

Hitachi Capital Asia Pacific Pte. Ltd.
Jun Taiyo Service Centre

No. 8 Fourth Lok Yang Road Singapore 629705
Tel : 64663022 Fax : 68966591
Co. Reg.No. 199400399N GST Reg.No. M2-011899-3

VEHICLE ESTIMATE dated 02/10/2018

INDIA INTERNATIONAL INSURANCE PTE LTD

ACCIDENT DATE : 20/09/2018 @ 19:25

ATTN: MOTOR CLAIMS DEPT

VRN

: SLR2922P

MODEL

: TOYOTA VOXY HYBRID

TP VRN

: SHD3672A

	<u>Qty</u>	<u>S\$ Unit</u>	<u>S\$ Amt</u>	<u>S\$ Labor</u>
<u>PARTS REPLACEMENT</u>				
<u>1. Body Repair</u>				
1 REAR BUMPER	1	\$	559.00	\$ 559.00
2 REAR TOW HOOK COVER	1	\$	45.00	\$ 45.00
3 REAR BUMPER CLIPS	10	\$	5.50	\$ 55.00
4 RR BUMPER SIDE RETAINER INNER R/L	2	\$	80.00	\$ 160.00
5 RR BUMPER SIDE RETAINER OUTER R/L	2	\$	95.00	\$ 190.00
6 RR BUMPER REFLECTOR R/L	2	\$	78.00	\$ 156.00
7 RR BUMPER END PANEL	1	\$	715.00	\$ 715.00
8 RR BUMPER ROD	1	\$	215.00	\$ 215.00
			\$ 2,095.00	
Discount -25%			\$ 523.75	
			\$ 1,571.25	
Special Nett				
9 REVERSE SENSOR	1	\$	200.00	\$ 200.00
			\$ 200.00	
10 REAR FENDER LH	Repair			
PARTS TOTAL			\$ 1,771.25	

2. Labour Charges

Panel Beat, Cut, Weld, Re-align & Replace Damaged Parts Of Affected Area	\$ 1,500.00
Putty, Blend And Spray Paint on Affected Area	\$ 1,250.00
Remove and Refit Rear End Panel Lining and Garnish to Facilitate Repair	\$ 150.00
Remove and Reinstall Reverse Sensors	\$ 120.00
LABOURS TOTAL	\$ 3,020.00

Grand Total : \$ 4,791.25
Add 7% GST : \$ 335.39
Nett Total : \$ **5,126.64**

No. of repair days: 10



CUSTOMER SIGNATURE

HITACHI CAPTIAL ASIA PACIFIC PTE LTD
(MANAGER)

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	21/09/2018 15:59
Date Of Accident	20/09/2018 19:25
Exact Location Of Accident	ALONG PUNGGOL RD TRAFFIC LIGHT JUNCTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR2922P
Insured/Policyholder	
Name Of Registered Owner	TEO CHER TECK
NRIC No	S7514297H
Email Address	MZS246@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-92479898
Alternative Phone No	OFFICE-92479898

Vehicle Particulars

Manufacturer	TOYOTA
Model	VOXY HYBRID-1.8 (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 CAR

Insurance Company

Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2018-00010222
Cover Note Number	

Driver

Name of Driver	TEO CHER TECK
NRIC No	S7514297H
Date Of Birth	21/05/1975
Occupation	INDOOR
Date Of Driving Pass	11/06/2002
Driving Experience	16 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92479898
Fax Number	
Contact Number	OFFICE-92479898
Email Address	MZS246@YAHOO.COM.SG

Address	47B EDGEFIELD PLAINS WATERBAY 04-22
Postcode	828715
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	RAINING
Road Surface	WET

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)	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

REFER TO SKETCH PLAN

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD3672A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LEE TECK CHYE
NRIC/Passport Number	S0171283G
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

SKETCH PLAN


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 liability.
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. 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.


Policyholder's Signature
Date & Time:

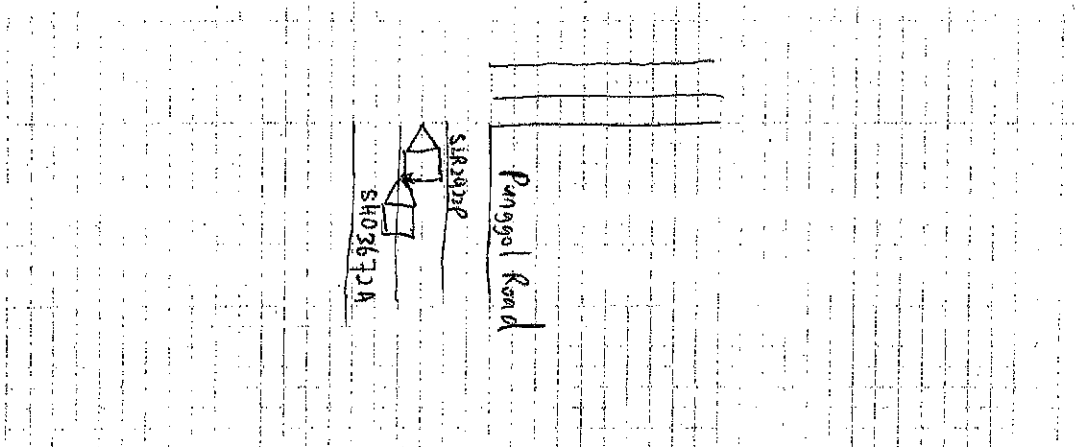

Driver's Signature
(If driver is not the policyholder)
Date & Time:


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

QUARTZ SECURITY PAPER M4

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 2018/9/20 at 19:26hrs, I was driving vehicle SLR2922P along Punggol Rd to right turn into the TPE ramp to SLE. As the traffic light indicate from yellow/amber to red. I bring my vehicle SLR2922P to a stop gracefully. The vehicle SHD3672A collide to my rear left side of my vehicle SLR2922P.

<p>You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.</p>	Reporting Only
	Claim OD
	Claim TP
	<input checked="" type="checkbox"/> Claim OD / TP at other workshop

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.:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	4297H
Vehicle Details	
Vehicle No.:	SLR2922P
Vehicle to be Exported:	No
Intended Deregistration Date:	31 Oct 2018
Vehicle Make:	TOYOTA
Vehicle Model:	VOXY HYBRID 1.8V CVT
Primary Colour:	Purple
Manufacturing Year:	2017
Engine No.:	2ZR1971166
Chassis No.:	ZWR800259027
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$32,088.00
Original Registration Date:	08 Aug 2017
First Registration Date:	08 Aug 2017
Transfer Count:	0
Actual ARF Paid:	\$6,924.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	07 Aug 2027
PARF Rebate Amount:	\$5,193.00
Intended COE Rebate Details	
COE Expiry Date:	07 Aug 2027
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$54,406.00
COE Rebate Amount:	\$47,707.00
Total Rebate Amount:	\$52,900.00

The Information contained herein is correct as at 01 Oct 2018

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