

**Hitachi Capital Asia Pacific Pte. Ltd.****Jun Taiyo Service Centre**

No. 8 Fourth Lok Yang Road Singapore 629705

Tel : 64663022 Fax : 68966591

Co. Reg.No. 199400399N GST Reg.No. M2-011899-3

**VEHICLE ESTIMATE**

AXA Insurance Pte Ltd

ATTN: MOTOR CLAIMS DEPT

QUOTE NO :  
ACCIDENT DATE : 15/12/2017 @ 11.40am  
VRN : SKR723Y  
MODEL : BMW M5  
TP VRN : FBD3246T  
:

	<u>Qty</u>	<u>S\$ Unit</u>	<u>S\$ Amt</u>	<u>S\$ Labor</u>
<b><u>PARTS REPLACEMENT</u></b>				
<b><u>1. Body Repair</u></b>				
1 Rear LH door	1	\$ 1,689.00	\$ 1,689.00	
2 Rear LH door sticker set	1	\$ 155.90	\$ 155.90	
3 Rear LH door handle with chrome lining	1	\$ 660.70	\$ 660.70	
4 Rear LH fender Repair	1	Repair	Repair	
5 Rocker panel garnish LH	1	\$ 578.80	\$ 578.80	
6 Rear door LH speaker rivet	1		\$ -	
7 Rear bumper Repair	1	Repair	Repair	
8 Discount 5%	1		\$ -	
TOTAL			\$ 3,084.40	

**2. Labor Charges**

1 Panel beat, cut, weld, re-align & replace damaged parts of affected area	\$ 1,250.00
2 Putty, blend and paint affected area	\$ 1,250.00
3 Check Wiring and ensure proper function	\$ 120.00
4 Remove & reinstall bumper sensors	\$ 120.00
5 Cavity Treatment on New Parts (Rear door LH)	\$ 120.00
6 Conduct four wheel alignment / side slip test	\$ 120.00
7 Remove and replace rear door lock & mechanism to new door	\$ 350.00
8 Conduct water seepage test	\$ 100.00
9 Remove & re-install rear trim compartment to facilitate cutting and repairing work	\$ 180.00
10 Diagnostic Check & Reset all system and door programming	\$ 350.00
Sub Total	\$ 3,960.00

Grand Total : \$ 7,044.40  
Add 7% GST : \$ 493.11  
Nett Total : \$ 7,537.51

No. of repair days: 6

CUSTOMER SIGNATURE

HITACHI CAPITAL ASIA PACIFIC PTE LTD  
(MANAGER)

## 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	15/12/2017 15:41
Date Of Accident	15/12/2017 11:40
Exact Location Of Accident	AYE/CTE TOWARDS MCE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKR723Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HITACHI CAPITAL ASIA PACIFIC PTE LTD
Co Reg No	199400399N
Email Address	JUNTAIYO@HCSPL.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-64663022

### Vehicle Particulars

Manufacturer	BMW
Model	M5-

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 CAR

### Insurance Company

Name of Insurance Company	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	D17MTRENT000022

Cover Note Number

### Driver

Name of Driver	ASHLEY MCHAEAL YUEN SHANG REN
NRIC No	S8202584G
Date Of Birth	07/02/1982
Occupation	INDOOR
Date Of Driving Pass	04/03/2003
Driving Experience	14 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90907103
Fax Number	
Contact Number	
Email Address	ASHLEY.YUEN@GMAIL.COM

Address  
Postcode  
Was driver an employee of the Insured's Company NO  
If No, Relationship of the Driver with the Insured OTHER - LESSEE  
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? YES  
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) 1

#### Details of Police Action

Was the accident reported to the police? YES  
If Yes, Please state which Police Station  
Police Station Name PAYA LEBAR NPP  
Police Station Address ROAD: 114 HOUGANG AVE 1 #01-1270 , POSTCODE: 530114 ,  
COUNTRY: SINGAPORE  
Police Station Contact TEL NO: - FAX NO:  
Was notice of intended Prosecution given? NO  
If Yes, against whom?

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT

#### 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 FBD3246T  
Vehicle Make/Model/Colour  
Details Of Properties  
Name of Driver PHYO MIN THEIN  
NRIC/Passport Number S8472764D  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### Details of Witness

Name  
Phone Number

Email Address

**DETAILS OF INJURED PERSON 1**

Name PHYO MIN THEIN

Approximate Age

Injuries Sustain

Injured person in which vehicle? FBD3246T

Were seat belts worn?

Was injured conveyed to hospital by ambulance?

Address

Postcode

## SKETCH PLAN

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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.

