strain of our of verticle Owned by Driver	AND STATE OF
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	
Weather Conditions	Collision - Head to Rear
Road Surface	Raining
to the same management and	Wet
<u> </u>	
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	
Number of vehicles involved in the accident?	No
	2
Was any injured conveyed to be with the	No
Was any other vehicles	7
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s)	
soliciting/offering accident claims assistance? Translator's name	No
Translator's name Translator's ID	- 12 - 12 - 12 - 12 - 12 - 12 - 12 - 12
Translator's phone number	<u>-</u>
Translator's email	-
Original language used in the statement	_
PASSENGER 1	
MOCHALITY	
Name	**************************************
Gender	WIFE
the state of the s	Female
The state of the s	
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	
Was notice of intended Prosecution given?	No
If yes, against whom?	No
ii yes, against whom?	~ ·
CIRCUMSTANCES OF ACCIDENT	
DESERTO OVETOU DI ANI	
REFER TO SKETCH PLAN	
ATTACHMENT(S)	
The state of the s	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
	100

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer	SHC1677E	Ē
Vehicle Model	-	
Vehicle Variant	2. <del>-</del>	
Vehicle Colour		
Vehicle Category	Taxi	
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)	± %	

### IMPORTANT NOTICE

#### SKETCH PLAN

- 1. Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Poscyholder antior the Actual Oriver.
- 3 Information provided must be as <u>inufficial and accurate as possible</u>. Any wilful misrepresentation or withholding of malerial 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.
- This report will be lorwarded by the insurers to the GIA Records Management Centre established by the General Insurence 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 recort being made available aforesald.

### 8. Consent under the Personal Data Protection Act (PDPA)

Lundersland, 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' lawyersitaw firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:

(i) processing, handing and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims.

(a) investigating the accident and/or my claims;

(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;

(in) 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 backages); 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

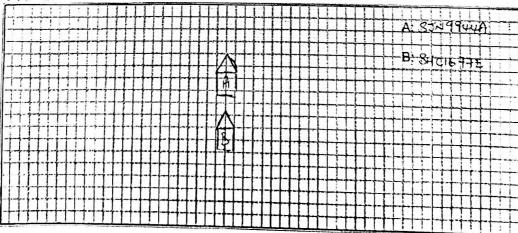
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GM to their third-party service providers or agents including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) I Date

Winessed of Reporting Centre Personnel

Sketch Plan



1000	rcumstance of the Accident
OA:	3/12/24
IME:	1945 Hes.
OCAT	ION: DOWNTOWN EAT DROP OFF FORT EXT.
	IT NAS DRIVING AT THE ABOVE MENTION LOCATION
	Thing Pood Teeffic
	I STOP AT THE STOP UNE TO CHECK ON MYDE EDAN TRAFFIC
-	2 PERR OF MY YEHICLE.
-	SLOVENLY, VENICLE (B) HIT ONTO THE REAR OF MY VEHICLE.
w-2-	

Declaration

I/We declare the foregoing particulars are true in every respect.

Oriver's Signature (if driver is not the policyholder) / Onle & Teme

With the Reporting Centre Personnel [Name as in NRIC/ID card]