QUOTATION FOR VEHICLE RD 6132 D

		DADTO			
4	4	PARTS		•	4 000 04
1 2	1	FRONT BUMPER	_	\$	1,262.64
3	1	FRONT BUMPER CENTRE GRILL		\$	214.32
	1	FRONT BUMPER REINFORCEME		5	631.32
4	2	FRONT BUMPER SIDE GRILLE (R		\$	96.72
5	2	FRONT BUMPER SIDE BRACKET	(RH/LH)	\$	57.12
6	2	FRONT BUMPER LAMP (RH/LH)		\$	1,375.20
7	1	FRONT BUMPER CLIPS (1 SET)		\$	30.00
8	2	FRONT HEADLAMP (RH/LH)		\$	2,776.80
9	1	FRONT HEADLAMP PANEL		\$	1,080.60
10	1	FRONT GRILLE WITH LOGO		\$	1,531.80
11	1	FRONT GRILLE CLIPS (1 SET)		\$	30.00
12	1	FRONT BONNET		\$	1,631.21
13	1	FRONT BONNET LOCK		\$	92.23
14	2	FRONT BONNET HINGE (RH/LH)		\$	183.12
15	1	FRONT BONNET INSULATOR		\$	231.64
16	1	FRONT BONNET INSULATOR CLI	PS (1 SET)	\$	30.00
17	2	FRONT FENDER (RH/LH)	•	\$	1,485.60
18	1	FRONT FENDER SHIELD (RH)		\$	169.36
19	1	FRONT RADIATOR		************************	816.24
20	1	FRONT RADIATOR FAN BLADE C	OWLING MOTOR	\$	795,54
21	1	FRONT RADIATOR SPARE TANK		\$	57.60
22	1	FRONT AIRCON CONDENSOR		\$	825.22
23	1	FRONT AIRCON DISCHARGE HO	SF	Š	60.96
24	1	FRONT AIRCON LIQUID PIPE		\$	97.44
25	1	FRONT DOOR (RH)		\$	1,318.36
	•		SUB TOTAL	\$	16,881.04
			LESS 10%	\$	1,688.10
			DISCOUNTED SUB TOTAL	\$	15,192.94
			DIOCOCIVIED COD TO IALE	Ψ	10,102.04
		S/NETT			
1	1	FRONT BUMPER SENSOR (1 SET	of 4)	\$	421.24
2	1	FRONT NUMBER PLATE		\$	40.00
3	1	FRONT NUMBER PLATE SCREW		\$	25.00
4	1	FRONT BONNET ADVERTISEMEN	IT LOGO	Š	100.00
5	1	FRONT DOOR ADVERTISEMENT		\$	100.00
Ü	,	THOM DOOK NO VERNICE IN THE	SUB TOTAL	\$ \$ \$ \$ \$ \$ \$	686.24
			OOD TOTAL	Ψ	000.24
		LABOUR			
1		PANEL BEATING	ž.	\$	900.00
2		SPRAYPAINTING CHARGES			900.00
3		WIRING CHARGES		\$	40.00
4		TUFF KOTE		\$	80.00
5		TOWING CHARGES		\$ \$ \$ \$ \$ \$ \$ \$	80.00
6		REFILL AIRCON GAS		φ.	150.00
7		REMOVE/REFIX FRONT BUMPER	SENSOR	¢	80.00
,		KEMOVERKEI IX FROM I BUMPER	SUB TOTAL	э \$	2,230.00
			JOB TOTAL	Ψ	۵,200.00
			GRAND TOTAL	\$	18,109.18
				*	,

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 witholding 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	14/06/2018 21:30
Date Of Accident	14/06/2018 13:05
Exact Location Of Accident	T-JUNCTION OF AMK AVE 8 AND AMK STREET 31
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	RD6132D
Insured/Policyholder	
Name Of Registered Owner	HDT SINGAPORE HOLDING PTE LTD
Co Reg No	201303684R
Email Address	JAYDENLI@HDT.COM.SG
Mobile Phone No	(LOCAL) +65-94479849
Alternative Phone No	OFFICE-NOPHONE
Vehicle Particulars	
Manufacturer	BYD
Model	E6Y-(A)
Exact Purpose for which vehicle was being used at time of accident	GRAB SERVICES
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5076558869-02
Cover Note Number	
Driver	

