

# 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: 28 March 2018

Third Party Insurer: AXA

Vehicle No: SLK5429P

Third Party Veh No: SDP1970L

Model: TOYOTA AQUA HYBRID 1.5S A

Date of Accident: 26.03.18

Chassis: NHP102577760

## ESTIMATE

QTY	DESCRIPTION	UNIT S\$	AMOUNT S\$
1	REAR TAILGATE		\$820.00
1	REAR TAILGATE WINDSCREEN MOULDING		\$35.00
1	REAR TAILGATE LOGO EMBLEM		\$45.90
1	REAR TAILGATE AQUA EMBLEM		\$48.60
1	REAR TAILGATE HYBRID SYNERGY DRIVE EMBLEM		\$35.00
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
1	REAR BUMPER		\$408.31
10	REAR BUMPER CLIP	\$5.78	\$57.80
1	REAR BUMPER LOWER UNDER COVER		\$139.10
2	REAR BUMPER SIDE RETAINER LH + RH	\$68.28	\$136.56
1	REAR BUMPER REINFORCEMENT		\$278.40
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	FRONT BONNET		\$665.50
2	FRONT BONNET HINGES LH + RH	\$65.70	\$131.40
5	FRONT BONNET INSULATOR MAT CLIP	\$5.50	\$27.50
1	FRONT BONNET MECHANISM LOCK		\$130.30
2	FRONT HEADLAMP LH + RH	\$2,965.00	\$5,930.00
2	FRONT HEADLAMP TOP PANEL LH + RH	\$125.80	\$251.60
2	FRONT HEADLAMP CLIP LH + RH	\$6.50	\$13.00
1	FRONT SUPPORT PANEL		\$1,006.15
1	FRONT SUPPORT PANEL TOP GARNISH		\$132.40
5	FRONT SUPPORT PANEL TOP GARNISH CLIP	\$6.50	\$32.50
1	FRONT BRACE PANEL		\$170.70
1	HORN		\$158.70
1	FRONT BUMPER		\$1,124.50
1	FRONT BUMPER LOGO EMBLEM		\$72.10

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Date of Accident: 26.03.18

Chassis: NHP102577760

## ESTIMATE

QTY	DESCRIPTION	UNIT S\$	AMOUNT S\$
1	FRONT BUMPER CENTER GARNISH		\$288.00
1	FRONT BUMPER CENTER GARNISH COVER		\$29.60
1	FRONT BUMPER TOP GRILLE		\$255.00
1	FRONT BUMPER LOWER CENTER GRILLE		\$187.50
1	FRONT BUMPER TOP BEAM		\$238.50
1	FRONT BUMPER TOP RUBBER SEAL		\$75.50
3	FRONT BUMPER TOP RUBBER SEAL CLIP	\$5.50	\$16.50
10	FRONT BUMPER CLIP	\$6.50	\$65.00
2	FRONT BUMPER SIDE RETAINER LH + RH	\$115.20	\$230.40
1	FRONT BUMPER INNER SPONGE		\$69.80
1	FRONT BUMPER LOWER UNDER COVER		\$383.90
1	FRONT BUMPER REINFORCEMENT		\$323.50
1	FRONT BUMPER TOW HOOK COVER		\$24.50
1	AIRCON CONDENSER		\$1,133.70
2	AIRCON CONDENSER AIR GUIDE TOP LH + RH	\$75.20	\$150.40
2	AIRCON CONDENSER AIR GUIDE LOWER LH + RH	\$70.50	\$141.00
1	RADIATOR		\$1,735.80
1	RADIATOR TOP COWLING		\$85.20
1	RADIATOR FAN COWLING		\$283.60
1	RADIATOR FAN BLADE		\$147.50
1	RADIATOR FAN MOTOR		\$549.60
1	WASHER TANK		\$212.90
		SUB TOTAL	\$21,587.31
		Less 25%	-\$5,396.83
		PARTS TOTAL	\$16,190.48

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Co. Reg. No. 201212455W

Date:	28 March 2018	Third Party Insurer:	AXA
Vehicle No:	SLK5429P	Third Party Veh No:	SDP1970L
Model:	TOYOTA AQUA HYBRID 1.5S A	Date of Accident:	26.03.18
Chassis:	NHP102577760		

## ESTIMATE

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
1	FRONT BUMPER NUMBER PLATE WITH CASING		\$50.00
1	RADIATOR COOLANT		\$80.00
		S/N TOTAL	\$560.00

## LABOUR CHARGES:

TO REMOVE & REPLACED WITH PANEL BEATING ALL ACCIDENT PORTION	\$1,800.00
TO PUTTY & SPRAY PAINTING WITH SEALANT ALL ACCIDENT PORTION	\$1,600.00
TO TUFF KOTE / ANTI-RUST	\$60.00
TO CHECK WIRING, REPLACED WITH FOCUS HEADLAMP & WATER LEAKAGE TEST	\$80.00
TO DISMANTLE & REPLACED AIRCON SYSTEM, VACUUM WITH FLUSHING/REFILL AIRCON GAS/OIL	\$120.00
TO DISMANTLE & REPLACED RADIATOR WITH HIGH PRESSURE TEST	\$120.00
TO DISMANTLE & REPLACED REAR BUMPER REVERSE SENSOR	\$60.00

LABOUR TOTAL	\$3,840.00
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WINSON	TOTAL	\$20,590.48
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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	26/03/2018 11:19
Date Of Accident	26/03/2018 09:10
Exact Location Of Accident	ECP
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK5429P
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#### 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	NO
Policy Number	SD17V08980/VPZ/R00
Cover Note Number	

#### Driver

Name of Driver	MUHAMMAD KHALEELULLAH BIN MOHAMED ABDULLAH
NRIC No	S8727456Z
Date Of Birth	17/08/1987
Occupation	INDOOR
Date Of Driving Pass	08/02/2013
Driving Experience	5 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90101675
Fax Number	
Contact Number	
Email Address	KHALEELAERO@GMAIL.COM



Address	BLK 158 WOODLANDS STREET 13 #06-711
Postcode	730158
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	CHAIN COLLISION
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)	2
Passenger 1	NAME: : UNKNOWN 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

On 26/03/2018 at about 0910 hours, I was driving my vehicle (A: SLK5429P) on the extreme right lane of ECP heading towards Clementi. A vehicle (C: SLD6094B) in front of me came to a stop and I followed suit, keeping a proper distance. A moment later, I felt an impact from the rear. Due to the impact, my vehicle was surged forward and hit onto the vehicle C's rear portion and cause damage on my vehicle's front portion. I alighted to check and realized that vehicle B (SDP1970L) was unable to stop on time and hit onto my vehicle's rear portion. It was a chain collision accident. No injury arises out of this accident. I have 1 male 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	SDP1970L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	

Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLD6094B  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

# 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:

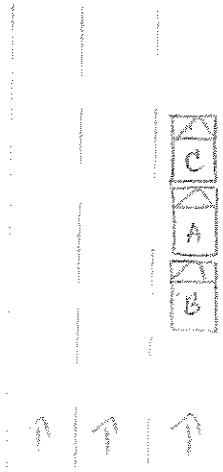
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

26/03/2018 @ 1117 hrs



ECR

A: SLK5429P

B: SDP1970L

C: SL06094B

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)

Reporting Centre Personnel's Signature

Name:

26/03/2018 @ 11:17 hrs.