

OPTIMA WERKZ PTE LTD

Head office : 6 Kung Chong Road Singapore 159143

Tel : +65 6472 1313 Fax : +65 6472 2112

Branch office : 9A Serangoon North Ave 5 Singapore 554500 Tel : +65 6484 9919 Fax : +65 6481 1011

Co. Reg. No. 201212455W

Date: 02 March 2018

Third Party Insurer: AXA

Vehicle No: SLH2589X

Third Party Veh No: YP6477M

Model: TOYOTA AQUA HYBRID 1.5

Date of Accident: 28/02/18

Chassis: NHP10-2565643

ESTIMATE

QTY	DESCRIPTION	UNIT S\$	AMOUNT S\$
1	REAR TAILGATE		\$820.00
1	REAR TAILGATE WINDSCREEN		\$918.00
1	REAR TAILGATE SPOILER		\$1,346.15
1	REAR TAILGATE SPOILER 3D BRAKE LED LAMP		\$257.80
1	REAR TAILGATE WIPER ARM		\$48.21
1	REAR TAILGATE WIPER ARM COVER		\$18.50
1	REAR TAILGATE WIPER ARM RUBBER SEAL		\$15.20
1	REAR TAILGATE WIPER BLADE		\$48.60
1	REAR TAILGATE WIPER MOTOR		\$650.10
1	REAR TAILGATE WIPER MOTOR COVER		\$25.70
3	REAR TAILGATE WIPER MOTOR COVER CLIP	\$7.21	\$21.63
2	REAR TAILGATE DAMPER LH + RH	\$218.40	\$436.80
1	REAR TAILGATE OUTER GARNISH		\$201.60
2	REAR TAILGATE NUMBER PLATE LAMP LH + RH	\$42.10	\$84.20
1	REAR TAILGATE OUTER LOCK HANDLE SWITCH		\$133.59
2	REAR TAILGATE HINGES LH + RH	\$48.90	\$97.80
1	REAR TAILGATE INNER LOCK HANDLE		\$36.70
1	REAR TAILGATE INNER UPHOLSTERY BOARD		\$428.60
6	REAR TAILGATE INNER UPHOLSTERY BOARD CLIP	\$7.21	\$43.26
1	REAR TAILGATE LOGO EMBLEM		\$45.90
1	REAR TAILGATE AQUA EMBLEM		\$48.60
1	REAR TAILGATE HYBRID SYNERGY DRIVE		\$70.50
1	REAR TAILGATE MECHANISM LOCK		\$452.71
1	REAR TAILGATE WEATHERSTRIP		\$291.80
2	REAR TAILLAMP LH + RH	\$528.80	\$1,057.60
2	REAR TAILLAMP LOWER BRACKET LH + RH	\$42.57	\$85.14
2	REAR TAILLAMP INNER PANEL LH + RH	\$142.70	\$285.40
4	REAR TAILLAMP CLIP LH + RH	\$7.21	\$28.84
1	REAR BUMPER		\$408.31
2	REAR BUMPER SIDE RETAINER LH + RH	\$68.28	\$136.56
8	REAR BUMPER CLIP	\$5.78	\$46.24
1	REAR BUMPER LOWER UNDER COVER		\$139.10
1	REAR BUMPER REINFORCEMENT		\$278.40

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QTY	DESCRIPTION	UNIT S\$	AMOUNT S\$
2	REAR BUMPER REINFORCEMENT BRACKET LH + RH	\$115.70	\$231.40
1	REAR END PANEL		\$629.80
1	REAR END PANEL INNER TOP GARNISH		\$191.40
4	REAR END PANEL INNER TOP GARNISH CLIP	\$6.21	\$24.84
1	REAR END PANEL TAILGATE ANTENNA SENSOR		\$144.20
1	REAR END PANEL LOCK STRIKER		\$38.90
1	REAR FENDER LH		\$629.70
1	REAR FENDER PETROL LID COVER LH		\$128.60
1	REAR FENDER INNER TRIM BOARD LH		\$628.01
12	REAR FENDER INNER TRIM BOARD CLIP LH	\$7.39	\$88.68
1	REAR FENDER INNER TOP GARNISH LH		\$256.10
4	REAR FENDER INNER TOP GARNISH CLIP LH	\$7.21	\$28.84
1	REAR FENDER INNER PANEL		\$423.51
1	REAR FENDER INNER AIR VENT		\$124.50
1	REAR FENDER INNER TRIM BOARD RH		\$628.61
12	REAR FENDER INNER TRIM BOARD CLIP RH	\$8.51	\$102.12
1	REAR FENDER INNER TOP GARNISH RH		\$255.70
4	REAR FENDER INNER TOP GARNISH CLIP RH	\$7.21	\$28.84
1	SPARE TYRE PANEL INNER TOP UPHOLSTERY BOARD		\$488.61
1	SPARE TYRE RETAINER LOCK		\$42.10
SUB TOTAL			\$14,122.00
Less 25%			-\$3,530.50
PARTS TOTAL			\$10,591.50

QTY	SPECIAL NETT	UNIT S\$	AMOUNT S\$
1	REAR TAILGATE WINDSCREEN SEALANT WITH PRIMER		\$100.00
1	REAR TAILGATE NUMBER PLATE WITH CASING		\$50.00
1	REAR BUMPER REVERSE SENSOR		\$280.00
S/N TOTAL			\$430.00

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Co. Reg. No. 201212455W

Date:	02 March 2018	Third Party Insurer:	AXA
Vehicle No:	SLH2589X	Third Party Veh No:	YP6477M
Model:	TOYOTA AQUA HYBRID 1.5	Date of Accident:	28/02/18
Chassis:	NHP10-2565643		

ESTIMATE

LABOUR CHARGES:

TO REMOVE & REPLACED WITH PANEL BEATING ALL ACCIDENT PORTION	\$1,600.00
TO PUTTY & SPRAY PAINTING WITH SEALANT ALL ACCIDENT PORTION	\$1,400.00
TO TUFF KOTE / ANTI-RUST	\$60.00
TO DISMANTLE & REPLACED REAR BUMPER REVERSE SENSOR	\$60.00
TO REMOVE AND REINSTALL REAR WINDSCREEN PERFORM AND WATER LEAK TEST	\$150.00
TO MOUNT VEHICLE ONTO 3D COMPUTERISE CAR 'O' LINER TO CALIBRATE SUB CHASSIS FRAME & CAR BODY BACK TO MANUFACTURING SPECIFICATION	\$280.00
TO DISMANTLE & REINSTALL INTERIOR CARPET, FRONT/ REAR SEAT ASSY WITH OTHER ATTACHMENT PARTS COMPONENT TO FACILITATE REPAIR	\$250.00

LABOUR TOTAL	\$3,800.00
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WINSON	TOTAL	\$14,821.50
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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	01/03/2018 14:58
Date Of Accident	28/02/2018 19:05
Exact Location Of Accident	AYE SLIP RD EXIT TOWARDS CLEMENTI AVE 6
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH2589X
Insured/Policyholder	
Name Of Registered Owner	OPTIMA WERKZ PTE LTD
Co Reg No	201212455W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64721313

Vehicle Particulars

Manufacturer	TOYOTA
Model	AQUA HYBRID-1.5 E S CVT (A)
Exact Purpose for which vehicle was being used at time of accident	UBER
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	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	SD17V08980/VPZ/R00
Cover Note Number	

Driver

Name of Driver	TERENCE CHING CHEK LIN (TERENCE ZHUANG JIELIN)
NRIC No	S7516920E
Date Of Birth	04/06/1975
Occupation	OUTDOOR
Date Of Driving Pass	17/03/2014
Driving Experience	3 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88137385
Fax Number	
Contact Number	
EMail Address	TERENCELUKE@GMAIL.COM

Address	BLK 867 YISHUN ST 81 #09-23
Postcode	760867
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	COLLISION - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

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)	2
Passenger 1	NAME: : MS. LIM 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

On 28/02/2018 at about 1905 hours, I was driving my vehicle (A: SLH2589X) along the slip road of AYE exit towards Clementi Avenue 6. I came to a halt to give way to oncoming vehicle. As I was preparing to move off, suddenly I felt an impact from the rear. I alighted to check and realized that a big lorry (B: YP6477M) hit onto my vehicle's rear portion. No injury arises at the material time of accident. I have 1 passenger onboard to my vehicle.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YP6477M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	YIN YOUJUIN
NRIC/Passport Number	
Contact Number	84355341
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

SECRET


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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:

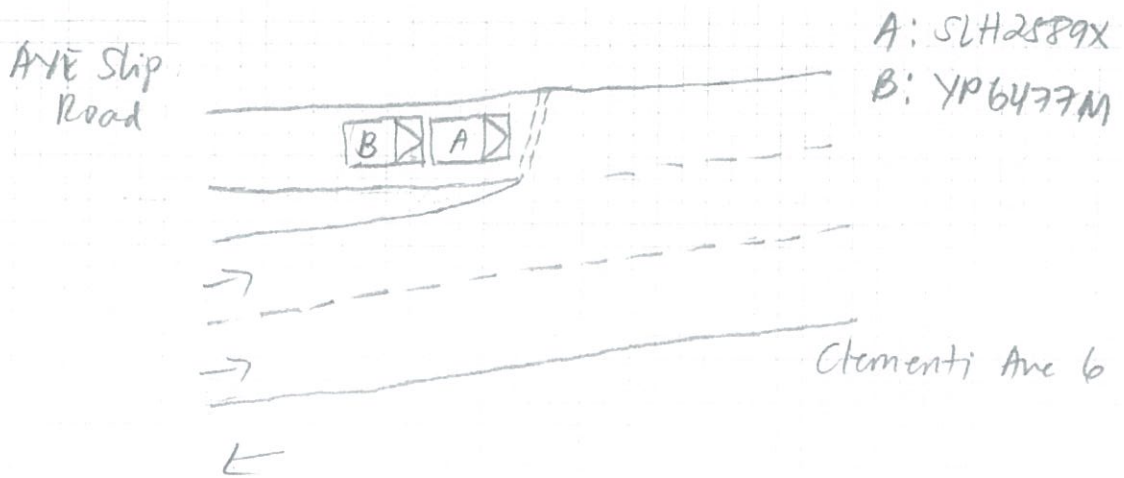
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

01/03/2018 @ 1500 hr.


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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to GIA 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)

01/03/2018 @ 1500 hrs

Reporting Centre Personnel's Signature
Name: