



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

SLX 3246 U

Parts	(a) Cost / List Price Items	\$	<u>4,265.38</u>
	Plus/Less 25%	\$	<u>1,066.35</u>
	Total of Cost / List	\$	<u>3,199.04</u>
	(b) Nett Price Items		
	Less		
	Total of Nett Item		
	(c) Special Nett Items		
Total Parts Cost		\$	<u>3,199.04</u>
Labour		\$	<u>3,010.00</u>
Total		\$	<u>6,209.04</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. : **SLX 3246 U** Submit By : **Carmen Lim**
Make & Model : **TOYOTA PRIUS** Year Manufacture : **2016**
Chassis No. : **ZVW508036422** Engine No. :
Cost / List

S/No.	Part Description	Qty	Unit Price	Price	Disposition by Surveyor
1	LH front door	1	\$1,226.70		
2	LH front door hinge top	1	\$78.34		
3	LH front door hinge bottom	1	\$78.34		
4	LH front door weatherstrip	1	\$198.49		
5	LHF door glass outer moulding	1	\$122.95		
6	LH rear door	1	\$1,181.75		
7	LH rear door hinge top	1	\$78.34		
8	LH rear door hinge bottom	1	\$78.34		
9	LH rear door weatherstrip	1	\$178.40		
10	LHR door glass outer moulding	1	\$111.61		
11	LH side skirt	1	\$691.47		
12	LH side skirt clip	10	\$45.00		
13	LH rear hub cap	1	\$195.65		
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.

Labour

Vehicle No. : SLX 3246 U Submit By : Carmen Lim
Make & Model : TOYOTA PRIUS Year of Manufacture : 2016

[illegible]

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	07/06/2018 12:57
Date Of Accident	07/06/2018 10:15
Exact Location Of Accident	BISHAN ST 24 TOWARDS ST 22
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX3246U
Insured/Policyholder	
Name Of Registered Owner	TEAM PERFORMANCE PTE LTD
Co Reg No	200005945R
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97373973
Alternative Phone No	OFFICE-64841221
Vehicle Particulars	
Manufacturer	TOYOTA
Model	PRIUS
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5098809034
Cover Note Number	
Driver	
Name of Driver	CHUA NGUANG HONG
NRIC No	S1229479D
Date Of Birth	27/03/1957
Occupation	OUTDOOR
Date Of Driving Pass	26/11/1980
Driving Experience	37 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97373973
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address BLK 137 LORONG AH SOO #05-530
 Postcode 530137
 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 - CHANGE/CROSS LANE
 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) 4
 Passenger 1 NAME: : PASSENGER 1
 GENDER: : MALE
 Passenger 2 NAME: : PASSENGER 2
 GENDER: : FEMALE
 Passenger 3 NAME: : PASSENGER 3
 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 STATEMENT (ATTENDED BY: JAMES NG)

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 Witness 1

Name MISS GOH
 Phone Number 81686856
 Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJR6652R
 Vehicle Make/Model/Colour HONDA CIVIC
 Details Of Properties

Vehicle Category	PRIVATE CAR
Name of Driver	WONG SU CHERN
NRIC/Passport Number	S1297392F
Contact Number	
Address	BLK 203 BISHAN ST 23 #13-445
Postcode	570203
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.

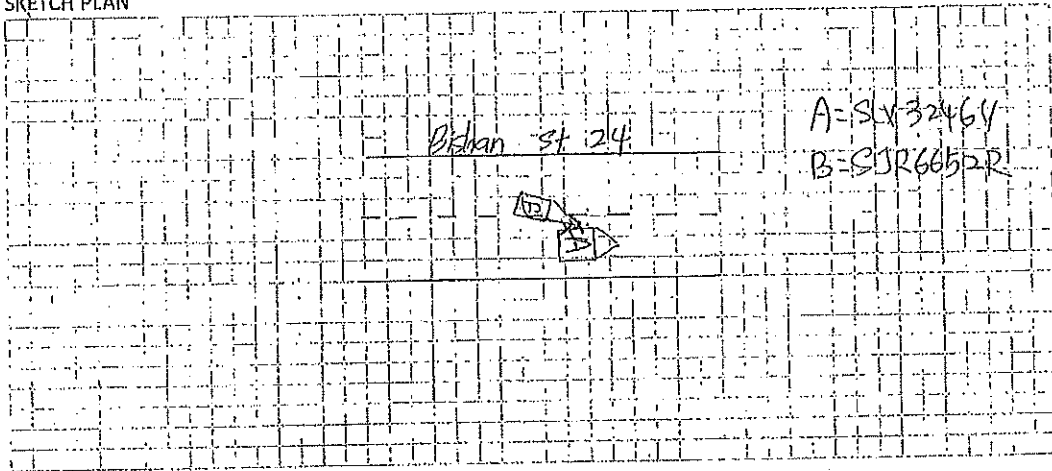
Policyholder's Signature
Date & Time: 07 JUN 2018

Driver's Signature
(If driver is not the policyholder)
Date & Time: 07 JUN 2018

Reporting Centre Personnel's Signature
Name: NG WING KIN JAMES
NRIC/FIN No.: S7927881E

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 7/6/18 @ 10:15 am, I was driving along bishan st 24 towards
 bishan st 22, all of sudden, vehicle B SJR6652R cut into my lane
 and hit my LH side portion.

Remark: Refer workshop "Esteem Performance Pte Ltd"

DECLARATION

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

Policyholder's Signature

Date & Time:

07 JUN 2018

GIARMC SketchPlanForm_V3

Driver's Signature

(If driver is not the policyholder)

Date & Time:

07 JUN 2018

Reporting Centre Personnel's Signature

Name:

NG WING KIN JAMES

NRIC/FIN No.:

S7927881E