

S THREE AUTOMOTIVE RECOVERY PTE LTD

TO :
ATTN : **MOTOR CLAIM DEPT.**

T/P VEH. NO. : **SDT888C**

ESTIMATE REPORT 1st QUOTATION

JOB NO : _____

OWNER'S PARTICULAR

NAME : **TEO CHOON LONG**

CONTACT :

ADDRESS :

LICENSE NO. : **SKA446L**

CHASSIS NO : **FD11002271**

MAKE / MODEL : **HONDA CIVIC**

ENGINE NO : **R18A1002290**

OWNER'S INSURER **ERGO**

JOB-CODE : **TP** S/A : **YANZHEN**

ACCIDENT DATE : **30-Aug-18**

CLAIM DETAIL

MATERIALS

	QTY	QUO-PRICE	DISC. %	DISC- PRICE	SUR. DISP	REV. PRICE
1 FRONT BUMPER	1.00	\$ 638.05	20.00	\$ 510.44	Y	_____
2 FRONT BUMPER LOWER RUBBER MOULDING	1.00	\$ 65.00	20.00	\$ 52.00	Y	_____
3 FOG LAMP RH	1.00	\$ 303.80	20.00	\$ 243.04	Y	_____
4 FOG LAMP SIDE COVER RH	1.00	\$ 95.05	20.00	\$ 76.04	Y	_____
5 FRONT BUMPER RETAINER RH	1.00	\$ 28.00	20.00	\$ 22.40	Y	_____
6 FRONT BUMPER RETAINER RH	1.00	\$ 28.00	20.00	\$ 22.40	Y	_____
7 FRONT GRILLE	1.00	\$ 224.05	20.00	\$ 179.24	Y	_____
8 HEADLAMP HID RH	1.00	\$ 912.15	20.00	\$ 729.72	Y	_____
9 HEADLAMP HID BULB RH	1.00	\$ 344.75	20.00	\$ 275.80	Y	_____
10 HEADLAMP HID CONTROL UNIT RH	1.00	\$ 340.45	20.00	\$ 272.36	Y	_____
11 RADIATOR SUPPORT PANEL TOP GARNISH	1.00	\$ 101.00	20.00	\$ 80.80	Y	_____
12 RADIATOR SPARE TANK	1.00	\$ 1,507.40	20.00	\$ 1,205.92	Y	_____
13 FRONT FENDER RH	1.00	\$ 537.25	20.00	\$ 429.80	Y	_____
14 FRONT FENDER TOP GARNISH RH	1.00	\$ 33.00	20.00	\$ 26.40	Y	_____
15 FRONT FENDER INNER SHIELD RH	1.00	\$ 94.85	20.00	\$ 75.88	Y	_____
16 FRONT SHOCK ABSORBER RH	1.00	\$ 259.30	20.00	\$ 207.44	Y	_____
17 FRONT KNUCKLE ARM RH	1.00	\$ 230.20	20.00	\$ 184.16	Y	_____
18 FRONT KNUCKLE ARM BEARING RH	1.00	\$ 120.00	20.00	\$ 96.00	Y	_____
19 FRONT LOWER ARM RH	1.00	\$ 346.30	20.00	\$ 277.04	Y	_____
20 FRONT TIE ROD RH	1.00	\$ 80.90	20.00	\$ 64.72	Y	_____
21 FRONT TIE ROD END RH	1.00	\$ 85.00	20.00	\$ 68.00	Y	_____
22 HEADLAMP BRACKET RH	1.00	\$ 180.00	20.00	\$ 144.00	Y	_____

TOTAL (PARTS) :

6554.50

5243.60

SPECIAL NETT ITEM

1 FRONT BUMPER CLIPS ISET	1.00	\$ 50.00	0.00	\$ 50.00	Y	_____
2 FRONT TYRE LH	1.00	\$ 280.00	0.00	\$ 280.00	Y	_____
3 FRONT SPORT RIM LH	1.00	\$ 680.00	0.00	\$ 680.00	Y	_____

4	SUPPORT PANEL GARNISH CLIPS (1SET)	1.00	\$	50.00	0.00	\$	50.00	Y	_____
5	FRONT FENDER INNER SHIELD CLIPS	1.00	\$	50.00	0.00	\$	50.00	Y	_____
6	FRONT FENDER TOP GARNISH CLIPS LH	1.00	\$	50.00	0.00	\$	50.00	Y	_____

TOTAL (PARTS) :	1160.00	1160.00
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LABOUR

1	STRAIGHTEN & PANEL BEAT ACCIDENT AREAS	1.00	\$	1,200.00	0.00	\$	1,200.00	Y	_____
2	SPRAY PAINTING ON ACCIDENT AREAS	1.00	\$	1,200.00	0.00	\$	1,200.00	Y	_____
3	CHECK & REPAIR WIRING SYSTEM	1.00	\$	120.00	0.00	\$	120.00	Y	_____
4	R&R AC SYSTEM & CHARGE UP GAS	1.00	\$	120.00	0.00	\$	120.00	Y	_____
5	R&R AIR CON SYSTEM AND CHARGE UP AIR CON GAS	1.00	\$	120.00	0.00	\$	120.00	Y	_____
6	CONDUCT FULL WHEEL ALIGNMENT	1.00	\$	120.00	0.00	\$	120.00	Y	_____
7	RESPRAT TUFF KOTE ON ACCIDENT AREA	1.00	\$	120.00	0.00	\$	120.00	Y	_____
8	R&R FRONT SUSPENSION SYSTEM	1.00	\$	380.00	0.00	\$	380.00	Y	_____

TOTAL (LABOUR) :	3380.00	3380.00
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TOTAL PARTS & LABOUR	11094.50	9783.60
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EXCESS : : S\$ _____

NO. OF DAY : _____

RE-SURVEY : BEFORE / AFTER PAINTING

PART-BY-PART OR LUMP-SUM : S\$ _____

DATE OF SURVEY : ____ / ____ / ____

SURVEY BY : _____

CONTACT No: _____

FAX NO : _____

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	31/08/2018 15:46
Date Of Accident	30/08/2018 16:35
Exact Location Of Accident	IMM BUILDING LEVEL 3 CP
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKA446L
Insured/Policyholder	
Name Of Registered Owner	TEO CHOON LONG
NRIC No	S8714334A
Email Address	CLTEO3@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-98529219
Alternative Phone No	OFFICE-98529219

Vehicle Particulars

Manufacturer	HONDA
Model	HONDA CIVIC 1.8L (A) 1799 CC
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	ERGO INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPC18S005940
Cover Note Number	

Driver

Name of Driver	TEO CHOON LONG
NRIC No	S8714334A
Date Of Birth	02/06/1987
Occupation	INDOOR
Date Of Driving Pass	10/05/2007
Driving Experience	11 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98529219
Fax Number	
Contact Number	OFFICE-98529219
Email Address	CLTEO3@HOTMAIL.COM

Address	HDB SENJA GATEWAY, 635B SENJA ROAD 672635
Postcode	
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	SIDE SWIPE
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)	1

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 was at level 3 at the MSCP carpark wanting to proceed towards the ramp to level 4. Suddenly there was a vehicle ahead of me that block my way up the ramp. I stop and let the vehicle do what it wanted to do. Suddenly the vehicle reverse onto my stationary vehicle and hit me from right part of my vehicle. The driver acknowledge that she was at fault and wanted to do a private settlement. We exchange mobile numbers. No injury involved.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	PENDING FROM INSURED
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SDT888C
Vehicle Make/Model/Colour	JAGUAR/ XJ 3.0L DIESEL LWB PL A/T ABS D/AB HID
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	HUANG ZHONG HUI
NRIC/Passport Number	
Contact Number	96877196
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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4. The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of 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 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.
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 my 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.

[Signature]

31/8/18

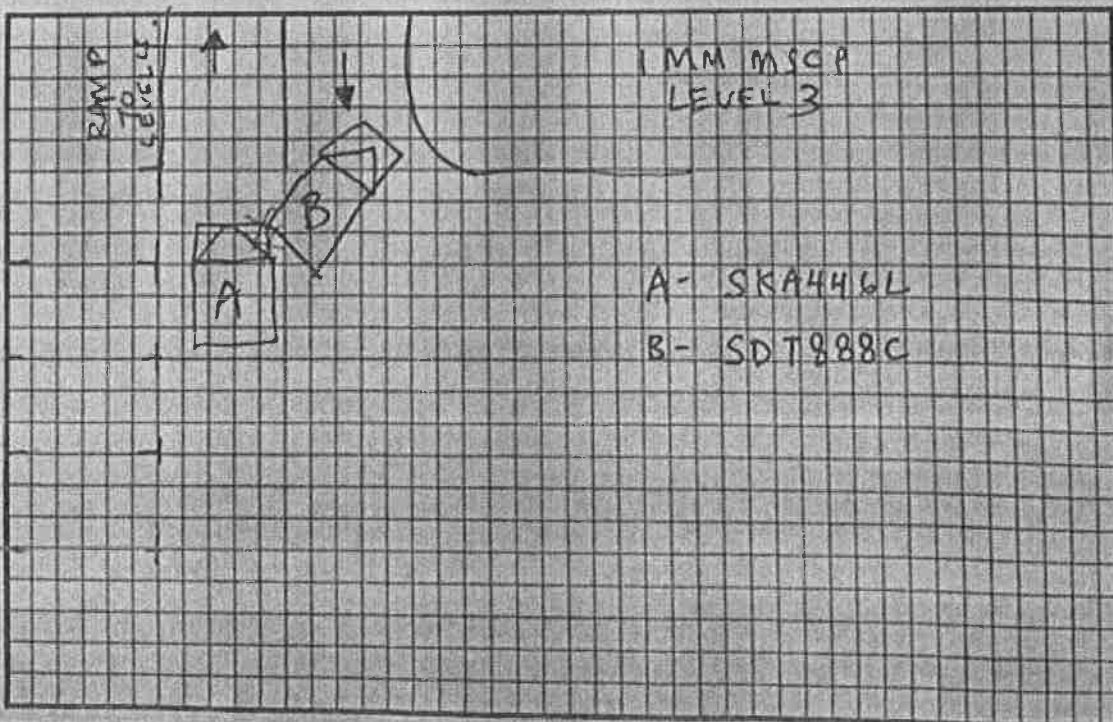
VERIFIED BY AJAX MARS
REPORTING OFFICER
Mohammad Azaly Bin Abdullah

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre
Personnel

Sketch Plan



ACCIDENT STATEMENT (2000 characters)

I was at level 3 at the MSCP carpark wanting to proceed towards the ramp to level 4. Suddenly there was a vehicle ahead of me that block my way up the ramp. I stop and let the vehicle do what it wanted to do. Suddenly the vehicle reverse onto my stationary vehicle and hit me from right part of my vehicle.

The driver acknowledge that she was at fault and wanted to do a private settlement.

We exchange mobile numbers.

No Injury Involved.

Taxi Voucher No.:

DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -
MOHAMMAD AZALY BIN ABDULLAH

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

31 August 2018 at 2:42 PM

Date/Time:

31 August 2018 at 2:42 PM