

T K MOTOR WORKSHOP

1 KAKI BUKIT AVE 6 #02-56
SINGAPORE 417883
TEL: 96273323 FAX: 68442641
CO. REG NO : 53049097L

DATE: 30/11/2018

WENDY WONG SWEE LIAN
24 GLASGOW RD #03-08
SINGAPORE 549340

DEAR SIR

ACCIDENT DATE: 26/11/2018

ESTIMATE COST OF REPAIRS BILL TO TOYOTA C-HR HYBRID 1.8G CVT CAR NO: SJG6702M

1 PC REAR BUMPER (TOP) <i>crushed</i>	SS 782.20	782.20 ✓
1 PC REAR BUMPER (LOWER) <i>defend</i>	543.10	543.10 ✓
1 PC REAR BUMPER REINFORCEMENT BEAM <i>sent</i>	517.40	517.40 ✓
8 PC REAR BUMPER CLIP @ 12.30 X 8PC <i>in</i>	98.40	98.40 80
1 SET REAR REVERSE PARKING SENSOR <i>2nd</i>	280.00	280.00 200 (2nd)
2 PC REAR BUMPER BRACKET <i>could</i>	64.80	64.80 ✓
1 PC REAR KEYLESS SENSOR <i>none</i>	278.90	278.90 X
TO CHECK WIRING.	50.00	50.00 30
TO SPRAY PAINTING.	650.00	650.00 500
TO REMOVE & REFIX REAR INTERIOR UPHOLSTERY & CUSHION.	80.00	80.00 X
TO APPLY UNDERCOATING ON THE REPAIRED & REPLACED PANEL FOR RUST PROTECTION.	80.00	80.00 X
TO MEASURE, DRILL THE REPLACED BUMPER, POSITION & REINSTALL REAR REVERSE SENSOR, CONTROL UNIT, CHECK & TEST FOR FUNCTIONING.	80.00	80.00 50
TO CARRY OUT DIAGNOSTIC CHECKS & RESET FAULT CODE.	150.00	150.00 X
TO LABOUR CHARGE FOR PANEL BEATING, WELDING REMOVING ALL DAMAGED PARTS & REPLACING OF THE NEW PARTS ETC.	550.00	550.00 250

TOTAL SS

4,204.00

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

Est: 1937.30
Lenas: 1452.97
SN: 200
Labour: 880
Total: 2482.97
H/S: 1950
03 Days.

1950

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	27/11/2018 15:51
Date Of Accident	26/11/2018 19:15
Exact Location Of Accident	TAVISTOCK AVE TWDS AMK AVE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJG6702M
Insured/Policyholder	
Name Of Registered Owner	WENDY WONG SWEE LIAN
NRIC No	S7725160Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97971705
Alternative Phone No	OFFICE-97971705

Vehicle Particulars

Manufacturer	TOYOTA
Model	C-HR HYBRID 1.8G CVT
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1700045012-01
Cover Note Number	-

Driver

Name of Driver	WENDY WONG SWEE LIAN
NRIC No	S7725160Z
Date Of Birth	06/09/1977
Occupation	INDOOR
Date Of Driving Pass	04/09/1997
Driving Experience	21 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97971705
Fax Number	
Contact Number	OFFICE-97971705
EMail Address	NOEMAIL

Address	24 GLASGOW RD #03-08
Postcode	549340
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	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?	
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: : UNKNOWN
	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 ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLP4438T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MARCUS LEE CHUN MIN
NRIC/Passport Number	S8811923A
Contact Number	87555514
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

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 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.
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.

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

Ang Mo Kio Ave 3

Tavistock

Ave



(A)

S5G 6702 M

(B)

SLP 4438 T


Describe Circumstances of the Accident


On 26/11/2018 at about 19:14 hrs I was travelling along Tavistock Ave Toward Ang Mo Kio Ave 3. As I was stop at the give way junction at the Ang Mo Kio Ave 3 turning out from Tavistock Ave junction to let the oncoming vehicle to clear. Suddenly I felt an strong impact from the rear portion, vehicle B had hit onto my vehicle A rear portion. After the accident the driver from ~~with~~ vehicle B agreed to make a third party claim under vehicle B insurance policy through my whatsapp messages.

Declaration

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


Witnessed by Reporting Centre Personnel