



Co Reg No : 196700086Z
GST Reg No : MR-8500000-9

ESTIMATE

Toyota Bodycare Centre
17 Ubi Road 4
Singapore 409611
Tel no.: 6631 1188

Download "My Toyota SG" app on Playstore or Appstore to access your Toyota ME account & more!

Account Detail		Account No	Customer Detail	
THIRD PARTY CLAIM		S1000020 /TPCLAIM	Ms Ng Su Feng Sharon 289D Punggol Place #04-845 Singapore 824289 Mobile: 98804280	
		Document No		
		0		
		Document Date		
		22/02/2019		

Year	Make	Model	Reg Date	Veh Reg No	Kilometers	WIP No	Order No/Remarks
17	HPXNP	S6	30/11/2017	SLU5550T	0	17885	7DS/SLU5550T/19021!
Chassis No	Engine No	Terms	Service Engineer	Vehicle In	Collected On		
JTDGG20W70J008228	2ZR0A29461	60	Sam San Joi	22/02/2019 10.00	--/--/----	0.00	

L	Cd	Job/Parts Description	Qty	Unit Price	Disc %	Amount
1	Z	BP-SUNDRY SUNDRIES TP-DIRECT SETTLEMENT TP-SH7622S ACC DATE:19/02/2019 DRIVE IN:20/02/2019 DATE-IN: DATE SURVEY: NO OF REPAIR DAYS: AUTHORIZED ON: BY:				30.00
2	C	BP-LAB2 DRILL HOLE & INSTALL REAR REVERSE SENSOR				180.00
3	C	BP-LAB2 CHECK LIGHTING & WIRING SYSTEM				180.00
4	Z	BP-SLANT SUPPLY SEALANT (NETT)-REAR END PANEL				80.00
5	C	BP-LAB2 REMOVE & INSTALL SETA, CARPET, GARNISH AND TRIMMING TO ASSIST REPAIR				720.00
6	C	BP-ECU2 TO RESET ECU AND REPROGRAMME				180.00
7	C	BP-LAB2 REPLACE REAR ACCIDENT DAMAGED PARTS STRAIGHTEN & ALIGN REAR ACCIDENT AFFECTED AREAS				3280.00
8	C	BP-RES2 RESPRAY JOB ON REAR ACCIDENT AFFECTED AR EAS				2950.00
9	1	T52159-68907 REAR BUMPER COVER,	1.00	584.70		584.70
10	2	T52576-68020 L/R SIDE BPR RETAINER,	1.00	45.30		45.30
11	3	T52156-68030 L/RR BUMPER SUPPORT,	1.00	95.90		95.90
12	4	T52575-68020 R/R SIDE BPR RETAINER	1.00	45.30		45.30

Borneo Motors is the only authorised workshop to maintain your Toyota. Service your Toyota every 6 months or 10,000 km (whichever comes first) to enjoy warranty benefits. Conditions apply.

For & on behalf of Borneo Motors	Customer's Signature	Change Summary	Total
	Please acknowledge receipt of vehicle	Parts	Less
		Labour	
		Materials	
		Lubrication/Fluid	
		Others	
			Amount Due

PLEASE TEAR ALONG PERFORATED LINE

3916679

TO SECURITY GUARD

3916679

PLEASE ALLOW THE UNDERMENTIONED VEHICLE TO LEAVE THE COMPANY PREMISES.

DATE 22/02/2019
TIME 10:10

VEHICLE NO SLU5550T

CUSTOMER

SIGNATURE FOR BORNEO MOTORS (SINGAPORE) PTE LTD



Borneo Motors



Co Reg No : 196700086Z
GST Reg No : MR-8500000-9

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Chassis No	Engine No	Terms	Service Engineer	Vehicle In	Collected On		
JTDGG20W70J008228	2ZROA29461	60	Sam San Joi	22/02/2019 10.00	--/--/----	0.00	

L	Cd	Job/Parts Description	Qty	Unit Price	Disc %	Amount
13	5	T52155-68030 R/RR BUMPER SUPPORT	1.00	95.90		95.90
14	6	S52161-OK040 CLIPS	10.00	4.00		40.00
15	7	T58307-68031 REAR LOWER FLR PANEL,	1.00	529.60		529.60
16	8	T52181-68010 ARM, RR BUMPER	2.00	53.10		106.20
17	9	T57655-68010 REAR FLOOR MEMBER 2,	1.00	109.00		109.00
18	0	T57666-68010 L/R LWR BACK PANEL,	1.00	57.90		57.90
19	1	T58035-68010 R/RR FLOOR EXTENSION,	1.00	92.30		92.30
20	2	T67005-68041 PANEL ASSY, BACK DOOR	1.00	1456.20		1456.20
21	3	T90975-02086 FRONT BONNET EMBLEM,	1.00	72.20		72.20
22	4	T75444-68010 PLATE, LUGGAGE COMPT (VALVE MATI	1.00	40.50		40.50
23	5	T75443-ELGAN ELEGANCE EMBLEM	1.00	40.00		40.00
24	6	T89997-30070 ELECTRICAL ANTENNA,	1.00	163.70		163.70
25	7	SPZ061-12010 16 070 SENSOR	1.00	151.60		151.60

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For & on behalf of Borneo Motors	Customer's Signature	Change Summary	Total	11,326.30
	Please acknowledge receipt of vehicle	Parts		
		Labour	3,726.30	GST 7.00%
		Materials	7,600.00	
		Lubrication/Fluid	0.00	Less
		Others	0.00	
			Amount Due	12,119.14

PLEASE TEAR ALONG PERFORATED LINE

3916680

TO SECURITY GUARD

3916680

PLEASE ALLOW THE UNDERMENTIONED VEHICLE TO LEAVE THE COMPANY PREMISES.

