

# 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 :** INDIA INTERNATIONAL INSURANCE PTE LTD  
64 CECIL STREET  
#04/#05 IOB BUILDING  
SINGAPORE 049711

TEL: 63476100 FAX: 62244174  
ATTN: Motor Claim Department

Claim Type: Third Party  
Accident Date: 26/08/2018  
TP Veh Reg No: SHB4153K

**Estimate No: EST1800277**  
Date: 30 Aug 2018

Veh Reg No: **SJM819T**  
Make/Model: HONDA FIT  
Chasis No: GE61130606  
Reg. Date:  
Your Ref No: SHB4153K

## Estimate Repair Cost to Vehicle No :SJM819T

Quantity	Description	List Price	Amount
		<u>S\$</u>	<u>S\$</u>
	<b>List Price</b>		
1	1 PC BOOT LID	871.50	
2	1 PC BOOT LID LOGO	35.00	
3	1 PC BOOT LID FIT EMBLEM	35.00	
4	1 PC BOOT LID TRIM	284.20	
5	1 PC BOOT LID LOCK	189.00	
6	1 PC BOOT LID LOCK CHECKER	28.40	
7	1 PC BOOT LID RUBBER	182.40	
8	1 SET REAR WINDSCREEN RUBBER	125.00	
9	1 PC TAIL LAMP - RH	286.20	
10	1 PC REAR PANEL	296.50	
11	1 PC REAR PANEL TRIM	90.80	
12	2 PCS REAR BUMPER BRACKETS	96.40	
13	2 PCS REAR BUMPER RETAINERS	56.60	
14	1 PC REAR TOWING COVER	31.40	
15	2 PCS EXHAUST PIPE MOUNTINGS	82.40	
		2,690.80	
		Less 20%	538.16
			2,152.64
	<b>Special Net</b>		
16	1 SET BOOT LID TRIM CLIPS	60.00	
17	1 TUBE REAR WINDSCREEN SEALANT	60.00	
18	1 PC REAR WINDSCREEN SEAL	60.00	
19	1 PC REVERSE CAMERA	480.00	
20	1 PC RADIO AMPLIFIER	1,000.00	
21	1 SET REAR PANEL TRIM CLIPS	40.00	
22	1 PC REAR BUMPER	1,200.00	
23	1 SET REAR BUMPER CLIPS	50.00	
24	1 SET REVERSE SENSORS	250.00	
25	1 PC REAR BUMPER GRILLE	120.00	
26	1 PC EXHAUST PIPE	1,400.00	

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**Make/Model:** HONDA FIT  
**Chasis No:** GE61130606  
**Reg. Date:**  
**Your Ref No:** SHB4153K

## Estimate Repair Cost to Vehicle No :SJM819T

Quantity	Description	List Price	Amount
		<u>S\$</u>	<u>S\$</u>
		4,720.00	4,720.00
	<b>Labour</b>		
27	1 TO REMOVE AND REPLACE THE DAMAGED PARTS, KNOCK OUT ACCIDENT DENTED PORTIONS, AND FOR CUTTING/WELDING WORKS.	1,200.00	
28	1 TO REMOVE AND REFIT REAR WINDSCREEN GLASS	120.00	
29	1 TO REMOVE AND REFIT BOOT LID TRIM AND SPEAKER COVER	180.00	
30	1 TO REMOVE AND REPLACE REAR EXHAUST PIPE	200.00	
31	1 TO SPRAY UNDERSEAL	100.00	
32	1 TO SPRAY PAINTING	1,200.00	
33	1 TO REMOVE AND REPLACE REVERSE SENSOR	80.00	
34	1 TO REMOVE AND REPLACE REVERSE CAMERA	80.00	
35	1 TO CHECK WIRING	50.00	
		3,210.00	3,210.00
	<b>Total</b>		<b>S\$ 10,082.64</b>
	<b>Add GST @ 7%</b>		<b>705.78</b>
	<b>Total Amount Payable</b>		<b>S\$ 10,788.42</b>

TOTAL: SINGAPORE DOLLAR TEN THOUSAND SEVEN HUNDRED EIGHTY EIGHT AND CENTS FORTY TWO 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.

AT

**For Kang Car Repairers Pte Ltd**

  
AUTHORISED SIGNATURE

## 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	30/08/2018 13:43
Date Of Accident	26/08/2018 20:00
Exact Location Of Accident	PASIR RIS DRIVE 1 SLIP ROAD INTO DRIVE 12
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM819T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SIERRAZULU
Co Reg No	53355986C
Email Address	ZULCINE@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-81018796

### Vehicle Particulars

Manufacturer	HONDA
Model	FIT 1.3G A
Exact Purpose for which vehicle was being used at time of accident	PERSONAL
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5096750841
Cover Note Number	

### Driver

Name of Driver	SYAFIQ ZULHILMI BIN SUHAIMI
NRIC No	S9349331A
Date Of Birth	31/12/1993
Occupation	OUTDOOR
Date Of Driving Pass	15/10/2014
Driving Experience	3 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81018796
Fax Number	
Contact Number	
EMail Address	ZULCINE@GMAIL.COM

Address	BLK 393 TAMPINES AVENUE 7 #02-249
Postcode	520393
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	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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: : NURUL IZZATI GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	TAMPINES NORTH NPP
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

