

# 輝陽汽車有限公司

## HUI YANG MOTOR PTE. LTD.

Contact Add : SIN MING AUTOCARE Blk 176 Sin Ming Drive #04-02 Singapore 575721

Tel: 64515752 (2 Lines) . Fax: 64514658

GST Reg No. 201629438M

02/08/2024

Owner: HYMS CAR LEASING PTE LTD

### ESTIMATE TO REPAIR TOYOTA SIENTA HYBRID - SDU9908P

1pc	front bumper	\$ 1,250.20
1pc	front bumper LH side garnish	\$ 181.20
3pcs	front bumper LH side garnish clip @\$8.00	\$ 24.00
1pc	front bumper LH side retainer	\$ 121.50
1pc	front LH headlamp	\$ 1,580.50
1pc	front LH fender	\$ 685.50
1pc	front LH fender inner shield	\$ 281.50
10pcs	front LH fender inner shield clip @\$5.00	\$ 50.00
1pc	front LH fender top garnish	\$ 181.20
1pc	front LH wheel house outer panel	\$ 385.50
1pc	front LH rim	\$ 581.50
1pc	front LH rim half cap	\$ 158.20
1pc	front LH kunckle arm	\$ 481.50
1pc	front LH kunckle bearing	\$ 425.20
1pc	front LH absorber	\$ 450.50
1pc	front LH lower arm	\$ 381.50
1pc	front LH linkage	\$ 181.50
1pc	front LH side mirror	\$ 581.50
1pc	front LH side mirror cover	\$ 195.20
1pc	front LH door	\$ 985.20
1pc	front LH door prille	\$ 985.20
2pcs	front LH door hinge @\$181.50	\$ 363.00
1pc	front LH door protector	\$ 281.50
8pcs	front LH door protector clip @\$5.00	\$ 40.00
1pc	front LH door inner lock	\$ 481.50
1pc	front LH door inner rubber	\$ 281.20
1pc	front LH door glass motor & gear	\$ 481.20
1pc	front LH door firm sticker	\$ 121.50
1pc	rear LH door	\$ 1,250.20
1pc	rear LH door protector	\$ 281.20
1pc	rear LH door firm sticker	\$ 121.50
		<hr/>
		\$ 13,850.90
less 25%		\$ 3,462.73
balance c/f		<hr/>
		\$ 10,388.18



輝陽汽車有限公司  
HUI YANG MOTOR PTE. LTD.

Contact Add : SIN MING AUTOCARE Blk 176 Sin Ming Drive #04-02 Singapore 575721

Tel: 64515752 (2 Lines) . Fax: 64514658

GST Reg No. 201629438M

02/08/2024

Owner: HYMS CAR LEASING PTE LTD

**ESTIMATE TO REPAIR TOYOTA SIENTA HYBRID - SDU9908P**

balance b/f \$ 10,388.18

1pc front LH tyre s.nett \$ 250.00

remove & refit dashboard \$ 350.00

remove & refix front LH undercarriage \$ 380.00

remove & refix front windscreen glass \$ 120.00

remove & refit LH 2 door glass \$ 150.00

towing fee \$ 120.00

alignment \$ 80.00

sealant \$ 120.00

tuffkote \$ 120.00

wiring \$ 150.00

spray painting \$ 1,600.00

labour charges \$ 1,600.00

Total \$ 15,428.18



## 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	05/08/2024 22:31 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	02/08/2024 21:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG YISHUN AVENUE 2
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDU9908P
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	HYMS CAR LEASING PTE. LTD.
Company Reg No	2XXXXX561K
Email Address	HYMS@LIVE.COM.SG
Mobile Phone No	(Phone) +65-83336725
Alternative Phone No	-
VEHICLE PARTICULARS	
Manufacturer	Toyota
Model	Sienta
Variant	TOYOTA / SIENTA HYBRID 1.5G CVT
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1490
Vehicle Fuel	Petrol-Electric
First Registration Date	-
Chassis no	MXPL101010047
Effective Date/Time of Ownership	-

### INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2031941053

### DRIVER

Name of Driver	NG PEI JUN
NRIC No	SXXXX820A
Date Of Birth	12/08/1973
Occupation	Outdoor
Driving Pass Date	10/01/1995
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	29 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98666925
Alt. Phone Number	-
Email Address	HYMS@LIVE.COM.SG
Address	APT BLK 126 BEDOK NORTH STREET 2 #02-84
Address complement	-
Postcode	460126
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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 - Major/Minor Rd
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

#### KINDLY REFER TO SKETCH PLAN & STATEMENT

#### 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	SLK9732L
Vehicle Manufacturer	-

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

### 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 Authorised 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. 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' 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

*[Signature]*

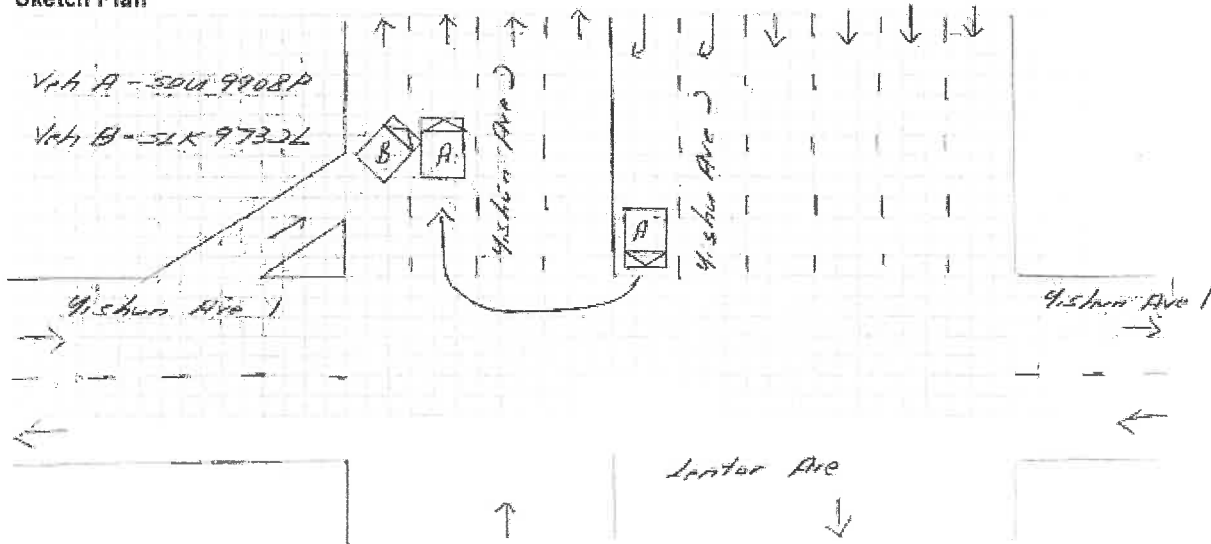
Driver's Signature (If driver is not the policyholder) / Date & Time

*[Signature]*

Witnessed by Reporting Centre Personnel



### Sketch Plan



**Describe Circumstances of the Accident**

On 02/08/24 at 9:40pm, my vehicle A (SPU 9908P) was stationary at the traffic junction as the traffic was in red. When the traffic light turns green, I planned to move & make a U-turn to Yishun Ave 2. Vehicle B (SLK 97321) came out from Yishun Ave 1 slip road & hit onto the front left bumper, wheel & door portion of my vehicle A.

**Declaration**

We declare the following particulars are true in every respect.



Policyholder's Signature / Date & Time

*[Signature]*

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

*[Signature]*

Witnessed by Reporting Centre Personnel