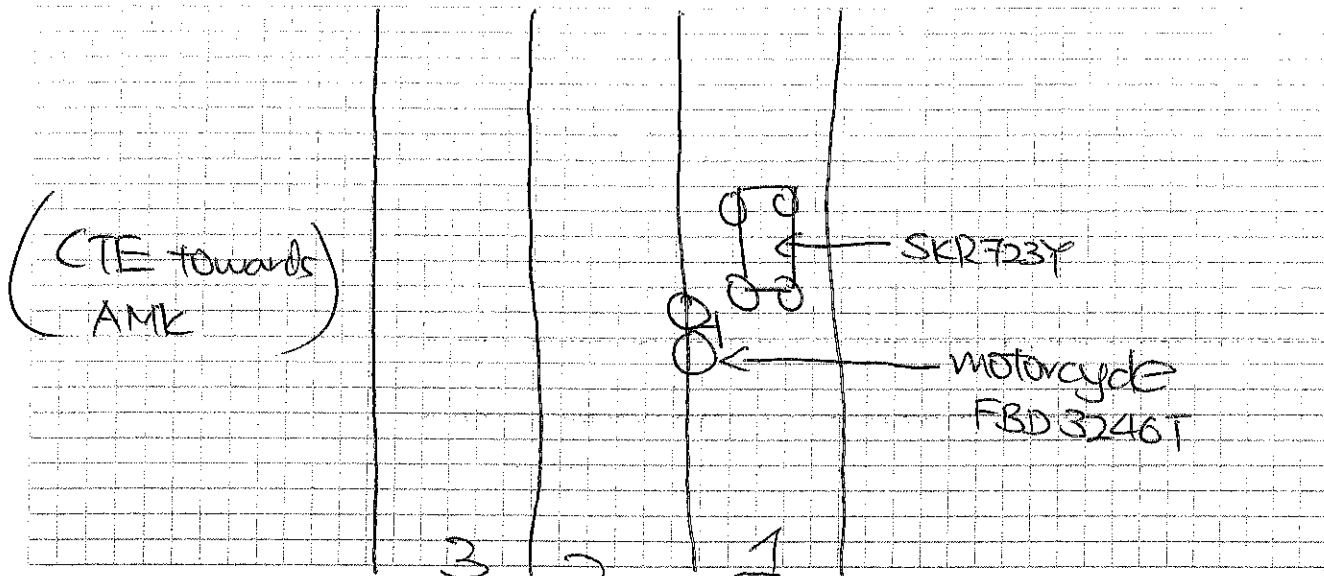


Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 15/12/17

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police report

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: 15/12/17



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



# SINGAPORE POLICE FORCE



T/20171215/2050

Police Station Of Origin:  
Paya Lebar NPP  
114 Hougang Avenue 1 #01-1270  
SINGAPORE 530114  
Tel No: 1800-2899999

1 of 3

Report No. T/20171215/2050

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 15/12/2017 13:09		Vide Report No.:		Station Diary No.: 9	
<b>Informant's Particulars</b>					
Name of Informant: ASHLEY MICHAEL YUEN SHANG REN			Address: 23A JOO CHIAT LANE #01-12 SINGAPORE 428122		
ID Type / ID No. NRIC NO / S8202584G			Contact No.: Home/Office: Mobile: 90907103		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 35	Date of Birth: 07/02/1982	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: DOCTOR			Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 15/12/2017 11:40	Type of Location:
Location:  CENTRAL EXPRESSWAY AYER RAJAH EXPRESSWAY AYE TOWARDS MCE				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
FBD3246T	Motorcycle					0
SKR723Y	Car					0



**SINGAPORE  
POLICE FORCE**



T/2017/1215/2050

Police Station Of Origin:  
Paya Lebar NPP  
114 Hougang Avenue 1 #01-1270  
SINGAPORE 530114  
Tel No: 1800-2899999

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Report No. T/2017/1215/2050

**CONTINUATION OF REPORT**

**Brief Details.**

I am the said person and is currently working as a Doctor.

On 15/12/2017 at about 1130hrs, I was driving my Black BMW vehicle bearing registration number SKR723Y along AYE expressway towards MCE on the most right lane and nothing was amiss.

On the same day at about 1140hrs, I noticed there was a bike bearing registration number FBD3246T was driving on my rear left. Suddenly I heard a loud bang from the rear. I made a check on my rear and realised that the said rider were on the ground. As such I then made a stop and quickly check on my rear part of the vehicle and noticed that there were dents and several scratches on the left rear door and left rear wheel rims. Soon after I attended to the said rider immediately.

The said rider namely Phyo Min Thein (S8472764D) were conscious but however he suffered a broken collar bone based on my observation. Hence I help him with what I can based on my experience in first aiding. Soon after another unknown driver came to offer the rider a help. The rider called ambulance for assistance. As my vehicle were blocking the traffic I took his particulars down and left scene as the said driver were already assisted by other drivers.

I wish to state that this is the first time such incident happened. There is an in-built CCTV installed in my vehicle and not sure if there is any CCTV at the said location. I also wish to state that I did not passed my details to the said rider due to the chaotic situation and my vehicle were actually blocking the traffic.

Hence I am lodging the report for Traffic Police assistance and insurance claims.





**SINGAPORE  
POLICE FORCE**



T/20171215/2050

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Police Station Of Origin:  
Paya Lebar, NPP  
114 Hougang Avenue 1 #01-1270  
SINGAPORE 530114  
Tel No: 1800-2899999

Report No. T/20171215/2050

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

F /

Sgt 2 SYED NAFIS BIN SYED HUSSAIN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

15/12/2017 13:09

Officer In Charge Of Case:

TP / GIT /

Signature:

Contact No: Singapore Police Force

Classification Of Case:

Authentication Stamp

NP168