

# J-MART MOTOR PTE LTD

Block 5, Defu Lane 10, #01-578,  
Defu Industrial Park C, Singapore 539186  
Tel : 6343-0934 Fax : 6343-0921  
Email : jmartauto@gmail.com  
Registration No: 201400246D  
GST Reg. No: 201400246D

4-Oct-18

Our ref : TP/4585/18

SJ Universe Pte Ltd

## RE : estimate cost for vehicle no : GBD 5542A

1 pc	tailgate	\$	2,150.00
1 pc	tailgate lock		275.00
1 pc	tailgate lock cover		46.20
1 pc	tailgate rubber		236.10
1 pc	tailgate logo		72.20
1 pc	Hiace sticker		54.20
1 pc	tailgate centre lock motor		368.10
2 pcs	taillamp		796.00
1 pc	rear bumper		575.00
4 pcs	rear bumper lower bracket		64.20
2 pcs	rear bumper retainers		100.00
6 pcs	rear bumper clips		30.00
1 pc	end panel inner		550.00
1 pc	end panel outer		650.00
1 pc	step panel		236.00
1 pc	exhaust pipe		656.10
			<hr/>
			6,859.10
		less 25%	<hr/>
			1,714.78
			<hr/>
			5,144.33
1 pc	rear no plate		40.00 snett
1 pc	rear w/screen gum		50.00
1 pc	reverse sensor		250.00
1 pc	70km/h sticker		10.00
	Panel beating.		1000.00
	Spray painting.		1000.00
	Wiring.		30.00
	Remove & refit rear w/screen.		120.00
	Transfer tailgate fitting.		80.00
	Remove & refit exhaust pipe.		80.00
			<hr/>
			7804.33
		Plus 7% GST	<hr/>
			546.30
			<hr/>
			8350.63

SD : Eight thousand three hundred fifty & cents sixty-three only.

## 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	04/10/2018 13:39
Date Of Accident	03/10/2018 17:45
Exact Location Of Accident	YISHUN AVE 1
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD5542A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SJ UNIVERSE PTE LTD
Co Reg No	201527056C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE DX 3.0 A 4 DOOR
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5093265416
Cover Note Number	

### Driver

Name of Driver	MOOKKAIH BALAMURUGAN
Passport No/FIN	G2014557P
Date Of Birth	09/06/1990
Occupation	OUTDOOR
Date Of Driving Pass	09/07/2013
Driving Experience	5 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83595109
Fax Number	
Contact Number	OFFICE-83595109
EMail Address	NOEMAIL

Address 443 ANG MO KIO AVENUE 10  
 #11-1229  
 Postcode 560443  
 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 - 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? 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: : -  
 GENDER: : MALE

**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 STATEMENT.

**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 SJP7010Y  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Vehicle Category PRIVATE CAR  
 Name of Driver ANWAR BIN ISMAIL  
 NRIC/Passport Number S1712942B  
 Contact Number 90068675  
 Address BLK 228 PASIR RIS STREET 21  
 #04-04  
 Postcode 510228  
 Insurance Company Name  
 Nature Of Damage

No. Of Passenger (Including Driver)

1

**DETAILS OF INJURED PERSON 1**

Name	MOOKKAI AH BALAMURUGAN
Approximate Age	
Injuries Sustain	NECK & BACK
Injured person in which vehicle?	GBD5542A
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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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 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 (POPA)

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.

*M. Subramaniam*  
Policyholder's Signature  
Date & Time:

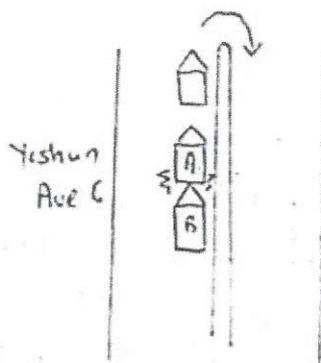


*M. Subramaniam*  
Driver's Signature  
(if driver is not the policyholder)  
Date & Time:

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

Accident Sketch Plan

SKETCH PLAN



DCA-3/10/18  
A: GBD 5542A  
B: SJP 7010Y

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Waiting stationary for the fit car to make a U-turn, suddenly my veh rear panel being collided by veh B

DECLARATION

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

*M. Rehmeyer*  
Policyholder's Signature  
Date & Time:



*M. Rehmeyer*  
Driver's Signature  
(if driver is not the policyholder)  
Date & Time:

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