

BW WORKSHOP SERVICES PTE. LTD.

30 UBI ROAD 4 SINGAPORE 408615
TEL: 6289 8800 FAX: 6858 2120
GST. REG NO: 201504834E

AIG ASIA PACIFIC INSURANCE PTE LTD
78 SHENTON WAY
#07-16
SINGAPORE 079120

YOUR REF: SLX833U
OUR REF: SME4381T
DOA: 03/10/2018

Date: 15/10/2018

BW WORKSHOP SERVICES PTE LTD
30 UBI ROAD 4
SINGAPORE 408615

Motor Claim Department

Dear Sir/Mdm,

We're writing in to let you know that we're authorized by our client to proceed with the TP claim process against your insured- **SLX833U**

Attached is the GIA Report & Estimate for your reference.

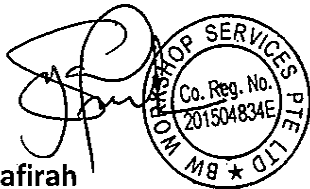
Please arrange for a surveyor for the PRS at our workshop.

Address:

BW Workshop Services Pte Ltd
30 Ubi Road 4
Singapore 408615

Please do contact us at **62898800** or email at syafirah@bw.com.sg for any enquiries. Thank you.

Nur Syafirah



BW Workshop Services Pte Ltd
30 Ubi Road 4 Singapore 408615
Main: 6289 8800 Fax 6858 2120 Email syafirah@bw.com.sg

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QUOTATION**AIG ASIA PACIFIC INSURANCE PTE LTD****NO. : 1810004****CURRENCY : \$****THIRD PARTY CLAIM: SLX833U****PAGE :****DATE OF ACCIDENT: 03.10.18****DATE : 15/10/2018**

QTY	DESCRIPTION	VEH NO.		
		SME4381T HONDA FIT HYBRID		
			Unit Price	AMOUNT
1PCS	FRT BUMPER			\$ 1,300.00
10PCS	FRT BUMPER CLIP		\$ 4.50	\$ 45.00
1PCS	FRT BUMPER SEAL			\$ 65.00
1PCS	FRT BUMPER FOG LAMP GARNISH			\$ 111.00
2PCS	FRT BUMPER SIDE HOLDER		\$ 38.00	\$ 76.00

TOTAL	1,597.00
LABOUR CHARGE	680.00
DISCOUNT (only Parts)	0%
TOTAL:	2,277.00
GST 7%	159.39
TOTAL	2,436.39

- LABOUR :
- 1

TO TRANFER AND REFIX FRT BUMPER , GIRILL , GRNISH -\$250.00
- 2

TO RESPRAY PAINT ON ACCIDENT PORTION -\$250.00
- 3

TO TUFF-KOTE -\$180.00

INSURANCE SURVEYOR DETAIL		INSURANCE SURVEYOR DETAIL	
FULL NAME		FULL NAME	
EMAIL ADDRESS		EMAIL ADDRESS	
CONTACT NUMBER		CONTACT NUMBER	
REMARKS		REMARKS	
DATE		DATE	
SIGNATURE		SIGNATURE	

MC0518128500 / ComfortDelGro Engineering Pte Ltd - Braddell
ENTRY DATE & TIME: 03/10/2018 16:53
SUBMITTED BY: Brenda Ng Lay Hong

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	03/10/2018 16:53
Date Of Accident	03/10/2018 13:30
Exact Location Of Accident	7030 ANG MO KIO AVE 5 NORTHSTAR@AMK LEVEL 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME4381T
Insured/Policyholder	
Name Of Registered Owner	CHUA SHARMAGNE GWEN
NRIC No	S8816844E
Email Address	SHARMAGNE_CHUA@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-91111973
Alternative Phone No	OTHERS-91111973

Vehicle Particulars

Manufacturer	HONDA
Model	FIT HYBRID 1.5F AUTO
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	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	C0088094

Driver

Name of Driver	CHUA SHARMAGNE GWEN
NRIC No	S8816844E
Date Of Birth	24/05/1988
Occupation	INDOOR
Date Of Driving Pass	02/08/2007
Driving Experience	11 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91111973
Fax Number	
Contact Number	OTHERS-91111973
Email Address	SHARMAGNE_CHUA@HOTMAIL.COM

Passenger 1

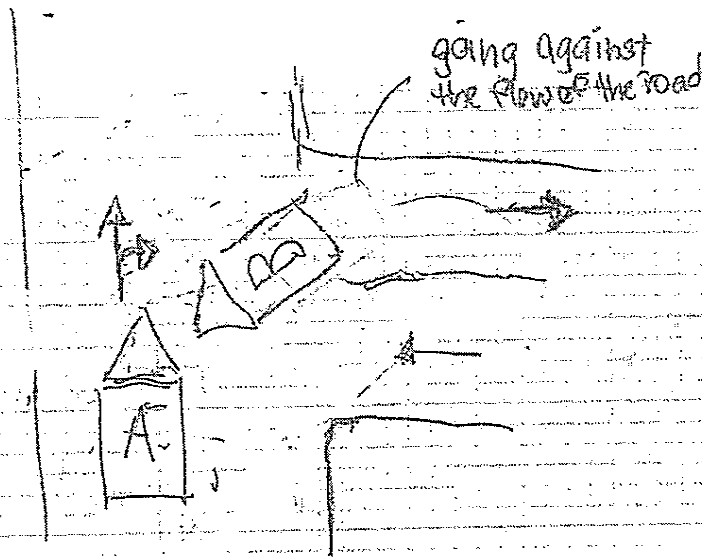
NAME: :
GENDER: : MALE

Sketch Plan Pg. 2

SKETCH PLAN

A: SME 4381T

B: SLX 833U

Northstar Building,
Level 2

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 3rd Oct 18 @ 13.30hrs, I was driving up my office building at Northstar when another car SLX 833U was driving against the traffic. He was driving downwards the ramp when I was going up. I stopped my vehicle but he continued forward and bumped into the front of my car lightly. I reversed backward to make way for him (even though he was driving against the traffic to let him pass through. At that moment, I did not know that there was a bump and only realized after parking my car. There were some physical scratches and some of the green paint from his car was stuck on mine. I do not have his particulars nor number because we did not get out of the car.

DECLARATION

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

Policyholder's Signature

Date & Time:

3rd Oct 18 / 16.35

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.: