



Bedok Motor Engineering Pte Ltd
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 6286 3032

Estimate To Repair CB6375H TOYOTA HIACE VAN
 Chassis No : LH172-0046912

S/No	Quantity	Description	Amount
<u>LIST ITEMS</u>			
1	1pc	Front door R/h	\$ 1,459.40
2	1pc	Front door hinge top	\$ 124.70
3	1pc	Front door hinge bottom	\$ 124.70
4	1pc	Front door checker	\$ 165.10
5	1pc	Front door weatherstrip	\$ 244.50
6	1pc	Front door step garnish	\$ 168.00
7	1pc	Front door step panel	\$ 124.00
8	1pc	Front door power window motor	\$ 299.70
9	1pc	Front door regulator	\$ 161.70
10	1pc	Front bumper	\$ 488.70
11	1pc	Front bumper side retainer	\$ 120.00
12	1pc	Head lamp R/h	\$ 579.00
13	1pc	Side lamp R/h	\$ 193.70
14	1pc	Front Indication light	\$ 153.10
15	1pc	Front door window glass channel weatherstrip	\$ 396.70
			\$ 4,803.00
			Less 25%
			\$ 1,200.75
			\$ 3,602.25
<u>SPECIAL NETT ITEAMS</u>			
16	1pc	Front door school bus sticker	\$ 30.00
			\$ 30.00
<u>LABOUR & MISC CHARGE</u>			
1		Panel beating.	\$ 800.00
2		Spray painting.	\$ 700.00
3		Check lighting and focussing of head lamp.	\$ 60.00
4		Rust proof the affected.	\$ 150.00
			\$ 1,710.00
Total			\$ 5,342.25

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 18/09/2018 11:44
 Date Of Accident 17/09/2018 14:30
 Exact Location Of Accident MARINE PARADE RD ROUNDABOUT
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number CB6375H
Insured/Policyholder
 Name Of Registered Owner TEE ENG
 NRIC No S1836012H
 Email Address NOEMAIL
 Mobile Phone No (LOCAL) +65-92388380
 Alternative Phone No OFFICE-92388380

Vehicle Particulars

Manufacturer TOYOTA
 Model HIACE-3.0 D (M)
 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 CAR

Insurance Company

Name of Insurance Company SOMPO INSURANCE SINGAPORE PTE. LTD.
 Type Of Coverage THIRD PARTY
 Fleet Policy NO
 Policy Number D17MTSCBU000718
 Cover Note Number D17MTSCBU000718

Driver

Name of Driver YAP ENG SZE
 NRIC No S7042300F
 Date Of Birth 24/11/1970
 Occupation OUTDOOR
 Date Of Driving Pass 23/03/2006
 Driving Experience 12 YEARS AND 5 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-87971336
 Fax Number
 Contact Number
 Email Address NOEMAIL

Postcode 1852
 Was driver an employee of the Insured's Company YES
 If No, Relationship of the Driver with the Insured
 Vehicle Registration Number of Driver's Own Vehicle
 Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - ROUNDABOUT
 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? 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) 0

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

REFER TO THE DESCRIPTION.

Attachment(s)

Are accident photos available for attachment? YES
 Was there any video captured by Car Camera? NO
 Was there any audio recorded? NO

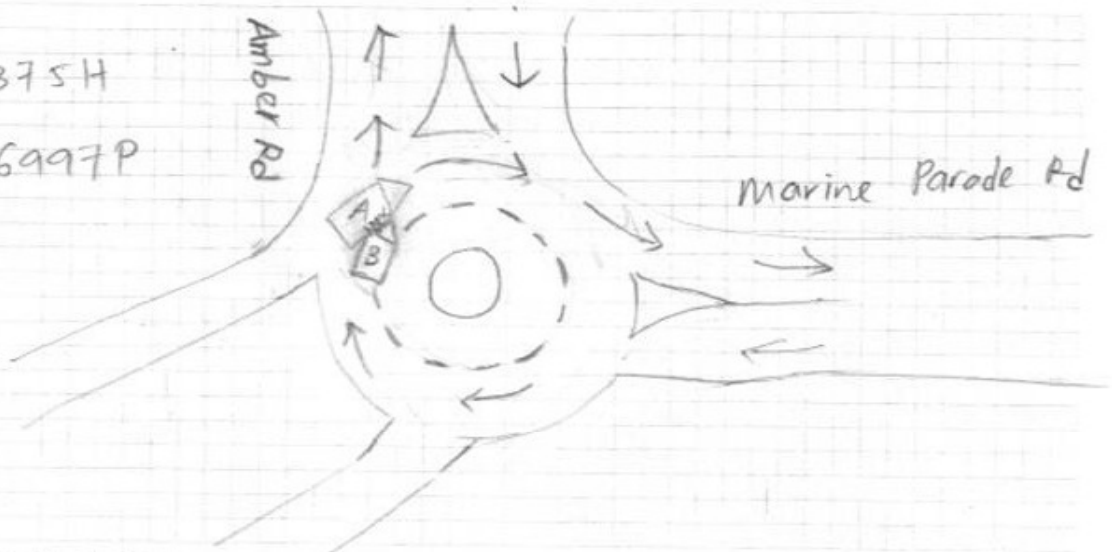
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJX6997P
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

SKETCH PLAN

A - CB 6375H

B - SJX 6997P



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 17/9/18 @ 2:30 p.m, I was driving my van (veh A - CB 6375H) moving along Marine Parade Rd roundabout. Suddenly, veh B (SJX 6997P) was exiting to Amber Rd Junction. and veh B change her lane from Inner lane to my lane without stop I hit my van on my side front right portion. Nobody was injured arising from this accident.

DECLARATION

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

鄭榮

YK



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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.




Policyholder's Signature
Date & Time:


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


Reporting Centre Personnel's Signature
Name:
NIC/FIN No.: