



Co. Reg No.: 195700085Z GST Reg No.: MR-8500000-9 No. 2 PANDAN CRESCENT SINGAPORE 128462. Tel no. 6631 1188

ESTIMATE

Account Details				Accou	nt No.				Customer	Customer Details			
#06-02 IOB Building Singapore 049711 Attn Motor Claims Dept				Docum	Document No 4		469 #06	Mr Choon Tuck Kiong (Qin Deqiang) 469 Jurong West Street 41 #06-491 Singapore 640469					
					Document Date			Mobile 92346382					
Year Model Variant Re			Reg. Dat	e Reg. N	0.	Kilom	eters \	Wip No.	Order N	lo. / Rer	marks		
2019 ZVW40R AWXEBW S3			XEBW S3	16/11/202	20 SGJ393	32E		0	35786	79/DS/	79/DS/SGJ3932E		
	C	Chassis No.	Engine No.	Terms	s SA/Co	ounter		Vehicle In Collected On			On		
JT	DZ	S3EU00J052480	2ZR2F84481	60	Ong We	en Hong	ı	//	0.00	//		0.00	
L	Cd		Job/Parts Desc	cription				Qty	Unit Price	Disc %		Amount	
1 Z BP-SUNDRY TP INS:III TP VEH:SNH3335G DATE OF ACC:23/12/2024 NUMBER OF REPAIR DAYS: SURVEY BY: 2 Z BP-SLANT SUPPLY SEALANT (NETT) 3 BP-LAB2 TO REPLACE AND REPAIR ACCIDENT DAMAGED P 797 Y2 ARTS 4 B BP-RES2 TO RESPRAY ALL ACCIDENT AFFECTED AREAS 656 x 2 5 B BP-LAB2 TO CHECK WIRING SYSTEM 6 B BP-LAB2 TO DRILL HOLE AND INSTALL REVERSE SENSOR 7 B BP-LAB2 TO REMOVE AND TRANSFER BOOT COMPONENT TO NEW BOOT 8 B BP-ECU2 TO RESET ECU AND REPROGRAMME 9 B BP-WS2 TO REMOVE AND INSTALL REAR WINDSCREEN 10 S BP-SUBLET TO SUPPLY SOLAR FILM FOR REAR WINDSCREEN 11 S BP-SUBLET TO SUPPLY REAR NUMBER PLATE 12 1 T52159-47912 COVER, RR BUMPER 11 S S52161-0K040 PIECE, RR BUMPER 11 S T52575-47030 RETAINER, RR BUMPER 11 S T52575-47030 RETAINER, RR BUMPER 11 S T52575-47030 RETAINER, RR BUMPER 12 T52575-47030 RETAINER, RR BUMPER 13 T52575-47030 RETAINER, RR BUMPER 14 T52159-47912 COVER RR BUMPER 15 T52575-47030 RETAINER, RR BUMPER 16 T52575-47030 RETAINER, RR BUMPER 17 T52159-47912 COVER RR BUMPER 18 T52575-47030 RETAINER, RR BUMPER 19 T52575-47030 RETAINER, RR BUMPER 10 T52575-47030 RETAINER, RR BUMPER 11 T52159-47912 COVER RR BUMPER 12 T52575-47030 RETAINER RR BUMPER						855.40 5.80 89.90			200.00 4752.00 3936.00 134.64 198.00 594.00 480.00 80.00 855.40 58.00 89.90				
		pehalf of Motors (Singapore) Pte Ltd	Customer' Please acknowledg	s Signature e receipt of veh		rge Sur	mmar	у	Total Less Amount	Due			



Borneo Motors



Co. Reg No. : 196700086Z GST Reg No. : MR-8500000-9 No 2 PANDAN CRESCENT

SINGAPORE 128462, Tel no 6631 1188

ESTIMATE

India International Insurance P L 64 Cecil Street #06-02 IOB Building Singapore 049711				Document No.		Customer Details Mr Choon Tuck Kiong (Qin Deqiang) 469 Jurong West Street 41 #06-491 Singapore 640469						
											Attn:	Attn: Motor Claims Dept
Ye	Year Model Variant Reg					Reg. No.	Kilom	eters V	Vip No.	Order No	o. / Remarks	
20	19	ZVW40R	AWXEBW S3	16	/11/2020	SGJ3932E		0	35786	86 79/DS/SGJ3932E		
	C	Chassis No.	Engine No.		Terms	SA / Counter		Ve	ehicle In	Со	llected On	
J	DZ	S3EU00J052480	2ZR2F84481		60	Ong Wen Hong	g	//	0.00	//	- 0.00	
L	Cd		Job/Parts De	escriptio	on			Qty	Unit Price	Disc %	Amount	
15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34	9 0 1 2 3	T52155-47010 T52156-47010 T52023-12240 T52015-47080 T52016-47060 T58307-47080 T67935-47010 C0 T67005-47460	RETAINER, RR BU SUPPORT, RR BUI SUPPORT, RR BUI REINFORCEMENT ARM SUB-ASSY, R ARM SUB-ASSY, R PANEL SUB-ASSY PLATE, BACK DO PANEL SUB-ASSY WEATHERSTRIP, GLASS SUB-ASSY, DAM, WINDOW GI BOARD ASSY, BACK EMBLEM ASSY, D PLATE, BACK DOO PLATE, LUGGAGE GARNISH SUB-A SPOILER, RR NO. LENS & BODY, RR	MPER MPER R R R R R R R R R R R R R R R R R R		ne		1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00	89.90 217.70 217.70 334.00 243.00 1058.90 251.40 1692.80 509.90 1426.00 40.10 455.40 571.50 87.90 87.90 75.70 599.80 1175.80 1069.50		89.90 217.70 217.70 334.00 243.00 1058.90 251.40 1692.80 509.90 1426.00 40.10 455.40 571.50 87.90 87.90 75.70 599.80 1175.80 1069.50	
		pehalf of Motors (Singapore) f	Pte Ltd Custom			Parts Labour Sublet Lubrication/Fluid Others	ımmar	у	Total Less Amount	Due		





Borneo Motors



inchcape

Co. Reg No.: 196700086Z GST Reg No.: MR-8500000-9 No 2 PANDAN CRESCENT SINGAPORE 128462, Tel no 6631 1188

ESTIMATE

		Account	Details	Account				Customer	Details	
India International Insurance P L				S1000006 / ICIII1 Document No. 0		Mr Choon Tuck Kiong (Qin Deqiang) 469 Jurong West Street 41 #06-491 Singapore 640469				
		Claims Dept		Docume 24/12/			ile: 9234638			
Yea	ır	Model	Variant	Reg. Date	Reg. No.	Kilom	eters \	Wip No.	Order N	o. / Remarks
201	9	ZVW40R	AWXEBW S3	16/11/2020	SGJ3932E		0	35786	79/DS/	SGJ3932E
	С	hassis No.	Engine No.	Terms	SA / Counter		V	ehicle In	Co	ollected On
JT	DZS	S3EU00J052480	2ZR2F84481	60	Ong Wen Hor	ng	//	0.00		0.00
L	Cd		Job/Parts De	scription			Qty	Unit Price	Disc %	Amount
35 36 37 38	36 5 T21000-20 SIKA 182010 SIKA TACK C 37 6 T21000-22 SIKA 207. G+P ADHESIVE			ACK ĜO! (BLA SIVE PRIMER 218 ATTITUDE	IER / /^C 1.00 200.00				1022.70 216.00 200.00 101.05	
			Steve (1 3/1/25 VM	LKK)						
			3/1/28	5, 11,900h	`					
			M	LK						
			f							
		-	L	1 Be L	- 14					
_				5 0/4	45					
Fc B	the	K Auto Consultants Repairer of the follo	wing:	r's Signature	Charge S	ummar	у	Total		24,257.59
	• To	resurvey before/after sp display damaged part(s)	during resurvey	tge receipt of vehic	cle Parts		12,990.	GST 9.0 95	0%	2,183.18
	• Th	arts prices are subject to d ird party survey is on a °V	Vithout Prejudice" basis		Labour		10,706.			
	No illegal modification(s) is allowed Supplementary item(s) must be resurveyed <u>and</u> is subject to final approval from Insurance Company				Sublet Lubrication/Fluid		560. 0.	00 Less		0.00
					Others			00	Amount Due	
		nowledged by Repairer ature:								
	Date									
				Cush	mor Conv					

sBOK24CO0001 / Borneo Motors Pte Ltd SBUKZ4000001 / Bollied Molors Pie Lid ENTRY DATE & TIME. 24/12/2024 10:21 (SGT) SUBMITTED BY Linette Cheong VERSION: 1 (24/12/2024 10.21 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

please report correctly the details of the accident to speed up the claims process

This Form must be completed by the Policyholder and/or the Actual Driver
Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate

3 Information product must be as numerical as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudia 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 report will be forwarded by the Insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving a transport or support of the policy in a fee, be made available upon explication. 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 24/12/2024 10:21 (SGT)

Reported by Both Policyholder and Actual Driver

Date of Accident 23/12/2024 19:15 (SGT) **Exact Location of Accident**

Singapore Additional Location Information PIE TOWARDS TUAS AFTER WHITELY RD

Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

No

Vehicle Registration Number SGJ3932E

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner **CHOON TUCK KIONG**

NRIC No SXXXX725G

Fmail Address xr2008244@hotmail.com Mobile Phone No (Phone) +65-92346382 Alternative Phone No +65-97503359

VEHICLE PARTICULARS

Manufacturer Toyota Model Prius Variant

Exact purpose for which vehicle was being used at time of

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 AIG Asia Pacific Insurance Pte. Ltd. 7230091327-01

No - Claiming third party

Private car

Auto 1800

DRIVER



Page 1 of 27



ame of Driver NRIC NO Date Of Birth Occupation **Driving Pass Date Driving License Pass Class Driving License Validity**

Driving experience

Gender Mobile Number

Alt. Phone Number **Email Address**

Address

Address complement Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

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 Weather Conditions Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

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? Was notice of intended Prosecution given?

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

REF ATTACH

ATTACHMENT(S)

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

Yes Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer

SNH3335G Toyota

Accident report SB0K24C00001

CHOON TUCK KIONG

20 YEARS AND 9 MONTHS

(Phone) +65-92346382

xr2008244@hotmail.com

Collision - Head to Rear

BLK 469 JURONG WEST STREET 41 #06-491

+65-97503359

SXXXX725G

09/05/1975

16/03/2004

Indoor

3

Valid

Male

640469

Raining

Wet

No

2

No

Yes

1

No

No

No

Yes

No

wide Model
wide Variant
white Colout
white Colout
white Colout
white Category
uses 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)

Ø Accident report SB0K24C00001



SKETCH PLAN

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 wiful misrepresentation or withholding of material facts may allow insurance companies to reguldiate 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)

t understand, acknowledge, agree and consent that

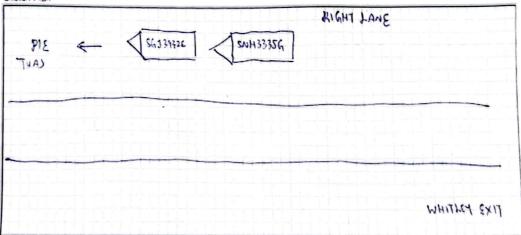
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by mic or possessed by my insurer (collectively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

24 986 24 0930

24 RC 24 0930

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

Sketch Plan



1

			9000			
escribe Circumstance o	the Accident					,
1 was arwing	along PIE towards	tuas	× 19134	s on 25	VEC 2024	and
hit the rear	along PIE towards frost stop and of my rehale	l manage	to stop in	time but	the vehicle	behind
	V		4.7%			
			Total M. and additional processing and a contraction			

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				erio (resusció), en el estación de esperante (de esperante de esperante de esperante de esperante de esperante		
						to retrieve out to the agent to the
			CO. SERVICE - LA DIRECTOR DE PRESENTA DI CONTROL			
		the grant or was specially a re-	1700			
		· · · · · · · · · · · · · · · · · · ·	graph or construct the street regions are not become			
					and the commence of the colors of physical states, beginning	
		The second second				

Declaration

t/We declare the foregoing particulars are true in every respect

Policyholder's Signature / Oste & Time

24 7XC 24 0930 Driver's Signature (8 driver is not the policyholder) / Date & Time

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

2