

哈 汽 車 貿 易 服 務

HUP MOTOR TRADING & SERVICE

Blk 9004 Tampines Street 93 #01-120 Singapore 528838 Tel: 6784 0039 Fax: 6784 0076 Email: hupmotor@gmail.com Reg. No. 378091/00W

Our Ref: TP 2881/01/18 Your Ref: Date: 26th JAN 2018

M/S BEST GARB SERVICE
BLK 406, #10-834
SEMBAWANG DRIVE, S (750406)

Estimate cost of repair to SUBARU XV 1.6 (A) MPV - SKS 9626 E

1 pc front bumper		\$ 659.40
8 pcs front bumper clips	@ \$ 3.40	27.20
1 pc front bumper towing bar cover		18.00
2 pcs front bumper o/s & n/s side retainer	@ \$ 26.00	52.00
1 pc front bumper o/s fog lamp garnish		31.00
1 pc front bumper sponge damper		79.20
1 pc front bumper reinforcement		288.00
1 pc o/s head lamp assy		900.00
1 pc front grille frame moulding		304.00
1 pc front support panel		520.00
1 pc front number plate & frame		50.00
		<hr/>
		\$ 2,928.80
	Less 20%	\$ 585.76
		<hr/>
		\$ 2,343.04
To wiring check up & adjust headlight alignment.		50.00
To remove & refix air cond parts & refill R134 gas.		150.00
To check & adjust front wheel alignment & balancing.		120.00
To respray Tuff-Kote on all affected accident parts.		50.00
Labour charge to remove & cut out damaged parts, to jack, straighten & knocking out front fender & necessary parts, to weld, renew & align above parts.		750.00
To putty & respray painting on all affected accident parts.		900.00
		<hr/>
		\$ 4,363.04
		=====

Dollars : Four Thousand Three Hundred Sixty Three And Cents Four Only.

HUP MOTOR TRADING & SERVICE

.....


Third Party Insurer Enquiry

Our Ref No: GR-18-014455

Date of Request: 26/01/2018

Your Ref No: Online Purchase

Hup Motor Trading & Service
Blk 9004 Tampines Street 93
#01-120
Singapore 528838

Dear Sir/Madam,

Enquiry Date 26/01/2018
Enquiry By David Ang Beng Yeow
TP Vehicle No. GBA7383U
Accident Date 25/01/2018

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
GBA7383U	China Taiping Insurance (Singapore) Pte. Ltd.	19/01/2018-18/01/2019	6389 6111

Thank You.

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

This is a computer generated document and requires no signature.



RECORDS MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF
SINGAPORE
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580

Phone: +65 6224 0010 Fax: +65 6224 0030

Operating Hours: Monday to Friday 9am to 5pm

GST Registration No: M400017735

TAX INVOICE

Our Ref No: GR-18-014455

Date of Request: 26/01/2018

Your Ref No: Online Purchase

Hup Motor Trading & Service
Blk 9004 Tampines Street 93
#01-120
Singapore 528838

Dear Sir/Madam,

Enquiry Date 26/01/2018
Enquiry By David Ang Beng Yeow
TP Vehicle No. GBA7383U
Accident Date 25/01/2018

DESCRIPTION	AMOUNT (S\$)
TP Insurer Enquiry	1.87
GST Amount	0.13
Total Amount Due (GST Inclusive)	2.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☒ GIRO ☐ Cash ☐ Cheque

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 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	26/01/2018 15:23
Date Of Accident	25/01/2018 21:40
Exact Location Of Accident	LORONG 2 TOA PAYOH TWDS PIE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKS9626E
Insured/Policyholder	
Name Of Registered Owner	BEST GRAB SERVICE
Co Reg No	53365462M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-93826023

Vehicle Particulars

Manufacturer	SUBARU
Model	XV-2.0 (A)

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

If No, Please state action to be taken THIRD PARTY

Vehicle Category PRIVATE HIRE

Insurance Company

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

Driver

Name of Driver	LOW AI NEE
NRIC No	S7413391F
Date Of Birth	04/05/1974
Occupation	OUTDOOR
Date Of Driving Pass	01/08/2005
Driving Experience	12 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-93826023
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK406 SEMBAWANG DRIVE #10-834
Postcode	750406
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	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)	5
Passenger 1	NAME: : LAI JING XIAN GENDER: : FEMALE
Passenger 2	NAME: : TAN SOCK HIANG GENDER: : FEMALE
Passenger 3	NAME: : KOH HIOK MIANG GENDER: : MALE
Passenger 4	NAME: : WONG HEE SIONG GENDER: : MALE

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

AS PER ATTACH SKETCH PLAN .

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	GBA7383U
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE

Name of Driver	NGIRWAN BIN HAMZAH
NRIC/Passport Number	S7223491Z
Contact Number	93646631
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

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:

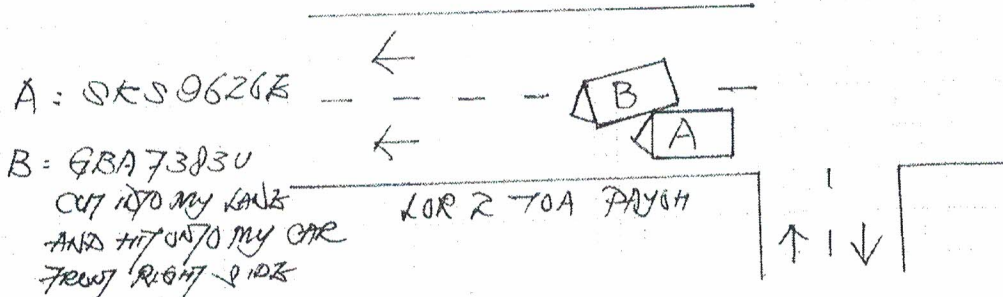
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 25/01/18 2140hr I was driving along Lor 2 Toa Payoh left lane, my car speed about 15km suddenly car B cut into my lane at a fast speed as a result car B rear left hit onto my car front right side.

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:

Reporting Centre Personnel Signature
Name:
NRIC/FIN No.:

Enquire Transfer Fee

Vehicle Details	
Vehicle No. :	SKS9626E
Vehicle Type :	Z11 - Private Hire (Chauffeur) Station Wagon/Jeep/Land Rover
Vehicle Attachment 1 :	No Attachment
Vehicle Scheme :	Normal
Vehicle Make :	SUBARU
Vehicle Model :	SUBARU XV 1.6I AWD CVT
Chassis No. :	JF1GP3KC5EG147097
Propellant :	Petrol
Engine No. :	FB161614393
Engine Capacity :	1600 cc
Maximum Power Output :	84.0 kW (112 bhp)
Maximum Laden Weight :	2000 kg
Unladen Weight :	1480 kg
Year Of Manufacture :	2015
Original Registration Date :	18 May 2015
Lifespan Expiry Date :	-
COE Category :	A - Car up to 1600cc & 97kW (130bhp)
Quota Premium :	\$68,589.00
COE Expiry Date :	17 May 2025
Road Tax Expiry Date :	17 May 2018
PARF Eligibility Expiry Date :	17 May 2025