 Name of Driver
 LEE YEN KEAN

 NRIC No
 \$7672933F

 Date Of Birth
 23/11/1976

 Occupation
 OUTDOOR

 Date Of Driving Pass
 04/11/2003

Driving Experience 14 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-94479849

Fax Number

Contact Number

EMail Address JAYDENLI@HDT.COM.SG

38 CIRCUIT ROAD Address

#01-485 370038

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 - MAJOR/MINOR RD

Weather Conditions CLEAR Road Surface DRY

Other Information

Postcode

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

NO

NO

NO

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

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? NO

Was there any audio recorded?

NO **DETAILS OF OTHER VEHICLE PROPERTY 1**

SKB5288M

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category Name of Driver HAN MENG SIEW

NRIC/Passport Number S1201438D Contact Number 96926699

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process
-)—This Form must be completed by the Policyholder and/or the Authorised Driver
- Information provided must be as truthful and accurate as possible. Any wilful misrapresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- the issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 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 evaluable upon application by interested parties.
- 2. By the loggment of this report to the insurers, you hereby consent to the archiving of this teport at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

runderstand, acknowledge, agree and consent that

- My insurer, my workshop and the Geograf 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 sehicle(s) involved in this accident (all insurers) have insured volicle(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
 - (if) 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,
 - (diffeativing out and/or dealing with my instructions or responding to any enquires by me,
 - Irv) administering my claims (including the making 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 insuferful who have insufed vehicle(s) involved in this accident and the Insufers' 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 fawvers/law firms), which may be sited outside of Singapore, for one or more of the above Porposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose at traud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / duclosed
 - It! to all artifles and/or any other tolid parties that assist in evaluating, investigating, controlling or managing frauditipations, law enforcement and government agencies as reasonably required for the purposes statud, or

fel for complying with requirements under any regulations, laws or court process

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The series of equations $(d) = \{ (x_1, x_2, \dots, x_n) \in (x_1, x_2, \dots, x_n) \}$ where $(x_1, x_2, \dots, x_n) \in (x_1, x_2, \dots, x_n)$

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Sketch Plan #2

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DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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DECLARATION

Who decigns the foregoing particulars are true in every respect.

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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-18-092479

Date of Request: 18/06/2018 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

18/06/2018

Enquiry By

Chris Lim Gan Koon

TP Vehicle No. Accident Date

SKB5288M 14/06/2018

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SKB5288M	AIG Asia Pacific Insurance Pte. Ltd.	18/05/2018-17/05/2019	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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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

TAX INVOICE

Our Ref No: GR-18-092479 Date of Request:

18/06/2018

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

18/06/2018

Enquiry By

Chris Lim Gan Koon

TP Vehicle No.

SKB5288M

Accident Date 14/06/2018

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.

For GIARMC Official use:

Date:

[X] GIRO [] Cash [] Cheque



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 Number: 5076558869-02 Cover : drivo PREMIUM

1. Index mark and Registration Number of Vehicle : RD6132D

Chassis Number : LC0CE4DB2F1000933

2. Name of Policyholder : HDT SINGAPORE HOLDING PTE LTD

3. Effective Date of Insurance : 16 Dec 20174. Expiry Date of Insurance : 15 Dec 2018

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission. 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 so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (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 headings.

 EXCESS (SECTION 1)
 : \$\$500

 EXCESS (SECTION 2)
 : N/A

 WINDSCREEN EXCESS
 : \$\$100

 ADDITIONAL EXCESS
 : N/A

UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP : YES **INSURE WITH COE** : YES NCD PROTECTION : NO TRANSPORT ALLOWANCE : NO **EXCESS WAIVER** : NO PRIMARY DRIVER : N/A NAMED DRIVER (1) : N/A NAMED DRIVER (2) : N/A HIRE PURCHASE COMPANY : N/A

SUM INSURED : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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)

Agency : DICKSON AUTO AGENCY (00000614645)

Date of Issue : 04 Dec 2017 11:55 hrs

FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

	•		
Countersigned By:			
	Authoricad Officer	Chief Evecutive	