



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

SJY 765 B

Parts	(a) Cost / List Price Items	\$	<u>3,498.00</u>
	Plus/Less <u>-25%</u>	\$	<u>874.50</u>
	<b>Total of Cost / List</b>	\$	<u><u>2,623.50</u></u>
	(b) Nett Price Items		_____
	Less _____		_____
	<b>Total of Nett Item</b>		_____
	(c) Special Nett Items	\$	<u>200.00</u>
<b>Total Parts Cost</b>		\$	<u><u>2,823.50</u></u>
<b>Labour</b>		\$	<u><u>2,860.00</u></u>
<b>Total</b>		\$	<u><u>5,683.50</u></u>

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. : SJY 765 B  
 Make & Model : TOYOTA VIOS  
 Chassis No : MR053HY9305170412

Submit By : Carmen Lim  
 Year Manufacture : 2010  
 Engine No. : \_\_\_\_\_

### Cost / List

S/No.	Part Description	Qty	Unit Price	Price	Disposition by Surveyor
1	Reverse sensor	2	\$200.00	S.N	
2	Rear bumper	1	\$475.00		
3	Rear bumper clip	10	\$45.00		
4	Rear bumper side retainer LH	1	\$105.00		
5	Rear bumper side retainer RH	1	\$105.00		
6	Rear bumper bracket LH	1	\$85.00		
7	Rear bumper bracket RH	1	\$85.00		
8	Rear bumper reflector LH	1	\$100.00		
9	Rear bumper reflector RH	1	\$100.00		
10	Bootlid	1	\$750.00		
11	Bootlid emblem	1	\$55.00		
12	Wording "VISO"	1	\$50.00		
13	Wording "E"	1	\$45.00		
14	Tail end panel	1	\$660.00		
15	Tail end panel garnish	1	\$220.00		
16	Tail end panel garnish clip	8	\$40.00		
17	Boot weatherstrip	1	\$218.00		
18	Tail lamp LH	1	\$360.00		
19					
20					
21					
22					
23					

Note: If any of the quoted parts are recommended to be repaired, then an additional labour charge will be charged accordingly under supplementary.



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### Labour

Vehicle No. : SJY 765 B Submit By : Carmen Lim  
Make & Model : TOYOTA VIOS Year of Manufacture : 2010

S/No	Labour Description	Estimated Price	Adjusted Price
1	TO RENEW DAMAGED PARTS & KNOCK OUT ACCIDENT REPAIR AREA. (REAR BUMPER,BOOTLID,END PANEL, SPARE TYRE WELL PANEL)	\$1,200.00	
2	TO PUTTY, RESPRAY PAINT FOR AFFECTED ACCIDENT REPAIR AREA. (REAR BUMPER,BOOTLID,END PANEL, SPARE TYRE WELL PANEL)	\$1,000.00	
3	To check wiring	\$50.00	
4	To remove & refit reverse sensor	\$120.00	
5	To tuff coat	\$100.00	
6	To remove & refit spare tyre, spare tyre board, carpet trim to assist work load.	\$150.00	
7	To transfer boot mechanism to new boot	\$120.00	
8	To conduct water leakage tests to ensure proper air and sealing	\$120.00	

*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	05/05/2018 11:06
Date Of Accident	30/04/2018 08:00
Exact Location Of Accident	FILTER LANE TURNING TO SENG KANG WEST RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJY765B
<b>Insured/Policyholder</b>	
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	TOYOTA
Model	VIOS-1.5 E (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 PRIVATE CAR

### Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	SD18V00034/VPZ/R03
Cover Note Number	

### Driver

Name of Driver	SHARON NGAN KAR YEE
NRIC No	S9320381Z
Date Of Birth	07/06/1993
Occupation	OUTDOOR
Date Of Driving Pass	21/12/2012
Driving Experience	5 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91463813
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	APT BLK 30 JALAN KLINIK #08-19
Postcode	160030
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	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)	1

#### 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	FBK5161D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

**IMPORTANT PLAN**

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 Traffic Police Department for investigation.
6. This report will be forwarded by the insurers to the GIA Records Management Centre established by the General Insurance Association Of Singapore (GIA) for archiving and the copies of this report will be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, hereby consent to the archiving of this report at the centre and the 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, workshop and General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process by insurer (collectively the "Personal Information") and any other personal information provided by me or who have insured vehicle(s) involved in the accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the insurer lawyers/ law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:

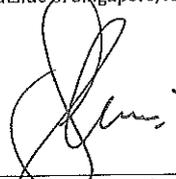
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (iv) administering my claims (including the mailing or 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 insurer's lawyer/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.

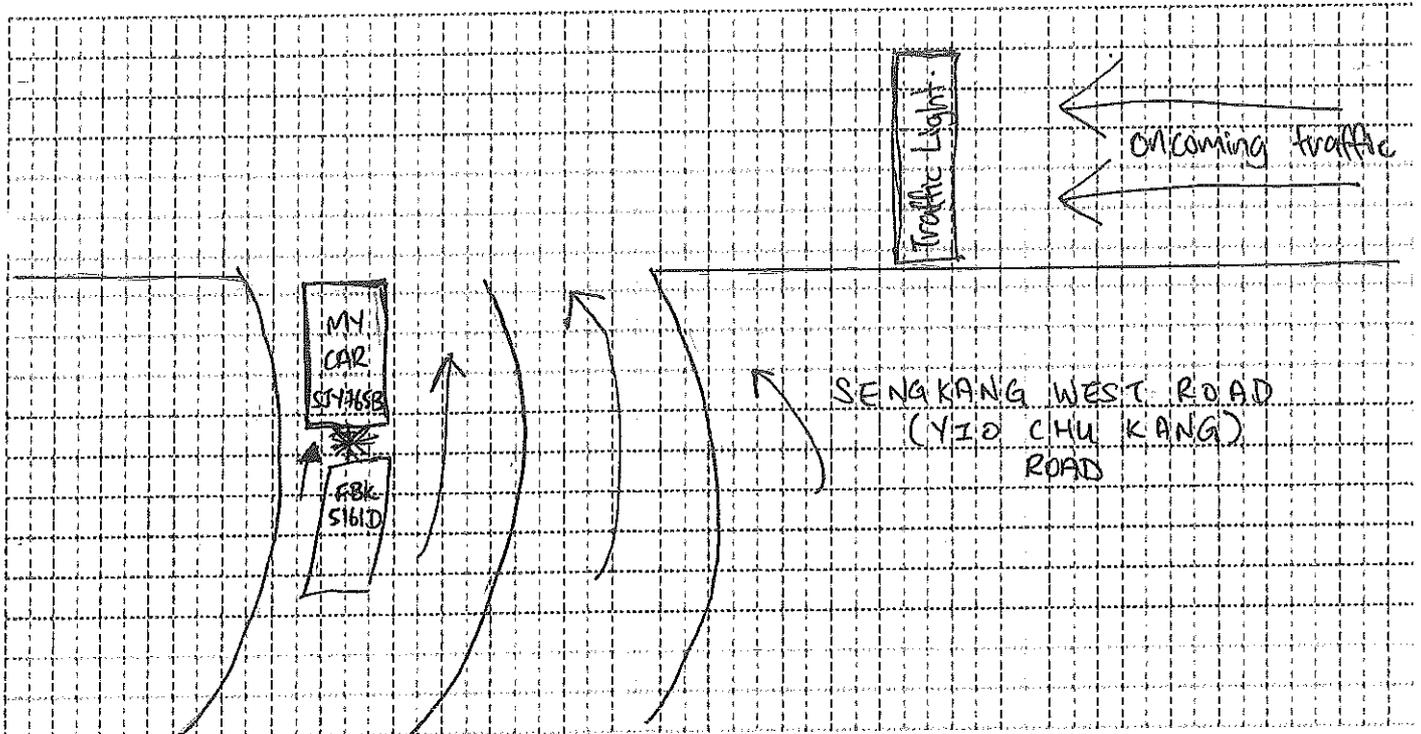
  
Policyholder's Signature / Date & Stamp



  
Drivers's Signature (if driver is not the Policyholder) Date & Time

Witnessed by Reporting Centre Personnel

**Sketch Plan**



Describe Circumstance of the Accident \*

On 30<sup>th</sup> April 2018, 7:55am, I was driving SY765B Toyota Vios along Seng kang West Avenue while heading to office (10 Raeburn Park). As I was filtering left heading to Seng kang West Road (Yio Chu Kang Rd), I slowed down. As I was approaching the stop line, I checked the traffic coming from my right side. The traffic light had turned green and I stopped at the double broken white line.

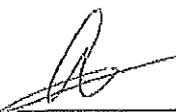
Suddenly, I felt a knock at the back of my car, I looked through the rear mirror and I noticed a motorist was struggling to balance his motorcycle, I immediately alighted from my car. He lost balance and fell.

After checking on the motorist and confirmed that he had no injuries, I checked on my car. I realized that motorcycle FBK5161D had collided onto my bumper, causing a deep dent and scratches.

Hence, I took down the motorist particulars, John Lem Chaw Leng, S7713712B and reported the incident to my company for follow up actions.

Declaration

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

  
Policyholder's Signature



\*

  
Driver's Signature (if driver is not the policyholder) / Date  
& Time

Witnessed by Reporting Centre Personnel