

## QUOTATION FOR VEHICLE RD 6192 E

PARTS			
1	1	FRONT BUMPER	\$ 1,262.64
2	1	FRONT FENDER (RH)	\$ 742.80
		SUB TOTAL	\$ 2,005.44
		LESS 10%	\$ 200.54
		DISCOUNTED SUB TOTAL	\$ 1,804.90
S/NETT			
1	1	FRONT NUMBER PLATE SCREW	\$ 30.00
		SUB TOTAL	\$ 30.00
LABOUR			
1		PANEL BEATING	\$ 400.00
2		SPRAYPAINTING CHARGES	\$ 400.00
3		WIRING CHARGES	\$ 30.00
		SUB TOTAL	\$ 830.00
		GRAND TOTAL	<u>\$ 2,664.90</u>

PLEASE NOTE THAT THE ABOVE IS ONLY AN ESTIMATE.  
THEREFORE SHOULD THERE BE ANY ADDITIONAL PARTS  
REQUIRE OR DISCOVER DAMAGE DURING OUR COURSE OF  
REPAIRS. WE WOULD INFORM YOU ACCORDINGLY FOR THE  
NECESSARY ACTIONS. PRICES OF PARTS QUOTED ARE  
SUBJECT TO CHANGE WITHOUT NOTICE.

## 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	07/05/2018 15:29
Date Of Accident	07/05/2018 07:45
Exact Location Of Accident	PIE(TUAS) AT TUAS RD EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	RD6192E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HDT SINGAPORE TAXI PTE. LTD.
Co Reg No	201609494H
Email Address	JAYDENLI@HDT.COM.SG
Mobile Phone No	(LOCAL) +65-96839358
Alternative Phone No	OFFICE-63657608

### Vehicle Particulars

Manufacturer	BYD
Model	OTHERS
Exact Purpose for which vehicle was being used at time of accident	WORK
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	TAXI

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5085730780-01
Cover Note Number	

### Driver

Name of Driver	CHIA POH CHUNG
NRIC No	S7116884J
Date Of Birth	18/05/1971
Occupation	OUTDOOR
Date Of Driving Pass	12/09/2012
Driving Experience	5 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96839358
Fax Number	
Contact Number	HOME-63657608
Email Address	JAYDENLI@HDT.COM.SG

Address	42 FABER WALK #05-10
Postcode	128990
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - ROUNDABOUT
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
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: : 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 SKETCH PLAN

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	EMAIL TO MOTORVIDEO@INCOME.COM.SG
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLT1671J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ANG KWAN ZHENG
NRIC/Passport Number	S9036196A
Contact Number	81238193
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

## Sketch Plan

### SKETCH PLAN

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7. By the lodging of this report to the insurers, you hereby consent to the archiving of this report at the center 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.

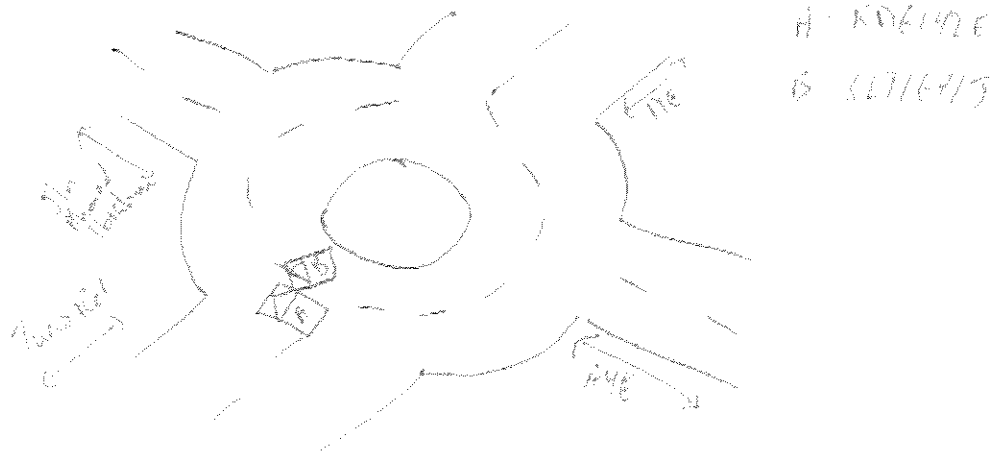
Policyholder's Signature  
Date & Time

Insurer's Signature  
or Insurer's authorised representative  
Date & Time

Report to the Centre Personal Representative  
Date & Time

## Sketch Plan #2

### SKETCH PLAN



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Location	NE (Turn) At-Town LA road
Weather	clear
Road	Dry
Traffic	moderate
I was from NE (turn) heading to Jalan Thiruvalluvar	
I was on the left lane of the roundabout passing by Turn Left exit.	
I signalled to indicate going straight when suddenly 61716713 was	
was on the right lane, cut into my lane and collided onto	
my right side. He was exiting Turn Road	
There was video of the accident	

### DECLARATION

(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 16/03/2018  
15:06

Reporting Centre Person's Signature  
Name K. S. S. S. S.  
NRIC/ID No 907011

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580  
Phone: +65 6224 0010 Fax: +65 6224 0030  
Operating Hours: Monday to Friday 9am to 5pm  
GST Registration No: M400017735

**Third Party Insurer Enquiry**

Our Ref No: GR-18-069509

Date of Request: 08/05/2018

Your Ref No:

Online Purchase

Soon Hock Motor Pte Ltd  
Blk 10 Ang Mo Kio Industrial Park 2A  
#01-05/06 AMK Autopoint  
Singapore 568047

Dear Sir/Madam,

Enquiry Date 08/05/2018  
Enquiry By Chris Lim Gan Koon  
TP Vehicle No. SLT1671J  
Accident Date 07/05/2018

**Enquiry Result**

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SLT1671J	AIG Asia Pacific Insurance Pte. Ltd.	20/10/2017-19/10/2018	65-6419-3000

Thank You.

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

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**TAX INVOICE**

Our Ref No: GR-18-069509

Date of Request: 08/05/2018

Your Ref No: Online Purchase

Soon Hock Motor Pte Ltd  
Blk 10 Ang Mo Kio Industrial Park 2A  
#01-05/06 AMK Autopoint  
Singapore 568047

Dear Sir/Madam,

Enquiry Date 08/05/2018  
Enquiry By Chris Lim Gan Koon  
TP Vehicle No. SLT1671J  
Accident Date 07/05/2018

DESCRIPTION	AMOUNT (S\$)
TP Insurer Enquiry	1.87
GST Amount	0.13
Total Amount Due (GST Inclusive)	2.00

Thank You.

This is a computer generated document and requires no signature.

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For GIARMC Official use:

Date:

☒ GIRO ☐ Cash ☐ Cheque