

TAI CHENG MOTOR VEHICLE SPRAY PAINTING

BLK 10 ANG MO KIO INDUSTRIAL PARK 2A #01-03

ANG MO KIO AUTOPOINT SINGAPORE 568047

TEL: 64835595 64835515 FAX: 64835895

Business Registration No: 234718/00E

GST Registration No: 23-471800-E

EMAIL: shchua@taichengmotor.com

YOUR REF:

DATE: **11.01.19**

OUR REF:

AIG ASIA PACIFIC INSURANCE PTE LTD**CHARTIS BUILDING****78 SHENTON WAY#08-16****SINGAPORE 079120****ATTN: THE MOTOR CLAIM DEPT (THIRD PARTY)****Accident Along Turf Club Ave Towards Woodlands Road Involving Vehicle****SJJ4767Z And SLB6224D On 04.12.2018****Cost of repair to damage vehicle SJJ4767Z claiming against your insured****SLB6224D**

<u>Description</u>	<u>QTY</u>	<u>Price</u>
rear tailgate toyota centre emblem	1	\$ 88.20
rear tailgate ESTIMA emblem	1	\$ 76.70
rear tailgate AERAS emblem	1	\$ 82.40
rear tailgate HYBRID emblem	1	\$ 80.30
rear tailgate inner lock	1	\$ 468.20
rear bumper	1	\$ 576.30
rear tailgate rubber	1	\$ 386.70
rear bumper side retainer	2	\$ 144.80
rear tailgate lower lock striker	1	\$ 42.10
rear end panel	1	\$ 680.70
rear end panel top garnish	1	\$ 298.40
rear end panel lower cover garnish	1	\$ 210.40
rear end panel outer centre sensor	1	\$ 171.60
		\$ 3,306.80
PARTS LESS 25%		\$ 826.70
		\$ 2,480.10

Miscellaneous

supply of clips	\$ 30.00
rear bumper top led lamp	\$ 280.00
rear bumper reverse sensor	\$ 240.00
rear bumper inner tv antenna	\$ 180.00

Labour

to remove all accident affected wiring to facilitate repair	\$ 40.00
to reinstall of rear reverse sensor	\$ 50.00
to anti rust rear accident portion	\$ 80.00
to remove rear compartment carpet, trims etc to facilitate repair	\$ 120.00
to remove damaged panels, jacking, straighten, knocking flattening of floor panel, fixing and align of parts.	\$ 800.00
to respray of accident affected portion	\$ 750.00
	\$ 5,050.10

Total Dollars Estimated: Five Thousand Fifty And Cent Ten Only.**大進汽車噴漆廠****Tai Cheng Motor Vehicle Spray Painting****Blk 10 Ang Mo Kio Industrial Park 2A****#01-03 Ang Mo Kio Auto Point****Singapore 568047****Tel: 6483 5515 Fax: 6483 5895****MR. CHUA****CONTACT 96365090**

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 *aforsaid*.

ACCIDENT STATEMENT

Date Of Report	04/12/2018 14:23
Date Of Accident	04/12/2018 08:35
Exact Location Of Accident	TURF CLUB AVENUE GOING TOWARDS WOODLANDS ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJJ4767Z
Insured/Policyholder	
Name Of Registered Owner	CHIA NGUAN CHWEE
NRIC No	S1765860C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96611328
Alternative Phone No	OFFICE-63670019

Vehicle Particulars

Manufacturer	TOYOTA
Model	ESTIMA AERAS 2.4 A
Exact Purpose for which vehicle was being used at time of accident	GOING TO WORK
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5103854374
Cover Note Number	

Driver

Name of Driver	CHIA GUAN KEE
NRIC No	S6846168E
Date Of Birth	02/12/1968
Occupation	INDOOR
Date Of Driving Pass	24/04/1986
Driving Experience	32 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98239289
Fax Number	
Contact Number	OFFICE-63670019
EMail Address	NOEMAIL

Address	8B ROBEY CRESCENT
Postcode	546270
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
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?	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: : CHIA NGUANG HEOK 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 ACCIDENT STATEMENT AS ATTACHED. NOT TOO SURE THE NUMBER OF PASSENGER IN THE OTHER VEHICLE.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO WILL BE SEND VIA EMAIL
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLB6224D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MIHIR SHAH
NRIC/Passport Number	S7860562F
Contact Number	97267924
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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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:

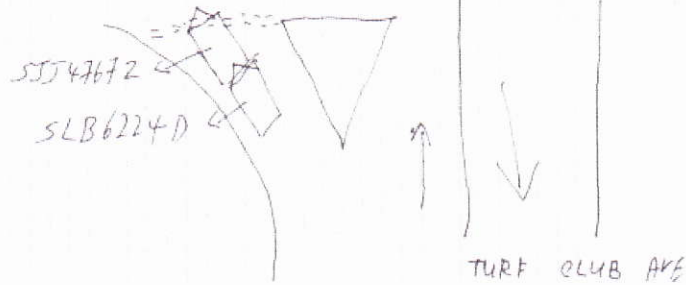
Reporting Centre Personnel's Signature
Name:

NRIC/ID No: AMK AUTOPOINT PTE LTD
04.12.2018

Sketch Plan #2

SKETCH PLAN

WOODLANDS ROAD.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was at the give way lane and stop lane of one motorist coming
Vehicle SLB6224D was at back of my car and bump into my car.

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: Joelle Tan
NRIC/FIN No: AMK AUTOPPOINT PTE LTD
04.12.2018