



STUTTGART AUTO PTE LTD
NO:12 SUNGEI KADUT, SINGAPORE 729648
ESTIMATE COST OF REPAIRS



PORSCHE

INDIA INT'L INSURANCE PTE LTD		NAME :	Mr Siow Hung Jui	WIP :	34428
64 CECIL STREET		ADDRESS :	37A Simon Place	EXCESS :	
#04-06 IOB BUILDING			Singapore 545983	DATE:	31.05.2018
SINGAPORE 049711		TEL :			
ATTN. :	MOTOR CLAIMS				
FAX :					
VEH NO :	SJK99P	DATE IN :		CONTACT PERSON :	RICK 63602445
CHASSIS NO :	WP0ZZZ99ZHS110594	MILEAGE :		TYPE OF CLAIM :	TP AGAINST SHA10445
MODEL :	911 Carrera S	DATE REG.:	01.08.2016	POLICY NO. :	

NATURE OF WORKS

S/NO	Parts Description			REVISED	PRICES
	QTY				
1	REAR BUMPER	1	P991-505-022-35-		\$ 2,285.80
2	SENSOR PARKASSIST	2	P5Q0-919-275-B -G2X		\$ 451.40
3	SENSOR PARKASSIST GASKET	2	P5Q0-919-133- -9B9		\$ 4.60
4	REAR BUMPER LOWER RETAINING STRIP LH	1	P991-505-837-03-		\$ 33.70
5	REAR BUMPER LOWER SPOILER SCREW	2	P999-919-246-01-		\$ 31.00
6	REAR BUMPER LOWER SPOILER	1	P991-505-811-04-OK1		\$ 545.90
7	BLIND RIVET	6	P999-190-191-30-		\$ 31.20
8	TAIL PIPE GARNISH COVER	1	P991-505-651-04-OK1		\$ 198.50
9	BUMPER REINFORCEMENT	1	P991-505-141-08-		\$ 927.20
10	REINFORCEMENT SCREW	6	P900-378-351-01-		\$ 25.20
11	LOGO PORSCHE GALVANO SILVER	1	P991-559-235-00-		\$ 189.50
12	LOGO CARRERA GALVANO SILVER	1	P991-559-237-01-		\$ 122.90
13	LOGO S GALVANO SILVER 991	1	P991-559-243-01-		\$ 94.40
14	LOGO "911" SMALL	1	P991-559-231-02-		\$ 129.00
15	REAR BUMPER REFLECTOR LH	1	P991-631-455-01-		\$ 63.20
16	MAIN EXHAUST MUFFLER	1	P9P1-251-053-A -		\$ 4,720.00
17	TAIL PIPE	1	P9P1-251-187-B -		\$ 1,348.00
18	MAIN EXHAUST MUFFLER CLAMP BIG	2	P9P1-253-145- -		\$ 140.80
19	MAIN EXHAUST MUFFLER CLAMP SMALL	2	P997-111-230-80-		\$ 167.60
20	MAIN EXHAUST MUFFLER CENTER CLAMP	2	P9P1-251-571- -		\$ 203.00
	TOTAL PARTS				\$ 11,712.90
	LESS 10%				\$ 1,171.29
	TOTAL PARTS COST				\$ 10,541.61
	Labour Description				
1	TO REPLACE REAR BUMPER & OTHER PARTS AFFECTED BY THE ACCIDENT.				\$ 3,120.00
2	TO RESPRAY REAR BUMPER .				\$ 1,500.00
3	TO REMOVE & REPLACE THE REAR EXHAUST ASSY.			NETT	\$ 1,560.00
4	TO SUPPLY 1 PC NUMBER PLATE WITH CASING.			NETT	\$ 70.00
5	TO CHECK ELECTRICAL SYSTEM FOR PROPER FUNCTIONING.			NETT	\$ 250.00

6	TO REPROGRAMME AFTER THE ACCIDENT REPAIR WORKS.	NETT	\$ 600.00
7	TO TOW THE VEHICLE FROM THE ACCIDENT SITE TO THE WORKSHOP.	NETT	\$ 300.00
8	SUNDRIES.	NETT	\$ 50.00
		TOTAL LABOUR	\$ - \$ 7,450.00
		TOTAL PARTS	\$ - \$ 10,541.61
		TOTAL	\$ - \$ 17,991.61
		LESS EXCESS	\$ - \$ -
		TOTAL AFTER EXCESS	\$ -
		GST 7%	\$ - \$ -
		GRAND TOTAL	\$ - \$ -

REMARKS:

THIS IS ONLY AN ESTIMATE FROM VISUAL INSPECTION AND SHOULD THERE BE MORE DAMAGES FOUND DURING THE PROCESS OF REPAIRING, YOU WILL BE INFORMED BEFORE THE REPAIRS ARE BEING CARRIED OUT.

TAKE NOTE THAT SHOULD YOU DECIDE NOT TO PROCEED WITH THE REPAIRS, A QUOTATION FEE OF \$400.00 WILL BE APPLY AS ACCORDINGLY FOR MAN-HOURS INVOLVED IN SOURCING FOR PARTS PRICE AS WELL AS LABOUR CHARGES.

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	26/05/2018 12:16
Date Of Accident	25/05/2018 13:40
Exact Location Of Accident	CTE EXIT TOWARDS OUTRAM
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJK99P
Insured/Policyholder	
Name Of Registered Owner	SIOW HUNG JUI (XIAO HANWEI)
NRIC No	S7239902A
Email Address	TIMOTHY.SIOW@SGCIB.COM
Mobile Phone No	(LOCAL) +65-91086226
Alternative Phone No	OTHERS-91086226
Vehicle Particulars	
Manufacturer	PORSCHE
Model	911 CARRERA-3.0 (991-II) PDK E6 (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	ETIQA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	M0009283
Cover Note Number	21/09/2017 - 20/09/2018

Driver

Name of Driver	SIOW HUNG JUI (XIAO HANWEI)
NRIC No	S7239902A
Date Of Birth	23/10/1972
Occupation	INDOOR
Date Of Driving Pass	26/01/1996
Driving Experience	22 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91086226
Fax Number	
Contact Number	OTHERS-91086226
EMail Address	TIMOTHY.SIOW@SGCIB.COM

Address	37A SIMON PLACE
Postcode	545983
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	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 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 TO OWN WORKSHOP
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA1044S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

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: 26/5/18

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

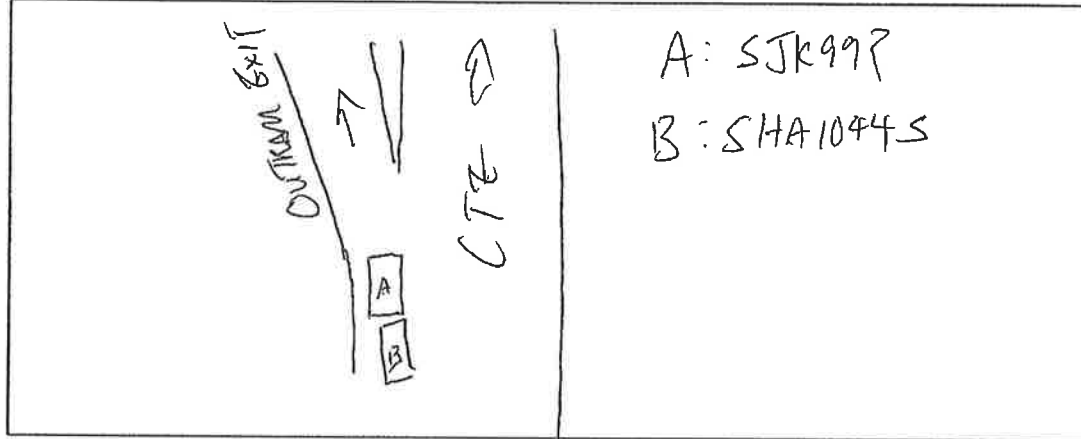
NRIC/FIN No.:



Sketch Plan Pg. 2

Date of accident: 25/5/14 Time: 1:41pm Location: CTE, Exit towards Outram
 My Vehicle A: SJK99P Vehicle B: SHA 1044S Vehicle C: _____

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- There was a queue of vehicles waiting to exit towards outtram from CTE
- When the vehicle in front of me moved, ~~I felt~~ the taxi behind me bumped into my car.
- Taxi Driver told me his name was Yusoff, HMO 9023 7482
- I took a video plus photos

☐ 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 :

Email address :

& myself :

Email address :

timothy.siew @ sgcib . com

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.

