



ESTEEM PERFORMANCE PTE LTD

Blk 5033 Ang Mo Kio, Ind Park 2 #01-251/ 259, 569536.
Tel: +65-6484 1221 Fax: +65-6484 7829 Website: www.esteemperf.com.sg

Repair Estimates

PC 4873 R

Parts	(a) Cost / List Price Items	\$	600.50
	Plus/Less 30%	\$	180.15
	Total of Cost / List	\$	420.35
	(b) Nett Price Items	\$	666.60
	Less 10%	\$	66.66
	Total of Nett Item	\$	599.94
	(c) Special Nett Items	\$	35.00
Total Parts Cost		\$	1,055.29
Labour		\$	2,530.00
Total		\$	3,585.29

The above total will be subjected to 7% G.S.T.

Name of Surveyor : _____

Company : _____

Survey conducted on : _____ at _____

Remarks By Surveyor

(a) The repair of this vehicle is authorized / is not authorized until further notice.

(b) Recommended Days of Repair : _____ day(s)

(c) Resurvey : Required / Not Required

(d) Excess :\$ _____

(e) Signature of surveyor : _____ Date: _____



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Spare Parts

Vehicle No. : PC 4873 R
Make & Model : NISSAN NV350
Chassis No : JN1MC2E26Z0006646

Submit By : Carmen Lim
Year Manufacture : 2016
Engine No. :
Cost / List

S/No.	Part Description	Qty	Unit Price	Price	Disposition by Surveyor
1	Rear bumper	1	\$600.50		
2	Rear bumper clip	10	\$35.00	S.N	
3	Rear bumper side retainer RH	1	\$36.60	N	
4	RH rear panel	1	\$411.80	N	
5	RH rear hub cab	1	\$218.20	N	
6					
7					
8					
9					
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15					
16					
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18					
19					
20					
21					
22					
23					

*Note: If any of the quoted parts are
will be charged accordingly under supplementary.*

Labour

Vehicle No. : PC 4873 R Submit By : Carmen Lim
Make & Model : NISSAN NV350 Year of Manufacture : 2016

[illegible]

Note: The above estimate of repair is based on visual assessment of the external affected areas. Any additional damages observed during the course of repair will be quote accordingly as a supplementary.

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	31/01/2018 16:27
Date Of Accident	22/01/2018 11:00
Exact Location Of Accident	GEYLANG LOR 18 TOWARDS GEYLANG ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC4873R
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-66039399

Vehicle Particulars

Manufacturer	NISSAN
Model	NV350-2.5 (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 COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	SD18V00031/VBZ/R03
Cover Note Number	

Driver

Name of Driver	ALIF HAMZA BIN ROSLI
NRIC No	S8842260J
Date Of Birth	02/11/1988
Occupation	OUTDOOR
Date Of Driving Pass	27/07/2010
Driving Experience	7 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97577146
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 1 CHANGI VILLAGE ROAD #03-2032
Postcode	500001
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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
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: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: : MALE
Passenger 3	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 4	NAME: : UNKNOWN GENDER: : FEMALE

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

REFER AS ATTACHED.

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	SHB4363X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI

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.:

000

A

B

C

↑

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$$B = 8134363 \times$$

Refer as police report.

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


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

CONFIDENTIAL



AETOS AUXILIARY POLICE FORCE

ACCIDENT REPORT

NATURE OF ACCIDENT		LOCATION OF ACCIDENT	
Comfort Taxi Registration No SHB 4363 X collide on right rear side to AETOS Vehicle No: PC 4873 R.		Geylang Lorong 18 towards Geylang Road	
DATE / DAY:	22 Jan 2018 (Monday)	INFORMANT:	Cpl (APF) T06939 Alif Hamza / HP: 9428 6966
TIME:	1100 hrs	TEAM:	Custom Unit
PARTICULARS OF THE OTHER PARTY:			
NAME	:	Lee Hong Yean	
SEX	:	Female	
Designation	:	Comfort Taxi Driver (SHB4363X)	
I/C No	:	S6816164I	
Nationality	:	Singaporean	
<p>On the above mentioned date and time, Informant was performing Section 1 Customs Duty from 0800hrs to 1500hrs driving AETOS Passenger Van PC 4873 R together with APOE 0049 Siti Kusmawati, APOE 0053 Nurhidayah, APOE 0061 Jun Liang and APOE 0068 Muhammad Farhan.</p> <p>Informant was performing on Mobile Patrol and came to a STOP at a signalized mobile traffic lights put up for road works along Lorong 18 Geylang which is a Two way road.</p> <p>Informant then moved off once traffic lights changed to green, giving signal indication to the right.</p> <p>At this juncture, Comfort Taxi SHB 4363 X collide onto my right hand side rear body.</p> <p>Informant then stopped and checked on AETOS vehicle, none of the APOE's were injured nor require medical attention. Informant also checked on the Taxi Driver who replied does not require any medical attention.</p> <p>AETOS vehicle damages to the rear bumper on the right side, tire rim assy and rear right side end body scratches / dents. Taxi damages on the front left side body.</p> <p>Informant informed the taxi driver to lodge her own accident report.</p> <p>AETOS Command Center/Ms Yanti acknowledged.</p> <p>Infrastructure Team Leader SSGT (APF) 9979 Muhammad and OC Sector E Insp Vella was informed accordingly.</p>			
REPORTED BY:		SIGNATURE:	DATE:
SSgt (APF) 9811 Abdul Islam Aviation Division / Team Leader – Vehicle Fleet			23 January 2018 Tuesday