

**Repair Estimates** 

Parts (a) Cost / List Price Items

## ESTEEM PERFORMANCE PTE LTD

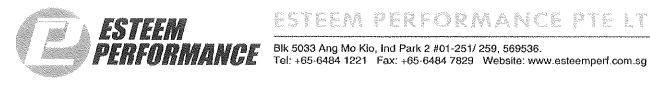
Blk 5033 Ang Mo Kio, Ind Park 2 #01-251/ 259, 569536.
Tel: +65-6484 1221 Fax: +65-6484 7829 Website: www.esteemperf.com.sg

Plus/Less 10%	\$	404.25
Total of Cost / List	\$	3,638.21
(b) Nett Price Items		
Less		
Total of Nett Item	<u> </u>	
(c) Special Nett Items		
Total Parts Cost	\$	3,638.21
Labour	\$	1,300.00
Total	\$	4,938.21
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 aut	horized /	is not authorized until further notice.
(b) Recommended Days of Repair	:	day(s)
(c) Resurvey	:	Required / Not Required
(d) Excess	:\$	
(e) Signature of surveyor	•	

GBF 6078 G

4,042.45

\$



# ESTEEM PERFORMANCE PTE LTD

S	na	re	Pa	rts
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Vehicle No. :	GBF 6078 G	Submit By	;	Carmen Lim
Make & Model:	VOLK T6	Year Manufacture	:	2016
Chassis No :	WV1ZZZ7HZHH043921	Engine No.	:	Promotory-Co-Promo-Com-MAX.ADAIM.
		Cost / List		P-CONTROL OF THE CONTROL OF THE CONT

S/No.	Part Description	Qty	Unit Price	Price	Disposition by Surveyor
1	Headlamp LH	1	\$691.10		
2	LH front fender	1	\$676.05		
3	LH front fender undershield	1	\$190.75		A STATE OF THE STA
4	LH front fender undershield clip	10	\$25.00		
5	Front bumper	1	\$1,393.80		1 A A A A A A A A A A A A A A A A A A A
6	Front bumper clip	10	\$25.00		***************************************
7	Front bumper reinforcement	1	\$825.35		
8	Front bumper side retainer LH	1	\$28.35		1
9	Front bumper side retainer RH	1	\$28.35		omest.
10	Front bumper bracket LH	1	\$47.25		
11	Front bumper bracket RH	1	\$47.25		
12	Front bumper sponge	1	\$64.20		
13					
14					
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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.



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### <u>Labour</u>

Vehicl	e No.	:	GBF 6078 G	Submit By	:C	armen Lim
Make	& Model	:	VOLK T6	Year of Manufacture	:	2016
S/No			Labour Description	on	Esimated Price	Adjusted Price
1	TO REN	ΞW	DAMAGED PARTS & KNOC	K OUT ACCIDENT		
	REPAIR	ARI	EA. (FRONT BUMPER,LHF F	ENDER)	\$600.00	
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2	TO PUTT	Υ, Ι	RESPRAY PAINT FOR AFFE	CTED ACCIDENT		
	REPAIR .	ARI	EA. (FRONT BUMPER,LHF F	ENDER)	\$600.00	
3	To check	wir	ing & focus headlamp	9.4000A	\$50.00	T-10-T-10-MM-050HGA-MIN-050HGA-MI
4	To tuff co	— at			\$50.00	
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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.

MVA218089860 / VAC ~ Sin Ming ENTRY DATE & TIME: 12/07/2018 12:55 SUBMITTED BY: James Ng Wing Kin

### 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

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	ACCIDENT STATEMENT
Date Of Report	12/07/2018 12:55
Date Of Accident	10/07/2018 13:40
Exact Location Of Accident	PIONEER ROAD NORTH
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBF6078G
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	-
Email Address	EUGENE.GN@JTI.COM
Mobile Phone No	(LOCAL) +65-98299567
Alternative Phone No	OFFICE-98299567
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	-
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD18V00032/VCZ/R03
Cover Note Number	
Driver	
Name of Driver	CHONG POH WAN
NRIC No	\$72276631
Date Of Birth	31/07/1972
Occupation	OUTDOOR

Occupation OUTDOOR Date Of Driving Pass 20/11/1992

**Driving Experience** 25 YEARS AND 7 MONTHS

MALE Gender

(LOCAL) +65-98299567 Mobile Number

Fax Number

Contact Number

EUGENE.GN@JTI.COM **EMail Address** 

Address

BLK 398 YISHUN RING ROAD #08-1733

Postcode

760398

Was driver an employee of the Insured's Company I

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 - CROSS JUNCTION

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO 2

Was any body injured in the Accident?

Number of vehicles involved in the accident

NO

Was any injured conveyed to hospital by

NO

ambulance?

...

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

1

Details of Police Action

Was the accident reported to the police?

Number of Passengers (Including Driver)

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 OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

GBB8937K

Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE

Vehicle Category Name of Driver

MOSTAFIZUR RAHMAN

NRIC/Passport Number

F8205893K

Contact Number

90684919

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 spead up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- information provided must be as truthful and accurate as obssible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy lightity.
- 4. The lasue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5 Any talso reporting may be referred to the Traffic Police Department for investigation.
- 6. This report will be forwarded by the insurers to the GIA Records Mangament Centre establised 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.
- 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.
- 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' law yers/law times, the Monatary 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

Policyholder's Signature Asia Signature (if diver is not the policyholder) / Data

Witnessed by Reporting Contra Personnel

& Timo

A — GBF 6078 S

- GBB 8937 K

Describe Circumstance of the Accident 🕏	والمساودة	
On 10 7 18 at 131	fohr I wa	s traveling on Pronner
Road North an While turning	cl turning	into International Road.
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Declaration t/We declare the foregoing particulars are true in every respect.

Policyholder's Signature 1 Supply 1973 Driver's Signature 8 Time

Driver's Signature (3) siver is not the policyholder) / Date & Time

Witnessed by Reporting Centro Personnel