

# Kang Car Repairers Pte Ltd

1 Kaki Bukit Ave 6, #02-06 Autobay@ Kaki Bukit Singapore 417883  
TEL: 6747 7636 FAX: 6748 5071 Email: kangcar@singnet.com.sg  
GST:201300201N

**M/S :** INDIA INTERNATIONAL INSURANCE PTE LTD  
64 CECIL STREET  
#04/#05 IOB BUILDING  
SINGAPORE 049711

TEL: 63476100 FAX: 62244174  
ATTN: Motor Claim Department

Claim Type: Third Party  
Accident Date: 16/11/2017  
TP Veh Reg No: SHA4014J

**Estimate No: EST1700374**

Date: 29 Nov 2017

Veh Reg No: **SLP9537H**

Make/Model: AUDI AUDI A3

Chasis No: WAUZZZ8V0E1035184

Reg. Date: 29/05/2014

Your Ref No: SHA4014J

## Estimate Repair Cost to Vehicle No :SLP9537H

Quantity	Description	List Price	Amount
		<u>S\$</u>	<u>S\$</u>
	<b>List Price</b>		
1	1 PC FRT BUMPER	1,744.60	
2	1 PC FRT BUMPER REINFORCEMENT	688.78	
3	1 PC FRT BUMPER SPONGE	131.77	
4	1 PC FRT FOG LAMP COVER	199.30	
5	1 PC FRT WATER SPRAY GUN COVER	79.78	
6	1 PC FRT TOWING COVER	99.60	
7	1 PC FRT WATER SPRAY GUN	233.70	
8	1 PC FRT GRILLE	800.30	
9	1 PC HEADLAMP RH	2,300.97	
		6,278.80	
	Less 10%	627.88	5,650.91
	<b>Special Net</b>		
10	1 PC FRT NUMBER PLATE	50.00	
11	1 SET FRT BUMPER CLIPS	60.00	
		110.00	110.00
	<b>Labour</b>		
12	1 TO CHECK WIRING	50.00	
13	1 (FRONT) TO SPRAY PAINTING	800.00	
14	1 TO REMOVE AND REPLACE THE DAMAGED PARTS, KNOCK OUT ACCIDENT DENTED PORTIONS, AND FOR CUTTING/WELDING WORKS.	700.00	
15	1 TO PERFORM DIAGNOSTIC TEST ON HEADLAMP	150.00	
		1,700.00	1,700.00

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## Estimate Repair Cost to Vehicle No :SLP9537H

Quantity	Description	List Price	Amount
		<b>S\$</b>	<b>S\$</b>
	Total		S\$ 7,460.91
	Add GST @ 7%		522.26
	Total Amount Payable		<u>S\$ 7,983.17</u>

TOTAL: SINGAPORE DOLLAR SEVEN THOUSAND NINE HUNDRED EIGHTY THREE AND CENTS SEVENTEEN ONLY

This is only an estimate based on our preliminary inspection and does not cover additional parts, labour time which may be required after work has begun.

For Kang Car Repairers Pte Ltd



AUTHORISED SIGNATURE

## 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 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 ability.
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 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 Report	16/11/2017 15:55
Date Of Accident	16/11/2017 02:30
Exact Location Of Accident	T JUNCTION SOUTH BRIDGE RD & HONG KONG STREET
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP9537H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	BEDAH BINTE MADIN
NRIC No	S0094028C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91778864
Alternative Phone No	OTHERS-87422587

### Vehicle Particulars

Manufacturer	AUDI
Model	A3
Exact Purpose for which vehicle was being used at time of accident	LEISURE

Are you claiming under your own insurance policy for repair to your vehicle? NO

If No, Please state action to be taken THIRD PARTY

Vehicle Category PRIVATE CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5092494137
Cover Note Number	DRIVO CLASSIC

### Driver

Name of Driver	FAIZAL YUNOS
NRIC No	S7933827C
Date Of Birth	19/10/1979
Occupation	INDOOR
Date Of Driving Pass	15/01/2007
Driving Experience	10 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87422587
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 67 #01-257 CIRCUIT ROAD
Postcode	370067
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
Insurance Company of Driver's Own Vehicle	-

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	4

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

I was travelling straight along lane 1. Suddenly, vehicle B made a right turn from lane 2 into Hong Kong Street. Unable to stop in time, the front right area of my vehicle A to hit into the rear right area of vehicle B.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA4014J
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	PANG CHENG SIM CHRISTOPHER
NRIC/Passport Number	S1407825H
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### Details of Witness

Name	SCHOON RICHARD ROLAND ALARIC
Phone Number	81985025
Email Address	

## Sketch Plan Pg. 1

INCOME MOTOR SERVICE CENTRE

Vehicle No: SLP9537H

Report Date & Start Time: 16-11-17 / 15:50

Report No: MT

D.O.A: 16-11-2017

Make / Model: AUDIA3

Reporting Type: VP End Time: \_\_\_\_\_

Time: 02:30 hrs

### 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

16-11-17 / 15:50

Policyholder's Signature / Date & Time

16-11-17 / 15:50

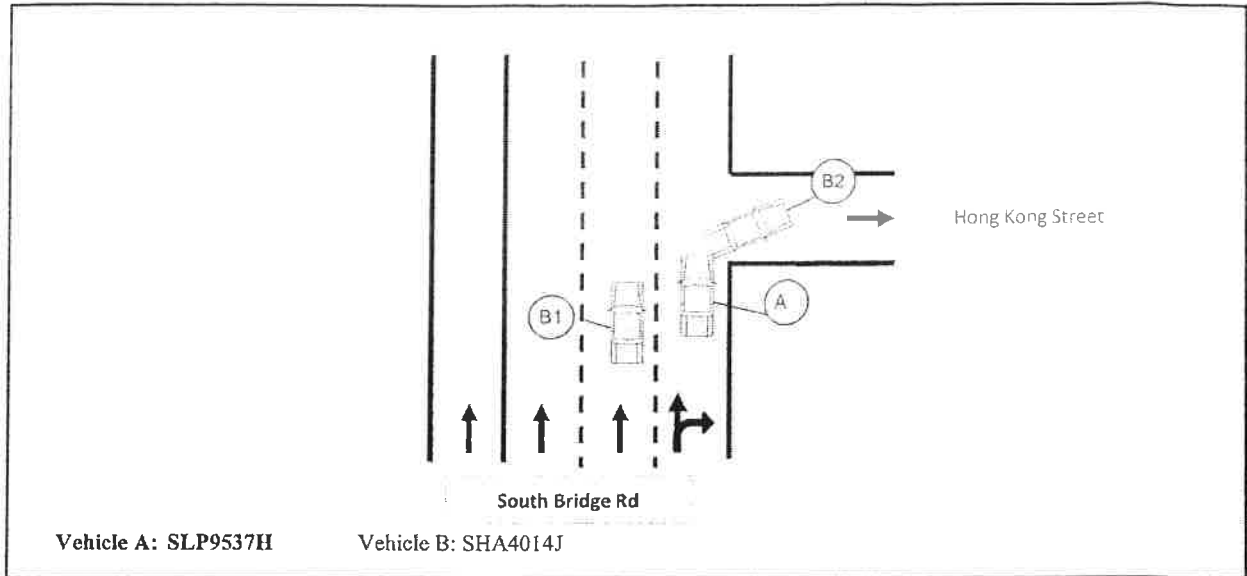
Driver's Signature (If driver is not the policyholder) / Date & Time

Alan Tang (S098825)  
Customer Care Executive  
Motor Service Centre

Witnessed by Reporting Centre Personnel

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling straight along lane 1. Suddenly, vehicle B made a right turn from lane 2 into Hong Kong Street. Unable to stop in time, the front right area of my vehicle A to hit into the rear right area of vehicle B.

Declaration

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

16-11-17 15:50

Policyholder's Signature / Date & Time

16-11-17 15:50

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

Alan Tang (S098825)  
Customer Care Executive  
Motor Service Centre

Witnessed by Reporting Centre Personnel