DATE 22/02/2019
TIME 10:10

VEHICLE NO SLU5550T

CUSTOMER

SIGNATURE FOR BORNEO MOTORS (SINGAPORE) PTE LTD



Inchcape

Borneo Motors

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	20/02/2019 16:33
Date Of Accident	19/02/2019 08:15
Exact Location Of Accident	HOUGANG AVE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU5550T
Insured/Policyholder	
Name Of Registered Owner	NG SHU FENG SHARON
NRIC No	S8227368I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98804280
Alternative Phone No	OFFICE-92260780

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH-1.8 CVT (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	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P2035389
Cover Note Number	

Driver

Name of Driver	LUM KUM MENG
NRIC No	S7800372C
Date Of Birth	03/01/1978
Occupation	INDOOR
Date Of Driving Pass	02/07/2010
Driving Experience	8 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92260780
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	BLK 289D PUNGGOL PLACE #04-845
Postcode	824289
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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 (including own vehicle) 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)	2
Passenger 1	NAME: : SHARON NG SU FENG 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 SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SH7622S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	CHIA CHOON SIANG
NRIC/Passport Number	S0198588D
Contact Number	91467436
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 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

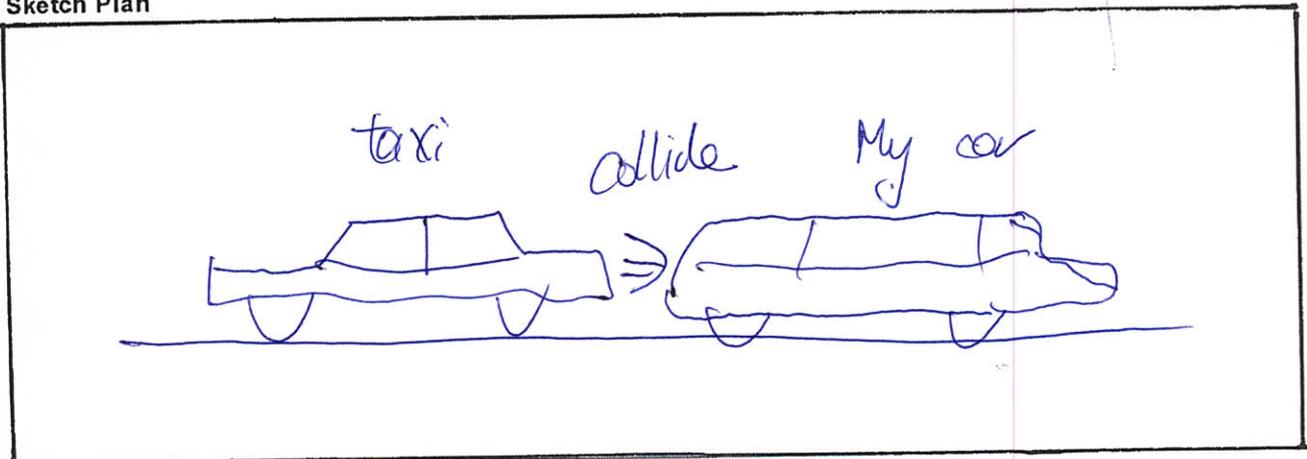
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel

Sketch Plan



Describe Circumstances of the Accident

On 19th Feb 2019, at 8:18 am. I was driving along
Hayong Ave 3rd ~~to~~ When approaching the junction, a taxi
SH 76228 collide into my rear. It was
not raining and ground is dry.

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

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7800372C



Name
LUM KUM MENG
(LIN JINMING)
林 锦 明
Race
CHINESE
Date of birth Sex
03-01-1978 M
Country of birth
SINGAPORE

S7800372C

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S7800372C**

Name:
LUM KUM MENG
(LIN JINMING)

Birth Date: **03 Jan 1978**

Issue Date: **02 Jul 2010**



001870816G



4162091

NRIC No. S7800372C



Date of issue
18-01-2008

APT BLK 289D PUNGGOL PLACE #04-845
SINGAPORE 824289
NRIC No: S7800372C

Date: 09/02/2012

No: 7053329

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) =< 3000kg
with =< 7 passengers, exclusive of the driver; and
other motor vehicles without clutch pedals =< 2500kg

02 Jul 2010



Licence No: S7800372C

NP 428A