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.:



AH LIM MOTOR COMPANY

etiqa

Insurance

MX3
80000008
Cov. Type: CO

CERTIFICATE OF INSURANCE

• MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) • MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960 • ROAD TRANSPORT ACT, 1987 (MALAYSIA) • MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

CERTIFICATE No.

M0009283

Hire Purchase - Sing Investments & Finance Limited

1. Index Mark and Registration Number of Vehicle

9 ~~SLP7168C~~ SJK99P

2. Name of Policyholder

Siow Hung Jui (Xiao Hanwei)

3. Effective Date of Commencement of Insurance for the purposes of the Act

21/09/2017

Excess: Windscreen

S\$500

4. Date of Expiry of Insurance

20/09/2018

Excess: \$4,000 (Singapore)

\$8,000 (Outside Singapore Including Fire & Theft)

5. Persons or Classes of Persons entitled to drive

RESTRICTED TO THE FOLLOWING NAMED DRIVERS ONLY:

Siow Hung Jui (Xiao Hanwei)

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulations in that behalf from driving the Motor Vehicle.

6. Limitations as to Use

USE ONLY FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES AND FOR THE POLICYHOLDER'S BUSINESS.

THE POLICY DOES NOT COVER:

(i) USE FOR HIRE OR REWARD.

(ii) USE FOR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED-TESTING.

(iii) USE FOR THE CARRIAGE OF GOODS (OTHER THAN SAMPLES) IN CONNECTION WITH ANY TRADE OR BUSINESS.

(iv) USE FOR ANY PURPOSE IN CONNECTION WITH THE MOTOR TRADE.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these bindings.

Policy Owner's Protection Scheme

This policy is protected under the Policy Owner's Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact your insurer or visit the GIA / LIA or SDIC websites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg).

I/WE HEREBY CERTIFY that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

GPNDEE 26/09/2017 17:51:34



For and on behalf of Etiqa Insurance Pte. Ltd.
Approved Insurer

Authorised Signature

Sketch Plan Pg. 4



37A Simon Place
5545933

91086226.
D/C
No riding.
corner workshop.
1/4x.



eTiQa

Insurance

INTERVIEW FORM

Name (Driver): SIOW HUNG JUI (Xiao Hanwei)

Policy No: 40009203

Vehicle No: STK 99P

Place of Accident: CTE Exit towards Outram

Insured Driver's relationship with Insured: Owner

Drink Driving of Insured and/or Insured Driver: —

No of passenger(s) in Insured vehicle: 1pax.

Injury to Insured and/or Insured driver, please indicate which hospital:
NIL

Third Party Vehicle No (if any): SHA10445

No of passenger(s) in Third Party Vehicle: 2pax.

Injury to Third Party driver and/or passenger(s), please indicate which hospital:
NIL

Type of collision and the extensiveness of the damages to all vehicles/Third Party property involved:
Head to Rear

Any witness to the accident (if yes, please indicate Name, Contact No and a copy of the statement):
NIL

Traffic Police report (enclosed) : Yes / ☒ No

Please obtain a copy of the driving licence of Insured driver and/or work permit (where foreign worker is involved)

26/05/18
Driver (Name & Signature) / Date
I, affirmed the above information is given to
my best knowledge

26/05/18
Attended by (Name & Signature) / Date

Workshop Name: _____



Etiqa Insurance Pte Ltd
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Singapore 048583

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F +65 63392109

www.etiqa.com.sg
Company Reg. No. 201331058

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