SEE ATTACHED SKETCH PLAN AND POLICE REPORT NO: T/20180829/2123

#### 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	SHB4153K
Vehicle Make/Model/Colour	HYUNDAI TAXI/BLUE
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)

**DETAILS OF INJURED PERSON 1**

Name	SYAFIQ ZULHILMI BIN SUHAIMI
Approximate Age	24
Injuries Sustain	
Injured person in which vehicle?	SJM819T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	BLK 393 TAMPINES AVENUE 7 #02-249
Postcode	520393

**DETAILS OF INJURED PERSON 2**

Name	NURUL IZZATI
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SJM819T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Sketch Plan #2 Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20180829/2123

Police Station Of Origin:  
Tampines North NPP  
461 Tampines Street 44 #01-56 SINGAPORE  
520461  
Tel No: 1800-7818999

1 of 3

Report No: T/20180829/2123

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 29/08/2018 16 43		Vide Report No: G/20180826/0219	Station Diary No: 23
<b>Informant's Particulars</b>			
Name of Informant: SYAFIQ ZULHILMI BIN SUHAIMI		Address: APT BLK 393 TAMPINES AVENUE 7 #02-249 SINGAPORE 520393	
ID Type / ID No.: NRIC NO / S9349331A		Contact No.: Home/Office:	Mobile: 81018796
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 24	Date of Birth: 31/12/1993	Type of Informant: Driver
Race: Malay		Language:	Institution / School Name:
Occupation: PRIME MOVER DRIVER		Driving Licence Information: Class: 2B,2A,3,4,5	Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 26/08/2018 20:00	Type of Location: SLIP ROAD
Location: Along Road 1 PASIR RIS DRIVE 1  ALONG PASIR RIS DR 1 SLIP RD INTO DR 12				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Moving Vehicle Against - Others			Anyone conveyed by ambulance: Yes	

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHB4153K	Car	HYUNDAI		Blue	No Damage	0
SJM819T	Car	HONDA		Grey	Slightly Damaged	1

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

# Sketch Plan #2 Pg. 2



**SINGAPORE  
POLICE FORCE**



T/20180829/2123

Police Station Of Origin:  
Tampines North NPP  
481 Tampines Street 44 #01-66 SINGAPORE  
520461  
Tel No: 1800-7818999

2 of 3

Report No: T/20180829/2123

CONTINUATION OF REPORT

Driver			
Name	SYAFIQ ZULHILMI BIN SUHAIMI	ID No	S9349331A
Related Vehicle	SJM819T (Car)	Contact No.	81018796
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B, 2A, 3, 4, 5 Date of Expiry: NIL
Date Treatment	27/08/2018	Date Discharge	29/08/2018
No. of Days granted Medical Leave	10	Degree of Injury	NIL

## Brief Details.

On the above mentioned date, time and location, I was driving my vehicle, SJM819T, along Pasir Ris Dr 1 at the slip road and I stopped my vehicle to check for the blindspot on my right. While my vehicle was stationary, a taxi, SHB4153K, suddenly collided to the rear of my vehicle. My passenger then went out to check the vehicle and take pictures of the accident as I could not move. Traffic Police and ambulance was at scene. I had a passenger in my vehicle at the point of time. Damages to my vehicle are, dents, scratches and a hole and the right portion of my rear bumper. I was then conveyed to CGH and was discharged on the 29/08/18. I received 10 days of mc dated from the 27/08/18 till 05/09/18. Injuries are musculoskeletal pain and pain to my neck and right shoulder. I do not have an in built car camera in my vehicle. The incident number that was given to me by the TP officer is G/20180826/0219.



**SINGAPORE  
POLICE FORCE**



T/20180529/2123

Police Station Of Origin:  
Tampines North NPP  
461 Tampines Street 44 #01-56 SINGAPORE  
520461  
Tel No 1800-7818999

3 of 3

Report No. T/20180529/2123

CONTINUATION OF REPORT

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

G/

Sgt 2 ABDUL RAHMAN BIN MOHAMED ALI

Signature Of Informant:

*[Handwritten signature]*

Signature Of Interpreter:

Not applicable

Date/Time:

29/08/2018 16:43

Officer In Charge Of Case:

TP / GIT /

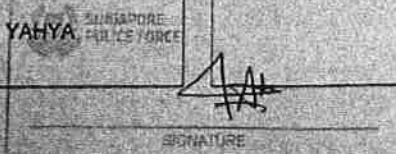
Sr Staff Sgt NOR FAIZAL BIN YAHYA

Contact No.: 65476202

Classification Of Case:

Authentication Stamp

NP108



SIGNATURE



## Accident Sketch Plan Pg. 1

### SKETCH PLAN

#### IMPORTANT NOTICE

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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.

SIENRAZULIS  
43351286C

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 30/8/2018  
12.05 pm

Reporting Centre Personnel's Signature  
Name: Aliya  
NRIC/FIN No.: 50109389D

### SKETCH PLAN

Paris Ris Drive 12

SSM 8197

SHB 4153K

Paris Ris Drive 1

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

See attached police report no. T/2018 0829/2123

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

SIERRAZULU

53355986C

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time: 30/8/2018  
12.05 pm

Reporting Centre Personnel's Signature

Name: Aliya Tug

NRIC/FIN No.: 50109389D