



Borneo Motors

Co. Reg No. : 106700080Z
GST Reg No. : MR-8500000-D
17 UBI ROAD 4
SINGAPORE 408011, Tel no. 6631 1188

Stew CLKKJ
13/6/24, 10.22h

OD. 1/1/1/1
EXCESS - ?
P/P



TOYOTA

by BOL by
7 days (part repaid 8 days)

ESTIMATE

Account Details		Account No.	Customer Details				
ECICS Limited 7 Temasek Boulevard #10-01 Suntec Tower One Singapore 038987		S1000026 / ICECICS	Mr Teo Chun Wey (Zhang Junwei) 213B Bidadari Park Drive #07-605 Singapore 362213 Mobile: 81863687				
		Document No. 0					
		Document Date 11/06/2024					
Year	Model	Variant	Reg. Date	Reg. No.	Kilometers	Wip No.	Order No. / Remarks
2018	NSP170R	MWYQKT E3	20/12/2018	SMG4362M	0	23192	60D/SMG4362M/10062
Chassis No.	Engine No.	Terms	SA / Counter	Vehicle In	Collected On		
MHFZ28H3500060696	2NRX402869	60	Shashitharan	--/--/----	0.00	--/--/----	0.00
L	Cd	Job/Parts Description	Qty	Unit Price	Disc %	Amount	
1	Z	BP-SUNDRY SUNDRIES POLICY NO.:MP23A00353700 ACC DATE:08/06/24 DRIVE IN:10/06/24 EXCESS: DATE-IN: DATE SURVEY: NO OF REPAIR DAYS: BY: AUTHORISED ON:				50	100.00
2	B	BP-LAB2 CHECK WIRIN GAND REFOCUS HEADLAMP				158.40	
3	L	BP-LPO SUPPLY REGN PLATE (PO#)				100.00	
4	B	BP-MECH2 R/I AIRCOND PIPE VACCUM AND REGAS				316.80	
5	B	BP-ECU2 TO RESET ECU AND REPROGRAMME				158.40	
6	Z	BP-SLANT SUPPLY SEALANT (NETT)				200.00	
7	B	BP-LAB2 REPL ACC AFF PARTS AND PANEL				3801.60	
8	B	BP-RES2 RESRPAY ACC AFF AREA				3148.80	
9	1	S17700-0Y140 CLEANER ASSY, AIR W/	1.00	1494.00	30.00	1045.80	
10	2	S16400-0Y130 RADIATOR ASSY	1.00	3040.80	30.00	2128.56	
11	3	S16711-0Y090 SHROUD, FAN	1.00	411.10	30.00	287.77	
12	4	S88460-0D390 CONDENSER ASSY	1.00	2186.60	30.00	1530.62	
13	5	S88891-0D370 COVER, COOLER, NO.1	1.00	51.60	30.00	36.12	
14	6	S52119-0U928 COVER, FR BUMPER, L	1.00	515.20	30.00	360.64	
15	7	S81482-0D290 COVER, FOG LAMP, LH	1.00	184.00	30.00	128.80	
For & on behalf of Borneo Motors (Singapore) Pte Ltd		Customer's Signature	Charge Summary		Total		
		Please acknowledge receipt of vehicle	Parts Labour Sublet Lubrication/Fluid Others		Less Amount Due		

Customer Copy



Borneo Motors

Co. Reg No. : 196700086Z
GST Reg No. : MR-8500000-9
17 UBI ROAD 4
SINGAPORE 408611, Tel no.: 6631 1188



TOYOTA

ESTIMATE

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2018	NSP170R	MWYQKT E3	20/12/2018	SMG4362M	0	23192	60D/SMG4362M/10062
Chassis No.	Engine No.	Terms	SA / Counter	Vehicle In	Collected On		
MHFZ28H3500060696	2NRX402869	60	Shashitharan	--/--/----	0.00	--/--/----	0.00

L	Cd	Job/Parts Description	Qty	Unit Price	Disc %	Amount
16	8	S52144-0D120 BRACKET, FR BUMPER S	1.00	66.80	30.00	46.76
17	9	S52521-0D020 RETAINER, FR BUMPER, / BR	1.00	113.30	30.00	79.31
18	0	S53101-0D700 GRILLE SUB-ASSY, RAD / BR	1.00	947.50	30.00	663.25
19	1	S52127-0D550 COVER, FR BUMPER HOL X	1.00	21.40	30.00	14.98
20	2	S52161-0K040 PIECE, RR BUMPER / PC	4.00	5.80	30.00	16.24
21	3	S53301-0D260 HOOD SUB-ASSY / OD	1.00	913.20	30.00	639.24
22	4	S53812-0D220 PANEL, FR FENDER, LH / OD	1.00	883.80	30.00	618.66
23	5	S53828-0D170 PROTECTOR, FR FENDER ?	1.00	65.70	30.00	45.99
24	6	S53876-0D410 LINER, FR FENDER, LH	1.00	262.10	30.00	183.47
25	7	S53510-0D640 LOCK ASSY, HOOD / BT	1.00	188.00	30.00	131.60
26	8	S53420-0D642 HINGE ASSY, HOOD, LH / BT	1.00	92.50	30.00	64.75
27	9	S53410-0D642 HINGE ASSY, HOOD, RH / BT	1.00	92.50	30.00	64.75
28	0	S53201-0D200 SUPPORT SUB-ASSY, RA	1.00	1605.00	30.00	1123.50
29	1	S53208-0D140 SUPPORT SUB-ASSY, HO	1.00	206.30	30.00	144.41
30	2	S53203-0D090 SUPPORT SUB-ASSY, RA	1.00	109.40	30.00	76.58
31	3	S53202-0D080 SUPPORT SUB-ASSY, RA	1.00	109.40	30.00	76.58
32	4	S75301-0D160 EMBLEM SUB-ASSY, RAD / PC	1.00	93.30	30.00	65.31
33	5	T81130-52K31 UNIT ASSY, HEADLAMP, /	1.00	5286.10	30.00	3700.27
34	6	T81170-52K31 UNIT ASSY, HEADLAMP, (LH) / BR	1.00	4952.00	30.00	3466.40
35	7	S74404-0D240 CLAMP SUB-ASSY, BATT X	1.00	46.40	30.00	32.48

For & on behalf of	Customer's Signature	Charge Summary	Total
Borneo Motors (Singapore) Pte Ltd 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	Please acknowledge receipt of vehicle	Parts 16,772.84 Labour 7,884.00 Sublet 100.00 Lubrication/Fluid 0.00 Others 0.00	24,756.84 GST 9.00% 2,228.12 Less 0.00 Amount Due 26,984.96

Acknowledged by Repairer
Signature:
Date:

Customer Copy

TYPE OF CLAIM: ☒ OD ☐ OD/UL ☐ DS

8.52am

MCA: ST

MOTOR ACCIDENT REPORT

Date Of Report: <u>10/6/24</u>	Time: <u>8:52</u>	Date Of Accident: <u>8/6/24</u>	Time: <u>17:11</u>
Exact Location Of Accident: <u>After Braddell road exit</u>			
Country/State of Loss: Singapore <input checked="" type="checkbox"/> / Wilayah Persekutuan <input type="checkbox"/> / Selangor Darul Ehsan <input type="checkbox"/> / Negeri Sembilan <input type="checkbox"/> / Melaka <input type="checkbox"/> / Pahang <input type="checkbox"/> / Johor <input type="checkbox"/> / Perak <input type="checkbox"/> / Kedah <input type="checkbox"/> / Kelantan <input type="checkbox"/> / Terengganu <input type="checkbox"/> / Pulau Pinang <input type="checkbox"/> / Perlis <input type="checkbox"/> / Thailand <input type="checkbox"/>			
Who Reported the Accident? Owner <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Both <input type="checkbox"/>		Was this statement translated from another language? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If yes, please fill ANNEX C	
OWN VEHICLE DETAILS (INSURED/POLICY HOLDER)			
Vehicle Registration Number: <u>SMG 4362M</u>		Co. Reg. No(for Co. Vehicle)/NRIC/PP/FIN No: <u>S8406 743A</u>	
Name Of Registered Owner: <u>TEO CHUN WEY</u>			
Mobile Number: <u>87192431</u>		Alternative No: <u>-</u> Email Address: <u>amr_84@hotmail.com</u> (Compulsory)	
Vehicle Particulars			
Manufacturer: Toyota <input checked="" type="checkbox"/> Lexus <input type="checkbox"/> Suzuki <input type="checkbox"/> Hino <input type="checkbox"/>		Model: <u>Sienta</u>	
Exact Purpose for which vehicle was being used at time of accident: Normal Usage <input checked="" type="checkbox"/> Other <input type="checkbox"/> (please specify):			
Are you claiming under your own insurance policy for repair to your vehicle? Yes <input checked="" type="checkbox"/> Reporting Only <input type="checkbox"/>			
Third Party <input type="checkbox"/> - If Liability Clearance UNSUCCESSFUL within 14 Days, I will revert to Own Insurance Policy Claim			
Vehicle Category: Private Car <input checked="" type="checkbox"/> Commercial Vehicle <input type="checkbox"/> Others <input type="checkbox"/>			
Insurance Company			
Name of Insurance Company: <u>ECICS</u>			
Type Of Coverage: Comprehensive <input checked="" type="checkbox"/> Third Party <input type="checkbox"/> Third Party Fire and/or Theft <input type="checkbox"/>			
Fleet Policy: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Policy / Cover Note No: <u>NIP23A 00353700</u>	
DRIVER DETAILS AT POINT OF ACCIDENT			
Name of Driver: <u>Teo Othysia</u>		NRIC/ Passport / FIN No: <u>S88794358</u>	
Date Of Birth: <u>6/10/1988</u>		Occupation: Indoor <input checked="" type="checkbox"/> Outdoor <input type="checkbox"/>	
Date Of Driving Pass: <u>24/07/2009</u>		Gender: Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>	
Mobile Number: <u>8812 2419</u>		Fax No: <u>-</u> Alternative No: <u>-</u>	
Address: <u>BK 213B Braddell Park Drive #07-605</u>		Postal Code: <u>36213</u>	
Email Address: <u>amr_84@hotmail.com</u>			
Was driver an employee of the Insured's Company? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> State relationship of the driver with the insured: <u>Spouse</u>			
Vehicle Registration Number of Driver's Own Vehicle (if applicable):			
Insurance Company of Driver's Own Vehicle (if applicable):			
GENERAL INFORMATION OF THE ACCIDENT			
Type Of Accident: <u>Front collision</u>			
Weather Conditions: Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others <input type="checkbox"/> (If others, please state condition):			
Road Surface: Wet <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Others <input type="checkbox"/> (If others, please state condition):			
Was any body injured in the Accident? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>			
Was any injured conveyed to hospital by ambulance? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>			
Was any foreign vehicle involved in this accident? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Vehicle No: <u>SLM 3890H</u> Vehicle type: <u>Toyota Harrier</u>			
Number of vehicles involved in the accident:			
Was there any witness? No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> If yes, please furnish witness details column below			
Witness Name: <u>TEO CHUN WEY</u> Contact No.: <u>87192431</u> Email: <u>amr_84@hotmail.com</u>			
Was there any other vehicle or property damaged? No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>			
Was there any video captured by Car Camera? No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>		Are accident scene photos available for attachment? No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	
Was the accident reported to the police? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> (If yes, please state which Police Station):			
Was notice of intended Prosecution given? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> (If yes, please state against whom):			
I have been approached by unknown person(s) soliciting/offering accident claims assistance. No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>			
PASSENGER 1			
Number of Passengers in the above vehicle (Including Driver): <u>4</u> / If more than 2 Pax Please fill ANNEX B			
Name: <u>TEO CHUN WEY</u>		Gender: Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	
DETAILS OF OTHER VEHICLE PROPERTY 1 (Please fill Annex A if more vehicles involved)			
Vehicle Registration Number: <u>SLM 3890H</u>		Vehicle Make/Model/Colour: <u>Toyota Harrier, Black</u>	
Details Of Properties Damage in Accident: Vehicle Category:			
Name of Driver: <u>Bshi Tai Tam</u>			
NRIC/Passport/FIN Number: <u>S164761D</u>		Contact Number: <u>9863 3407</u>	
Address:		Postal Code:	
Insurance Company Name:			
Nature Of Damage:		No. Of Passenger (Including Driver):	

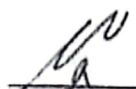
PASSENGER 2		
Name: Cynla Teo	Gender: Male <input type="checkbox"/>	Female <input checked="" type="checkbox"/>
PASSENGER 3		
Name: Joyie Teo	Gender: Male <input type="checkbox"/>	Female <input checked="" type="checkbox"/>
PASSENGER 4		
Name:	Gender: Male <input type="checkbox"/>	Female <input type="checkbox"/>
PASSENGER 5		
Name:	Gender: Male <input type="checkbox"/>	Female <input type="checkbox"/>
PASSENGER 6		
Name:	Gender: Male <input type="checkbox"/>	Female <input type="checkbox"/>
PASSENGER 7		
Name:	Gender: Male <input type="checkbox"/>	Female <input type="checkbox"/>
PASSENGER 8		
Name:	Gender: Male <input type="checkbox"/>	Female <input type="checkbox"/>
PASSENGER 9		
Name:	Gender: Male <input type="checkbox"/>	Female <input type="checkbox"/>
PASSENGER 10		
Name:	Gender: Male <input type="checkbox"/>	Female <input type="checkbox"/>


Describe Circumstance of the Accident

The car in front stop and I couldn't brake in time.

Declaration

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

 10/6/24
Policyholder's Signature / Date & Time

 10/6/2024
Driver's Signature (if driver is not the policyholder) / Date
& Time


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

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 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 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.

 10/6/24
Policyholder's Signature / Date & Time

 10/6/24
Driver's Signature (if driver is not the policyholder) / Date & Time


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

Sketch Plan

