



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

SDY 2222 J

Parts	(a) Cost / List Price Items	\$ 2,098.00
	Plus/Less 10%	\$ 209.80
	Total of Cost / List	\$ 1,888.20
	(b) Nett Price Items	
	Less	
	Total of Nett Item	
	(c) Special Nett Items	
Total Parts Cost	\$	1,888.20
Labour	\$	900.00
Total	\$	2,788.20

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. :	<b>SDY 2222 J</b>	Submit By :	<b>Carmen Lim</b>
Make & Model :	<b>BMW 320 i</b>	Year Manufacture :	<b>2010</b>
Chassis No. :	<b>WBAPG56040NM25624</b>	Engine No. :	

**Cost / List**

S/No.	Part Description	Qty	Unit Price	Price	Disposition by Surveyor
1	Front bumper	1	\$1,420.00		
2	Front bumper clip	10	\$65.00		
3	Front bumper reinforcement	1	\$285.00		
4	Front bumper side retainer LH	1	\$30.00		
5	Front bumper side retainer RH	1	\$30.00		
6	Fog lamp RH	1	\$193.00		
7	Fog lamp garnish RH	1	\$75.00		
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
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.*



## 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	27/04/2018 13:01
Date Of Accident	26/04/2018 17:00
Exact Location Of Accident	COURTS MEGASTORE TAMPINES (SHELTERED CARPARK)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDY2222J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN POH TECK (CHEN BAODE)
NRIC No	S7727305J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98785959
Alternative Phone No	OFFICE-98785959
<b>Vehicle Particulars</b>	
Manufacturer	BMW
Model	320I AT ABS D/AB 2WD 4DR GAS/D SR

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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5099581339 CLASSIC
Cover Note Number	

### Driver

Name of Driver	TAN POH TECK (CHEN BAODE)
NRIC No	S7727305J
Date Of Birth	22/09/1977
Occupation	INDOOR
Date Of Driving Pass	30/09/2002
Driving Experience	15 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98785959
Fax Number	
Contact Number	OFFICE-98785959
Email Address	NOEMAIL

Address 43 JERVOIS ROAD #01-14 MON JERVOIS  
Postcode 249095  
Was driver an employee of the Insured's Company NO  
If No, Relationship of the Driver with the Insured OWNER  
Vehicle Registration Number of Driver's Own Vehicle -  
-  
Insurance Company of Driver's Own Vehicle -  
-

#### General Information of the Accident

Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED  
Weather Conditions SHELTERED CARPARK  
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) 0

#### 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 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 UNKNOWN SLX 3141 M  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver  
NRIC/Passport Number  
Contact Number 97107440  
Address  
Postcode  
Insurance Company Name AIG ASIA PACIFIC INSURANCE PTE. LTD.  
Nature Of Damage  
No. Of Passenger (Including Driver)

TP's ins.

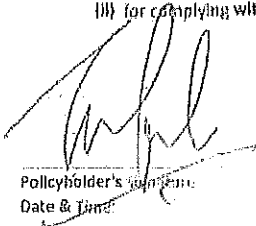
SKETCH PLAN

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:

**IDAC KAKI BUKIT (VAC)**  
23 Kaki Bukit Ave 4  
Singapore 415933  
Tel: 67416697 Fax: 67492305  
Email: [enquiry@idac.org.sg](mailto:enquiry@idac.org.sg)  
Name:  
NRIC/FIN No.:

SKETCH PLAN

Car was stationary & parked.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My car was parked at Courts Regent@ Tampines on 26/4 pm.  
At 5:30pm, the CUSE SUC counter at Courts Regent@rc called me that a guy approach them to locate owner of 812Y22225.  
I went down at 5:20pm to assess the damage with the guy and his wife together with my colleagues.  
Initially, we agreed on a pte settlement. However, the damage was beyond just a polish, hence we agreed to do the necessary claims submission.  
For the record, he refuse to provide his details. I only have his mobile 971074460 & M16 1800 029397 policy no.

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)  
Date & Time:

EDAC KAKI BUKIT (VAC)  
23 Kaki Bukit Ave 4  
Singapore 415933  
Tel: 67416697 Fax: 67492305  
Email: vacb@singnet.com.sg

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