凱摩哆服務
KAI MOTOR TRADING

BLK 3007 UBI ROAD 1 #01-440, SINGAPORE 408701.
TEL: 6747 4006 FAX: 6743 7591 EMAIL: kaimotor@gmail.com
BUS. REG. NO: 44223100L GST NO: M90371531Y

專業服務：汽車意外保險陪償，拖車，汽車修理及維修服務，打鳴呷，噴漆。
Specialist in: Accidents Insurance Claim, Towing Service, Motor Vehicle Repairing, Panel Beating, Spray Painting.

Date : 17/01/2019

TPAIG.
Xiao Tong

Attn: The Motor Claims Department WITHOUT PREJUDICE
Your Insured veh no : SLH 8921Y (By Email Only)
Direct Asia Insurance (S)Pte Ltd
88 SOUTH BRIDGE ROAD Tel : 6532 1818
Singapore 58716 FAX : 6516 0904

Please notify the Repairer of the following:
- To resurvey before/after spray painting
- Any hidden damaged part(s) during resurvey
- Quotation is 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:

Dear Sir / Madam,

Estimate Cost repair Bill To Honda Jazz SLH 8923 A & SLH 8921 Y ON 15/01/2019 @22:00:00

To Supply :-

1pc	Rear boot cover Dented		$ 830.30 ✓
1pc	Rear boot cover "Jazz" plate NC		$ 24.20 ✓
1pc	Rear boot cover inner lock Dented		$ 104.20 ✓
1pc	Rear boot cover rubber Abrasion		$ 92.30 ✓
2pcs	Rear lamp RHalf	$ ~~91.70~~ 225	$ ~~183.40~~ 450 225
1pc	Rear bumper Dented		$ 492.70 ✓
1pc	Rear panel Dented		$ 364.00 ✓
1pc	Rear panel inner garnish Dented		$ 80.80 ✓
1pc	Rear bumper side retainer NC	$ 16.90	$ 33.80 ✓
1pc	Rear reverse sensor Dented		$ ~~480.00~~ 200 (SW)
1pc	Rear windscreen sealant NC	2294 10	$ 65.00 ✓
1pc	Rear windscreen moulding	1835.28	$ 74.10 ✓
1pc	Rear reverse camera NC		$ 550.00 ✓
	Buzzer 82 ✓		$3,374.80
	Could	Less S/N: 200 20%	$ 674.96
			$2,699.84

To dismanite & replace damage parts,panel beat where necessaey.	$ ~~900.00~~ 800
To putty,apply primer & spray paint on the affecte portion.	$1,000.00 800 (1830)
To remove windscreen glass.	$ ~~120.00~~ 100
To check wiring functions.	$ ~~60.00~~ 30
To remove reverse camera.	$ ~~150.00~~ 50
To remove reverse sensor.	$ ~~80.00~~ 50
	$5,009.84

Adrian Li
P/P 18/01/19

06 Rep.
Total: 3865.28
(P/P)

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	16/01/2019 16:06
Date Of Accident	15/01/2019 22:00
Exact Location Of Accident	CTE (SLE) BEFORE YIO CHU KANG RD EXIT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLH8923A
Insured/Policyholder	
Name Of Registered Owner	SOU MUI JEE
NRIC No	S1588826A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92301454
Alternative Phone No	OFFICE-92301454
Vehicle Particulars	
Manufacturer	HONDA
Model	JAZZ 1.5 VTIR CVT ABS D/AIRBAG 2WD
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	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD18V12352/VPC2/R00
Cover Note Number	
Driver	
Name of Driver	LEE SIWEN, JULIANNE
NRIC No	S9538997Z
Date Of Birth	24/10/1995
Occupation	INDOOR
Date Of Driving Pass	03/07/2014
Driving Experience	4 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96635414
Fax Number	
Contact Number	OFFICE-96635414
EMail Address	NOEMAIL

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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/FIN No: