

SPECIALISTS MOTOR PTE LTD

Block 3018A, Ubi Road 1, #01-24-26, Singapore 408711

Tel: 67472112 (5 lines) Fax: 67438032

Email: cardoc@singnet.com.sg

Bus. Reg No: 199502604 E GST No: 19-9502604-E

SM/SGM4106B/1904047

04th April 2019

The Manager
Motor Claim Department
AIG Asia Pacific Insurance Pte Ltd
CHARTIS Building
78 Shenton Way #07-16
Singapore 079120

Date of Accident : 03rd April 2019
Location : IKEA Tampines Carpark
Third Party Claim Vehicle No : SKK 6915 H
Repair Cost For Vehicle No : SGM 4106 B Toyota Wish 1.8A

Estimate Supply of Parts & Labours

<u>No.</u>	<u>Particulars</u>	<u>Qty</u>	<u>Price</u>	<u>Amounts</u>
1	Rear door assy RH	1	1,122.80	\$ 1,122.80
2	Rear door regulator gear RH	1	201.90	\$ 201.90
3	Rear door power window motor RH	1	646.80	\$ 646.80
4	Rear fender RH	1	838.60	\$ 838.60
5	Rear fender cowling RH	1	205.50	\$ 205.50
6	Rear fender cowling clips RH	1set	38.00	\$ 38.00
7	Rear fender glass moulding RH	1	429.20	\$ 429.20
				\$ 3,482.80
		Less	25%	\$ 870.70
				\$ 2,612.10
8	Rear wheel rim RH (s/net)	1	568.30	\$ 568.30
9	Rear wheel tyre RH (s/net)	1	380.00	\$ 380.00
10	Rear windscreen sealant (s/net)	1	60.00	\$ 60.00
				\$ 3,620.40

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Balance b/f \$ 3,620.40

Labour Charges :-

Amounts

Cut out, renew, knocking & welding rear door assy RH, rear fender RH, remove & install all damage parts, straighten & re-align body	\$ 980.00
Tuff-kote on damage parts	\$ 80.00
Remove & install rear door lock, regulator gear, lock & etc	\$ 120.00
Remove & install rear seats, carpets & upholstery	\$ 280.00
Remove & install rear fender glass	\$ 120.00
Computerise wheel alignment	\$ 120.00
Spray painting on damage parts	\$ 1,200.00

Labour Charge	<u>\$ 2,900.00</u>
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Total Amount	<u>\$ 6,520.40</u>
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GST will be reflected in the final bills.

Notes : -Please inform us within 14 days, from the date of this letter, in the event that the owner/driver is in breach of its policy with your company, failing which we shall hold your company liable for all costs of repairs, loss of use and storage.

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	04/04/2019 10:29
Date Of Accident	03/04/2019 16:00
Exact Location Of Accident	IKEA TAMPINES CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGM4106B
Insured/Policyholder	
Name Of Registered Owner	LIM LIAN SOON
NRIC No	S0051611B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98524367
Alternative Phone No	OTHERS-97301545

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH-1.8 (A)
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	ETIQA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	M0005641
Cover Note Number	

Driver

Name of Driver	LIM WEI XIONG, SEAN
NRIC No	S8805111D
Date Of Birth	16/02/1988
Occupation	INDOOR
Date Of Driving Pass	13/07/2010
Driving Experience	8 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97301545
Fax Number	
Contact Number	
Email Address	LIMWXSEAN@GMAIL.COM

Address	BLK 113D MCNAIR ROAD #20-230
Postcode	325113
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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 (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)	1

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

CAR B (SKK6915H) WAS STATIONARY AT THE CARPARK DRIVEWAY IN IKEA TAMPINES CARPARK. CAR B (SKK6915H) WAS AT THE OTHER END OF THE CARPARK DRIVEWAY. I STARTED DRIVING FROM THE END OF THE CARPARK DRIVEWAY WHERE THE CAR B (SKK6915H) WAS LOCATED. CAR B (SKK6915H) HAD ITS HAZARD LIGHT ON, BUT WAS NOT MOVING FOR THE ENTIRE DURATION FROM WHEN I STARTED DRIVING AT THE OTHER END OF THE DRIVEWAY. AS I DROVE PAST THE CAR B (SKK6915H), AND HE SUDDENLY DROVE FORWARD AND TURNED LEFT, COLLIDING INTO THE RIGHT REAR/ SIDE OF MY CAR.

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	SKK6915H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	FRANCIS VIJAYAN S/O ANTHONY MOHAN
NRIC/Passport Number	S8339556G
Contact Number	
Address	
Postcode	
Insurance Company Name	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Nature Of Damage	

SKETCH PLAN

IMPORTANT NOTICE

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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 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:

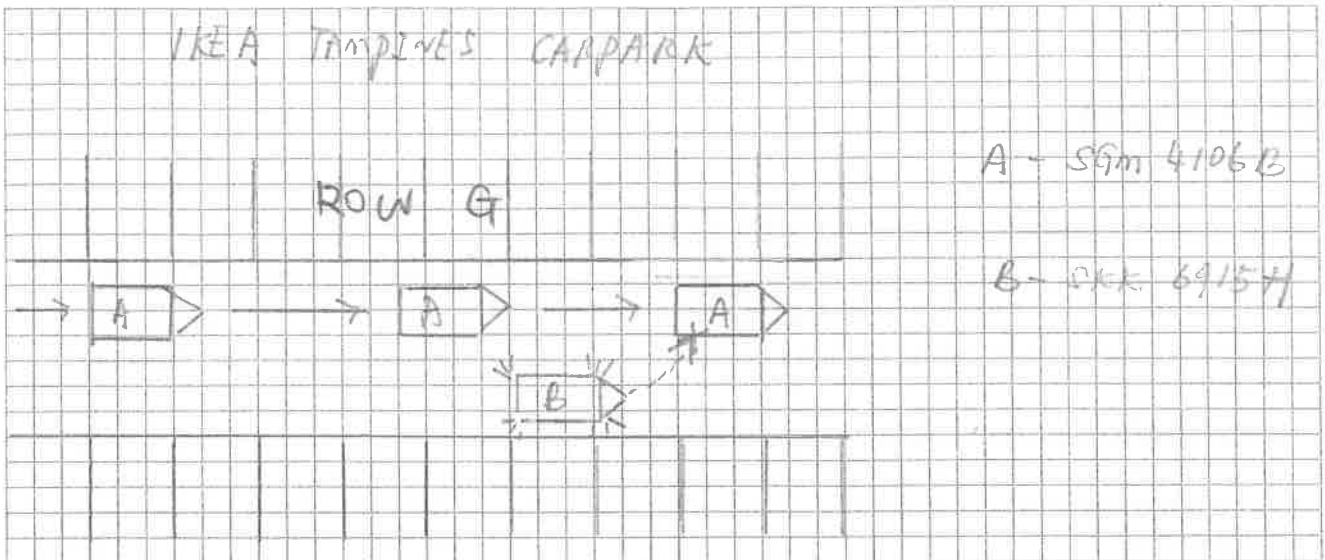


Driver's Signature
(If driver is not the policyholder)
Date & Time: 04/04/2019



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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CAR B (SKK6915H) WAS AT THE OTHER END OF THE CARPARK DRIVEWAY.

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AS I DROVE PAST THE CAR B (SKK6915H), AND HE SUDDENLY DROVE FORWARD AND TURNED LEFT, COLLIDING INTO THE RIGHT REAR/ SIDE OF 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: 04/04/2019


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