

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: 26 March 2018

Third Party Insurer: AXA

Vehicle No: SLS4019D

Third Party Veh No: GR7233X

Model: HONDA SHUTTLE 1.5 HYBRID

Date of Accident: 24/03/2018

Chassis: GP7-1117294

ESTIMATE

QTY	DESCRIPTION	UNIT S\$	AMOUNT S\$
1	REAR TAILGATE		\$1,150.00
1	REAR TAILGATE WINDSCREEN MOULDING		\$101.80
1	REAR TAILGATE LOGO EMBLEM		\$27.40
2	REAR TAILGATE LOGO EMBLEM CLIP	\$3.50	\$7.00
1	REAR TAILGATE SHUTTLE EMBLEM		\$74.10
1	REAR TAILGATE HYBRID EMBLEM		\$84.10
1	REAR TAILGATE INNER TRIM BOARD		\$253.50
15	REAR TAILGATE INNER TRIM BOARD CLIP	\$3.90	\$58.50
1	REAR TAILGATE MECHANISM LOCK		\$126.80
1	REAR TAILGATE WEATHERSTRIP		\$146.30
		SUB TOTAL	\$2,029.50
		Less 20%	-\$405.90
		PARTS TOTAL	\$1,623.60

QTY	SPECIAL NETT	UNIT S\$	AMOUNT S\$
1	REAR TAILGATE WINDSCREEN SEALANT		\$100.00
1	REAR TAILGATE NUMBER PLATE WITH CASING		\$50.00
		S/N TOTAL	\$150.00

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Vehicle No:	SLS4019D	Third Party Veh No:	GR7233X
Model:	HONDA SHUTTLE 1.5 HYBRID	Date of Accident:	24/03/2018
Chassis:	GP7-1117294		

ESTIMATE

LABOUR CHARGES:

TO REMOVE & REPLACED WITH PANEL BEATING ALL ACCIDENT PORTION	\$800.00
TO PUTTY & SPRAY PAINTING WITH SEALANT ALL ACCIDENT PORTION	\$500.00
TO TUFF KOTE / ANTI-RUST	\$60.00
TO DISMANTLE & REFIX REAR TAILGATE REVERSE CAMERA WITH INNER CAMERA RECORDER	\$80.00
TO REMOVE AND REINSTALL REAR WINDSCREEN PERFORM AND WATER LEAK TEST	\$150.00
TO CHECK WIRING WITH TEST	\$60.00
TO DISMANTLE & REINSTALL INTERIOR CARPET, FRONT/ REAR SEAT ASSY WITH ALL THE ATTACHMENT PARTS COMPONENT TO FACILITATE REPAIR	\$180.00
	<hr/>
	LABOUR TOTAL \$1,830.00
	<hr/>
WINSON	TOTAL \$3,603.60

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	26/03/2018 17:02
Date Of Accident	24/03/2018 15:00
Exact Location Of Accident	TPE TOWARDS UPPER CHANGI RD EAST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS4019D
Insured/Policyholder	
Name Of Registered Owner	SARIB BIN ISNAN
NRIC No	S1525018F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83664352
Alternative Phone No	OTHERS-83664352

Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE-1.5 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA269021/1
Cover Note Number	21/09/2017 - 20/09/2018

Driver

Name of Driver	MUHAMMAD HANIEF BIN SARIB
NRIC No	S9217179E
Date Of Birth	20/05/1992
Occupation	INDOOR
Date Of Driving Pass	02/06/2014
Driving Experience	3 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83664352
Fax Number	
Contact Number	OTHERS-83664352
EEmail Address	HANIEF102@GMAIL.COM

Address	BLK 641 PASIR RIS DR 1 #12-512
Postcode	510641
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	COLLISION - HEAD TO REAR
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)	3
Passenger 1	NAME: : SARIB BIN ISNAN GENDER: : MALE
Passenger 2	NAME: : HADIBAH BTE BASIMAN 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 TO THE SKETCH PLAN BY DRIVER

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	PASS TOOWN WORKSHOP
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GR7233X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	SIM ENG SENG
NRIC/Passport Number	S0067459A
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

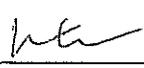
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2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate 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:

26/03/2018 @ 10:15 hrs

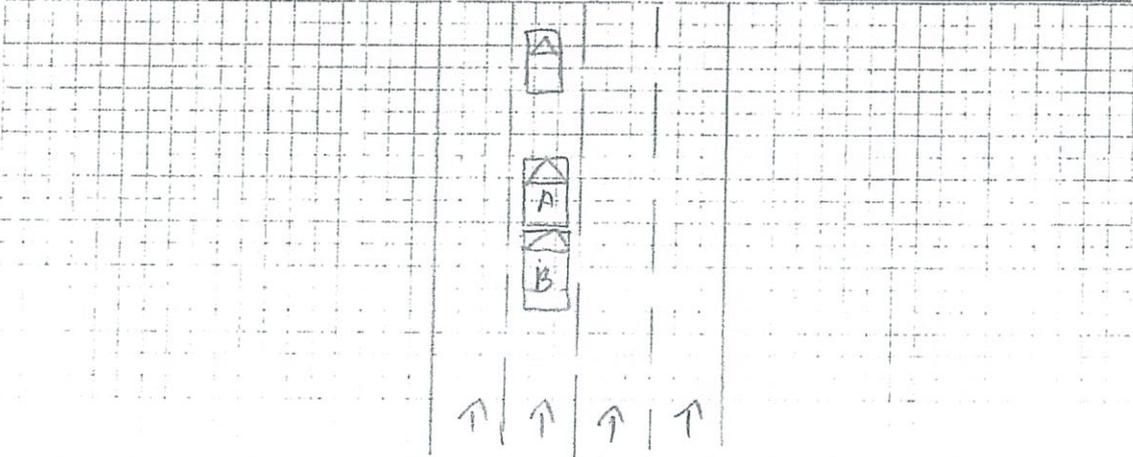


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan Pg. 2

SKETCH PLAN

Date of Accident: 24/03/2018 Time: 3pm Location: TPE towards Upper Changi Road East
 My Vehicle A: SLS4019D Vehicle B: GR7233X Vehicle C/Others: _____



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 24/03/2018 at about 1500 hours, I was driving my vehicle (A: SLS4019D) on the third lane of TPE heading towards Upper Changi Road East. A vehicle in front of me came to a stop and I followed suit. In just a split of seconds, I felt an impact from the rear. I alighted to check & realized that a lorry (B: GR7233X) had hit onto my vehicle's rear portion. No injury arises at the material time of accident. I have 2 passengers onboard to my vehicle.

() Claim OD/TP at Ah Lim Motor () Claim OD/TP at other workshop () Reporting Only

Remarks : Please forward a copy of my efile accident report to:
 My workshop : Optima Wenzel Pte Ltd
 email address : niza@ow.sg
 & myself : _____
 email address : _____

Note : Please take note that your insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information.

DECLARATION

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

[Signature]
 Policyholder's Signature
 Date & Time:

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

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



26/03/2018 @ 10:54hrs.