



Automotive Repair Centre Pte Ltd
CO. Reg. No. : 201312913C

Estimate

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

ESTIMATE NO. : EST2412-782-TG
DATE : 9-Dec-2024
VEHICLE REG. NO. : **SJN9944A**
VEHICLE MAKE : TOYOTA SIENTA 1.5G CVT
CHASSIS NO. : NSP1707075067
COE : 7/6/2027

TO FIRST CAP

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

FOR SURVEYOR

ESTIMATE REPAIR COST

NO.	DESCRIPTION	QUANTITY	UNIT COST	TOTAL COST
SPARE PARTS				
1	Rear Bumper	1	\$ 880.50	\$? 880.50
2	Rear Bumper Side Retainer LH	1	\$ 157.50	\$ x 157.50
3	Rear Bumper Side Retainer RH	1	\$ 157.50	\$ x 157.50
4	Rear Bumper Center Garnish	1	\$ 312.80	\$ cut 312.80
5	Rear Tailgate	1	\$ 1,926.80	\$ ht 1,926.80
6	Rear Tailgate Lock	1	\$ 747.90	\$ T 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	\$ x 761.40
11	Rear End Panel (Outer) - photo	1	\$ 1,258.90	\$ Ry 1,258.90
12	Rear End Panel Top Garnish	1	\$ 252.30	\$ x 252.30
Total Cost Less 20%				\$ (1,497.98)
Total Spare Parts				\$ 5,991.92
SPECIAL NETT				
13	Rear Bumper Clips	10	\$ 3.00	\$? 30.00
14	Rear Number Plate	1	\$ 35.00	\$ x 35.00
15	Windscreen Sealant	1	\$ 60.00	\$ new 60.00
16	Rear Reverse Sensor	1	\$ 200.00	\$ new 200.00
Total Special Nett				\$ 325.00
LABOUR				
17	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	\$ 600 800.00
19	Remove & Refit Rear Windscreen	1	\$ 120.00	\$ ✓ 120.00
20	Remove & Replace Rear Reverse Sensor	1	\$ 80.00	\$ 40 80.00
21	Check & Rectrify Wiring	1	\$ 50.00	\$ x 50.00
Total Labour				\$ 1,850.00
Amount Before Excess				\$ 8,166.92
Add GST @ 9%				735.02
Total Amount Payable				\$ 8,901.94

Estimate prepared by: JAMES

The above is an estimate based on our inspection and does not cover any additional parts or labour which may be required after work has been started. Occasionally, worn or damaged parts are discovered which may not be evident on the first inspection. Because of this, the above price are not guaranteed. Quotation on parts and labour are current and subject to change.

Tanjik 97495749 WP' 10/12/24 @ 245p
Tanjik @ Khanab.com
05 days L/S Resurvey after repair



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	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	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN9944A
INSURED/POLICYHOLDER	
Is company?	No
Name of Registered Owner	DOMINIC CHIA KIM SENG
NRIC No	SXXXX407I
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 Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Auto & General Insurance (Singapore) Pte. Limited.
Policy Number / Cover Note Number	P10364890R04

DRIVER

Name of Driver	DOMINIC CHIA KIM SENG
NRIC No	SXXXX407I
Date Of Birth	11/01/1979
Occupation	Indoor
Driving Pass Date	16/04/2001
Driving License Pass Class	3
Driving License Validity	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	-
Postcode	510217
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	Raining
Road Surface	Wet

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)	2
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	-

PASSENGER 1

Name	WIFE
Gender	Female

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 SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC1677E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
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)	-

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 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:

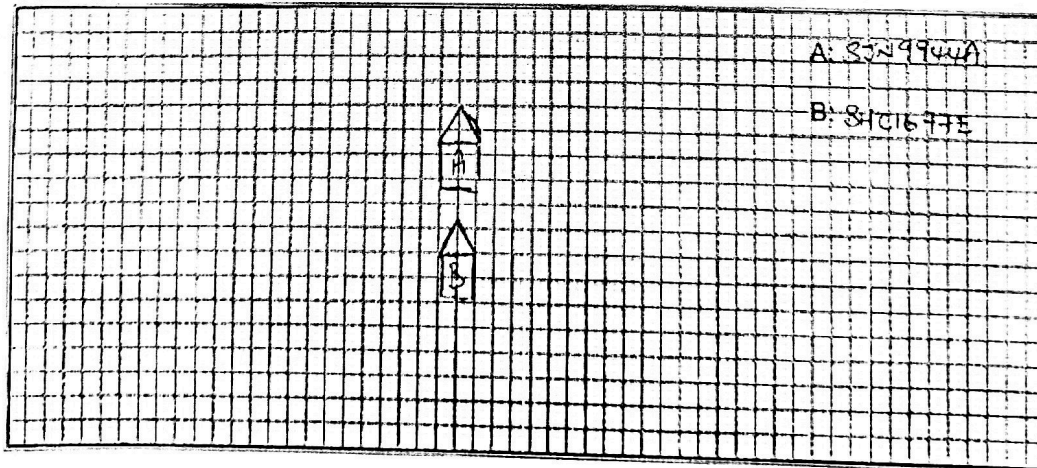
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.


Policyholder's Signature / Date & Time


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


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

Sketch Plan



A: 8329944A

B: 8401677E

Describe Circumstance of the Accident

DOA: 3/12/24

TIME: 1945 HRS.

LOCATION: DOWNTOWN EAST DROP OFF POINT EXIT.

IT WAS DRIVING AT THE ABOVE MENTION LOCATION.

I STOP AT THE STOP LINE TO CHECK ON MAJOR ROAD TRAFFIC.


SUDDENLY, VEHICLE (B) HIT ONTO THE REAR OF MY VEHICLE.

Declaration

I/We 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


Witness Reporting Centre Personnel
(Name as in NRIC card)