Kang Car Repairers Pte Ltd

1 Kaki Bukit Ave 6, #02-06 Autobay@ Kaki Bukit Singapore 417883
TEL: 6747 7636 FAX: 6748 5071 Email: kangcar@singnet.com.sg
GST:201300201N

M/S : AXA INSURANCE PTE LTD
8 SHENTON WAY
#24-01 AXA TOWER
SINGAPORE 068811

ATTN: Motor Claim Department \ Motor Claim

Estimate No: **EST1800182**
Date: 18 Jun 2018

Veh Reg No: **SKD8716P**
Make/Model: TOYOTA VIOS E MANUAL
Chasis No: MR053HY9305282379
Reg. Date: 16/01/2012
Your Ref No: SKH5148C

Claim Type: Third Party
Accident Date: 16/06/2018
TP Veh Reg No: SKH5148C

Estimate Repair Cost to Vehicle No :SKD8716P

	Quantity	Description	List Price S$	Amount S$
		List Price		
1	1 PC	REAR BUMPER	481.90	
2	2 PCS	REAR BUMPER BRACKET	130.80	
3	2 PCS	REAR BUMPER SIDE RETAINER	197.00	
4	2 PCS	REAR BUMPER SMALL RETAINER	91.00	
5	1 PC	REAR BUMPER REFLECTOR - RH	187.70	
6	1 PC	REAR BUMPER REFLECTOR - LH	187.70	
7	1 PC	BOOT LID RUBBER	186.50	
8	1 PC	BOOT LID	510.90	
9	1 PC	BOOT LID "VIOS" EMBLEM	44.20	
10	1 PC	BOOT LID "E" EMBLEM	34.30	
11	1 PC	BOOT LID LOGO	52.10	
12	1 PC	REAR PANEL	688.10	
			2.792.20	
		Less 25%	698.05	2.094.19
		Special Net		
13	2 PCS	"L" PLATE BRACKET	70.00	
14	1 SET	REAR BUMPER STICKER	195.00	
15	1 SET	REAR FENDER TRIM CLIPS RH	48.00	
16	1 SET	REAR FENDER TRIM CLIPS LH	48.00	
			361.00	361.00
		Labour		
17	1	TO CHECK WIRING	50.00	
18	1	TO SPRAY UNDERSEAL	100.00	
19	1	(REAR) TO SPRAY PAINTING	800.00	
20	1	TO REMOVE AND REPLACE THE DAMAGED PARTS, KNOCK OUT ACCIDENT DENTED PORTIONS, AND FOR CUTTING/WELDING WORKS.	800.00	
			1.750.00	1.750.00

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Reg. Date: 16/01/2012
Your Ref No: SKH5148C

Estimate Repair Cost to Vehicle No :SKD8716P

Quantity	Description	List Price S$	Amount S$
		Total	S$ 4,205.19
		Add GST @ 7%	294.36
		Total Amount Payable	S$ 4,499.55

TOTAL: SINGAPORE DOLLAR FOUR THOUSAND FOUR HUNDRED NINETY NINE AND CENTS FIFTY FIVE ONLY

This is only an estimate based on our preliminary inspection and does not cover additional parts, labour time which may be required after work has begun.

For Kang Car Repairers Pte Ltd

AUTHORISED SIGNATURE

MKCR18078341 / Kang Car Repairers Pte Ltd - HQ
ENTRY DATE & TIME: 18/06/2018 15:45
SUBMITTED BY: Yee Mei Cheng

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	18/06/2018 15:45
Date Of Accident	16/06/2018 15:30
Exact Location Of Accident	KAKI BUKIT RD 1 TWDS KAKI BUKIT AVE 1
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKD8716P
Insured/Policyholder	
Name Of Registered Owner	COMFORTDELGRO DRIVING CENTRE PTE LTD
Co Reg No	199601882C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67401636
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VIOS-1.5 E (M)
Exact Purpose for which vehicle was being used at time of accident	TRAINING
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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	M489523
Cover Note Number	
Driver	
Name of Driver	KARUPPAIYA PRABAKARAN
NRIC No	G6687910R
Date Of Birth	17/01/1991
Occupation	OUTDOOR
Date Of Driving Pass	16/06/2018
Driving Experience	0 YEAR AND 0 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91364080
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	C/O : TEH ENGINEERING PTE LTD
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - LEARNER
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	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: : ROY TEO GENDER: : MALE

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

I HAD STOPPED AT STOPLINE WHEN VEHICLE COLLIDED INTO MY REAR ABOUT 15.50PM. NO ONE WAS INJURED.

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	ROY TAN
Phone Number	96379836
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKH5148C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	BATALLER LARRY TORRECAMPO
NRIC/Passport Number	G5366441K
Contact Number	97856767
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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:

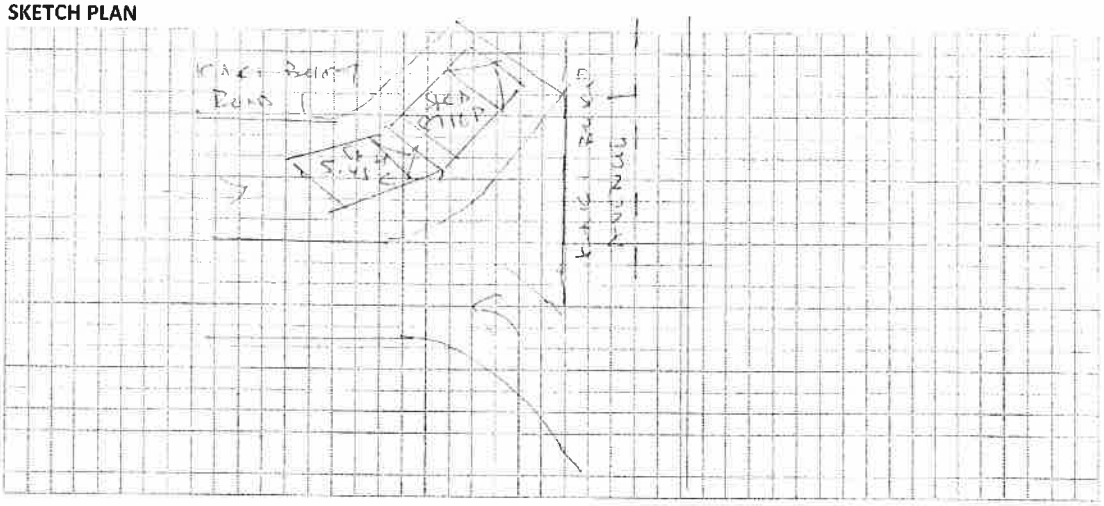
   (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

   (ii) for complying with requirements under any regulations, laws or court orders.

Comfort DelGro Driving Centre Pte Ltd
205 Ubi Ave 4
Singapore 408805

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.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS STOPPED AT STOP LINE. WHEN VEHICLE COLLIDED INTO MY CAR
ABOUT 15:50 PM. NO ONE WAS INJURED

DECLARATION

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

ComfortDelGro Driving Centre Pte Ltd
205 Ubi Ave 4
Singapore 408805

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.: