

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

Lonpac

ATTN: MOTOR CLAIMS DEPT

QUOTE NO :
ACCIDENT DATE 23/11/2018@1520HRS
VRN : SJX33355U
MODEL : Toyota Estima
TP VRN : YN1975K
:

	<u>Qty</u>	<u>S\$ Unit</u>	<u>S\$ Amt</u>	<u>S\$ Labor</u>
--	------------	-----------------	----------------	------------------

PARTS REPLACEMENT

1. Body Repair

1 Front Bumper	1	\$ 585.00	\$ 585.00	
2 Front Bumper Clips	10	\$ 5.50	\$ 55.00	
3 Front Bumper Outer Bracket LH	1	\$ 65.00	\$ 65.00	
4 Front Fender LH	1	\$ 685.00	\$ 685.00	
5 Front Fender Shield LH	1	\$ 175.00	\$ 175.00	
6 Front Fender Shield Clips LH	8	\$ 5.50	\$ 44.00	
7 Headlamp LH	1	\$ 2,232.00	\$ 2,232.00	

Discount 25% \$ (960.25)

TOTAL \$ 2,880.75

2. Labor Charges

1 Panel beat, cut, weld, re-align and replace damaged parts of affected area	\$ 750.00
2 Putty, Blend and paint affected area	\$ 750.00
3 Check wiring, re-align headlamps and ensure proper function	\$ 80.00

Sub Total : \$ 1,580.00

Grand Total : \$ 4,460.75
Add 7% GST : \$ 312.25
Nett Total : \$ 4,773.00

No. of repair days: 3

CUSTOMER SIGNATURE

HITACHI CAPITAL 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 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. 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	23/11/2018 17:54
Date Of Accident	23/11/2018 15:20
Exact Location Of Accident	WOODLANDS AVE 9 X WOODLANDS AVE 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJX3335U
Insured/Policyholder	
Name Of Registered Owner	HITACHI CAPITAL ASIA PACIFIC PTE LTD
Co Reg No	199400399N
Email Address	JUNTAIYO@HCSPL.COM.SG
Mobile-Phone No	
Alternative Phone No	OFFICE-64663022

Vehicle Particulars

Manufacturer	TOYOTA
Model	ESTIMA-2.4 AERAS G (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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	G300035496MCY
Cover Note Number	

Driver

Name of Driver	SITI SHAKIRAH BINTE MOHA SAID
NRIC No	S8311870I
Date Of Birth	14/04/1983
Occupation	INDOOR
Date Of Driving Pass	27/04/2006
Driving Experience	12 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93206154
Fax Number	
Contact Number	
Email Address	SITISHAKIRAH@HCSPL.COM.SG

Address BLK 653 WOODLANDS RING ROAD
#06-474
Postcode 730653
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 SIDE SWIPE
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? 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) 6

Passenger 1
NAME: : HELPER
GENDER: : FEMALE

Passenger 2
NAME: : SON
GENDER: : MALE

Passenger 3
NAME: : SON
GENDER: : MALE

Passenger 4
NAME: : SON
GENDER: : MALE

Passenger 5
NAME: : DAUGHTER
GENDER: : FEMALE

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

PLEASE REFER TO ATTACHMENT

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? YES
Remarks/ Reasons: VIDEO LINK WILL SEND TO THIRD PARTY INSURANCE
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YN1975K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	GOODS VEHICLE
Name of Driver	LI DEJUN
NRIC/Passport Number	G2460046M
Contact Number	68542775
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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:

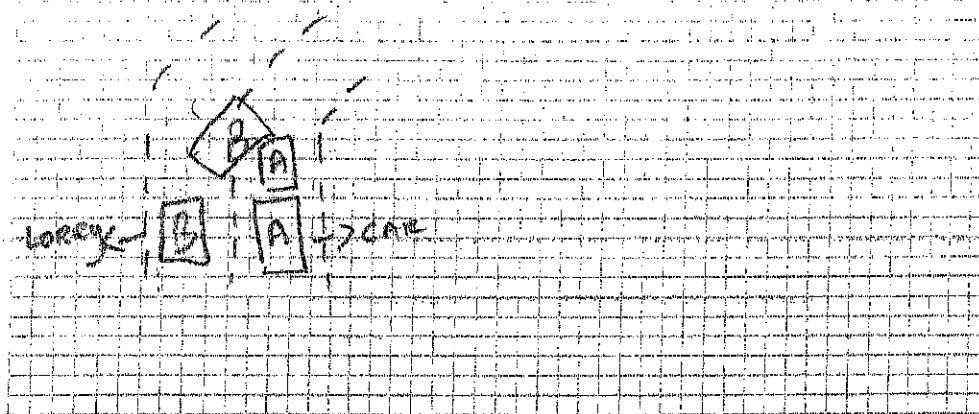
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I am driving Car A on the extreme right lane, turning right. Upon moving off to turn right, the Lorry B swerve into my lane and approaching near my car A. I immediately brake and horn Lorry B but it did not stop and hit the left side of my car A. The driver managed to turn right but failed to stop ahead.

I give a chase later on and managed to find Lorry B stopping at the side of Woodlands Street 82.

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 Centra Personnel's Signature
Name:
NRIC/FIN No.: