

HUI HUANG HONG BAO MOTORS

2 Kaki Bukit Ave 2 #02-11 Kaki Bukit AutoHub Singapore 417921

Tel : 6844 7414 Fax : 6844 7401 Email : alisonhhib@gmail.com

LKK Adrian
12/9/18

M/s Popular Rent A Car Pte Ltd
501 Guillemard Road
Singapore 399840

12th September 2018

Estimate cost of repairs to Honda Shuttle - SLR 5769 X

1 pc	Tailgate	\$	1,193.40	
1 pc	Tailgate 'H' emblem	\$	33.10	
1 pc	Tailgate 'Hybrid' emblem	\$	65.20	
1 pc	Tailgate 'Shuttle' emblem	\$	55.00	
1 pc	Tailgate weatherstrip	\$	95.10	
1 pc	Tailgate inner lock	\$	175.10	
1 pc	LH rear lamp	\$	520.50	
1 pc	Rear end panel	\$	601.50	
1 pc	Rear bumper	\$	1,150.60	
2 pcs	Rear bumper retainers @\$28.60		57.20	
		\$	3,946.70	
	Less 20%	\$	(789.34)	
		\$	3,157.36	
1 set	Tailgate inner trim clips	\$	20.00	SN
1 set	Rear bumper clips	\$	25.00	SN
1 pc	Rear windscreen sealant	\$	40.00	SN
	To remove and refit rear windscreen glass	\$	150.00	
	To remove and refit reverse sensors	\$	60.00	
	To remove and refit tailgate interior fittings	\$	120.00	
	Tuff kote	\$	60.00	
	To remove and refit back-up camera	\$	50.00	
	Wiring charges	\$	50.00	
	Labour charges to repair boot floor panel, to cut out rear end panel, to panel beating, welding and straightening, to remove, renew and align replaced			

parts etc	\$ 800.00
Spray painting	<u>\$ 800.00</u>
	<u><u>\$ 5,332.36</u></u>

Dollars : Five thousand three hundred thirty-two and cents thirty-six only.

DATE

BY

APPROVED

SIGNATURE

NAME

DATE

AMOUNT

DESCRIPTION

REMARKS

TOTAL

DATE

BY

APPROVED

NAME

DATE

SIGNATURE

DATE

BY

APPROVED



STATE OF TEXAS
 COUNTY OF DALLAS
 CITY OF DALLAS

BEYONCE & ASSOCIATES

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	10/09/2018 12:19
Date Of Accident	08/09/2018 16:20
Exact Location Of Accident	LORONG SESUAI SLIP ROAD TO BUKIT TIMAH ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR5769X
Insured/Policyholder	
Name Of Registered Owner	POPULAR RENT A CAR PTE LTD
Co Reg No	199608195Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67428888

Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE HYBRID-1.5 (A)
Exact Purpose for which vehicle was being used at time of accident	
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 HIRE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	9999994983/100829569
Cover Note Number	

Driver

Name of Driver	TAN KAY MUIR
NRIC No	S1347033B
Date Of Birth	17/01/1959
Occupation	OUTDOOR
Date Of Driving Pass	12/06/1990
Driving Experience	28 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90912578
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address BLK 1 TANJONG PAGAR PLAZA #14-52 (S) 082001
 Postcode
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured OTHER - HIRER
 Vehicle Registration Number of Driver's Own Vehicle -
 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
 Was any body injured in the Accident? YES
 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: : APRIL ONG
 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] CAIRNHILL NPP
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

REFER WITH ATTACH.

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
 Phone Number 94243856
 Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJV3333K
 Vehicle Make/Model/Colour BMW 740I
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver NEO KHOON SENG
 NRIC/Passport Number S6942241A
 Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

TAY KAR MUIR

Approximate Age

Injuries Sustain

A LIFE CLINIC PTE LTD - 5 DAYS MC

Injured person in which vehicle?

SLR5769X

Were seat belts worn?

YES

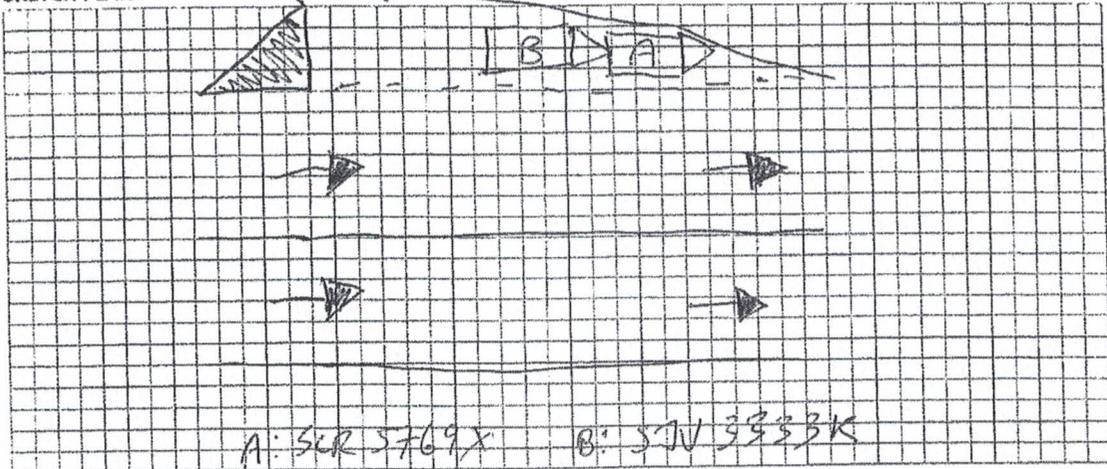
Was this injured conveyed to hospital by ambulance?

Address

Postcode

Accident Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT.

DECLARATION

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


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.: