Kang Car Repairers Pte Ltd

1 Kaki Bukit Ave 6, #02-06 Autobay@ Kaki Bukit Singapore 417883
TEL: 6747 7636 FAX: 6748 5071 Email: kangcar@singnet.com.sg
GST:201300201N

M/S : AIG ASIA PACIFIC INSURANCE PTE LTD
78 SHENTON WAY #07-16
AIG BUILDING, SINGAPORE 079120
TEL: 64193000 FAX: 68357416
ATTN: Motor Claim Department

Estimate No: **EST1900106**
Date: 25 Apr 2019
Veh Reg No: **SMD6064B**
Make/Model: TOYOTA COROLLA ALTIS 1.6 AUTO
Chasis No: MR053REH604587779
Reg. Date: 28/08/2018
Your Ref No: SKH8800H

Claim Type: Third Party
Accident Date: 25/04/2019
TP Veh Reg No: SKH8800H

Estimate Repair Cost to Vehicle No :SMD6064B

	Quantity	Description	List Price S$	Amount S$
		List Price		
1	1 PC	REAR BUMPER Rehad	482.70 ✓	
2	1 PC	REAR BUMPER REINFORCEMENT Bent	420.10 ✓	
3	2 PCS	REAR BUMPER SIDE RETAINER	228.80 ✓	
4	2 PCS	TAIL LAMP LOWER RETAINER	135.20 ✓	
5	1 PC	REAR BUMPER REFLECTOR Cracked	88.90 ✓	
6	2 PCS	REAR BUMPER SCREW HOUSING	36.40 ✓	
7	2 PCS	REVERSE SENSORS Dmgd	576.40 ✓	
8	2 PCS	REVERSE SENSORS RING	43.20 ✓	
9	1 PC	BOOT LID RUBBER	166.40 ✓	
10	1 PC	TAIL LAMP	409.60 ✓	
			2.587.70	
		Less 25%	646.93	1.940.79
		Labour		
11	1	TO CHECK WIRING	~~50.00~~ 30	
12	1	TO SPRAY UNDERSEAL	100.00 ✓	
13	1	TO REMOVE AND REFIT REVERSE SENSOR	~~80.00~~ 50	
14	1	(REAR) TO SPRAY PAINTING	~~1,000.00~~ 600	
15	1	TO REMOVE AND REPLACE THE DAMAGED PARTS, KNOCK OUT ACCIDENT DENTED PORTIONS, AND FOR CUTTING/WELDING WORKS.	~~850.00~~ 400	
			2.080.00	2.080.00

Towing $50.

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Estimate Repair Cost to Vehicle No :SMD6064B

Quantity	Description	List Price S$	Amount S$
		Total	S$ 4,020.79
		Add GST @ 7%	281.46
		Total Amount Payable	S$ 4,302.25

TOTAL: SINGAPORE DOLLAR FOUR THOUSAND THREE HUNDRED AND TWO AND CENTS TWENTY FIVE ONLY

This is only an estimate based on our preliminary inspection and does not cover additional parts, labour time which may be required after work has begun.

For Kang Car Repairers Pte Ltd

AUTHORISED SIGNATURE

Adrian Ng
P/P 25/04/19.
03 Pages.

MKCR19053612 / Kang Car Repairers Pte Ltd - HQ
ENTRY DATE & TIME: 25/04/2019 15:04
SUBMITTED BY: Yee Mei Cheng

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 witholding 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	25/04/2019 15:04
Date Of Accident	25/04/2019 08:30
Exact Location Of Accident	HONG KONG ST TWDS NEW BRIDGE RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMD6064B
Insured/Policyholder	
Name Of Registered Owner	CHUA THIAM POH
NRIC No	S1688359Z
Email Address	ERICCHUA5184@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96609049
Alternative Phone No	OFFICE-96609049
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 STANDARD (A)
Exact Purpose for which vehicle was being used at time of accident	HIRE & REWARD
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5108741596
Cover Note Number	DRIVO CLASSIC
Driver	
Name of Driver	CHUA THIAM POH
NRIC No	S1688359Z
Date Of Birth	20/08/1965
Occupation	OUTDOOR
Date Of Driving Pass	05/06/1985
Driving Experience	33 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96609049
Fax Number	
Contact Number	OFFICE-96609049
EMail Address	ERICCHUA5184@GMAIL.COM

Address	BLK 435C FERNVALE RD #15-222
Postcode	793435
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 (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

I WAS TRAVELLING ALONG HONG KONG ST TURNING LEFT TO NEW BRIDGE RD. IN THE MIDST OF TURNING LEFT, I HEARD SOMEBODY HORNING SO I STOPPED. SUDDENLY, VEHICLE B(SKH8800H) FROM BEHIND COLLIDED TO MY REAR PORTION CAUSING DAMAGE.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKH8800H
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	PRIVATE CAR
Name of Driver	EIO HOCK KUANG
NRIC/Passport Number	S1394280C
Contact Number	91064406
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.
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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:

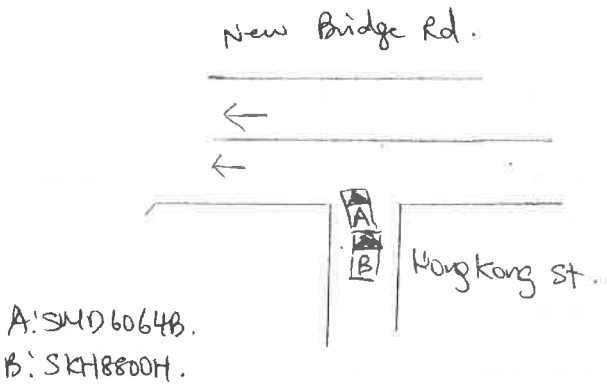
   (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

   (ii) for complying with requirements under any regulations, laws or court orders.

25/4/2019	25/4/2019	
Policyholder's Signature/ Date & Time: 12.15pm	Driver's Signature (If driver is not the policyholder) Date & Time: 12.15pm	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

Sketch Plan Pg. 2

SKETCH PLAN



A: SMD6064B.
B: SKH8800H.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Hongkong St turning left to New Bridge Rd. In the midst of turning left, I heard somebody horning so I stopped. Suddenly, Vehicle B (SKH 8800H) from behind collided to my rear portion causing damage.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature	Driver's Signature (If driver is not the policyholder)	Reporting Centre Personnel's Signature
Date & Time: 25/4/2019 12.15pm	Date & Time: 25/4/2019 12.15pm	Name: NRIC/FIN No.: