

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/SLJ7462J/1905064

08th May 2019

The Manager
Motor Claim Department
India International Insurance Pte Ltd
64 Cecil Street
#04/05 IOB Building
Singapore 049711

Date of Accident : 07th May 2019
Location : Holland Road
Third Party Claim Vehicle No : SGH 1179 L
Repair Cost For Vehicle No : SLJ 7462 J Toyota Harrier

Estimate Supply of Parts & Labours

<u>No.</u>	<u>Particulars</u>	<u>Qty</u>	<u>Price</u>	<u>Amounts</u>
1	Rear bumper fascia	1	1,381.50	\$ 1,381.50
2	Rear bumper clips	1set	38.00	\$ 38.00
3	Rear bumper lower lip	1	586.30	\$ 586.30
4	Rear bumper lower lip reflector L&RH	2	54.10	\$ 108.20
5	Rear bumper sponge	1	137.10	\$ 137.10
6	Rear bumper side retainer L&RH	2	90.80	\$ 181.60
7	Rear boot cover w/strip	1	387.30	\$ 387.30
8	Rear boot cover emblem (Harrier)	1	72.10	\$ 72.10
				\$ 2,892.10
		Less	25%	\$ 723.02
				\$ 2,169.08
9	Rear bumper reverse sensor (s/nett)	1	380.00	\$ 380.00
				\$ 2,549.08

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/SLJ7462J/1905064

08th May 2019

Balance b/f	\$2,549.08
-------------	------------

Labour Charges :-

Amounts

Cut out, renew, knocking & welding rear boot cover, rear end panel, remove & install all damage parts & re-align body	\$ 880.00
Remove & install rear bumper sensor	\$ 80.00
Spray painting on damage parts (pearl paint)	\$ 1,280.00
Check all lighting after repairs	\$ 35.00

Labour Charge	<u>\$ 2,930.00</u>
---------------	--------------------

Total Amount	<u>\$ 5,479.08</u>
--------------	--------------------

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	08/05/2019 16:07
Date Of Accident	07/05/2019 17:00
Exact Location Of Accident	HOLLAND ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ7462J
Insured/Policyholder	
Name Of Registered Owner	YANG YOUQING
NRIC No	S2714922G
Email Address	YOUQINGBOX@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-91136700
Alternative Phone No	OFFICE-91136700

Vehicle Particulars

Manufacturer	TOYOTA
Model	HARRIER-2.0 PREMIUM CVT (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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5087112342-02
Cover Note Number	

Driver

Name of Driver	ZHANG YAJUN
NRIC No	S6985666G
Date Of Birth	10/01/1969
Occupation	INDOOR
Date Of Driving Pass	22/01/2008
Driving Experience	11 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98456966
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	52 LAKESIDE DRIVE #10-11
Postcode	648316
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)	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

ON 7 MAY 2019, I WAS DRIVING IN LANE 2 AT HOLLAND ROAD WHERE IS AWAY 200M FROM SIXTH AVE AROUND 5PM. AT THAT TIME, LANE 3 WAS CLOSED DUE TO ROAD WORKS, AND THE CAR INFRONT OF MINE CUT IN FROM LANE 3 AND STOPPED. I STOPPED AS WELL, BUT THE VEHICLE B (SGH1179L) SUDDENLY HIT MY CAR'S REAR BUMPER AFTER MY CAR WAS STATIONARY FOR ABOUT 3 SECONDS. MR JAMALUDIN BIN JAMION WHO IS THE DRIVER OF VEHICLE B ADMITTED HIS 100% FAULT FOR THE COLLISION DUE TO NEVER KEEPING A SAFE DISTANCE.

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	SGH1179L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JAMALUDIN BIN JAMION
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

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 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.

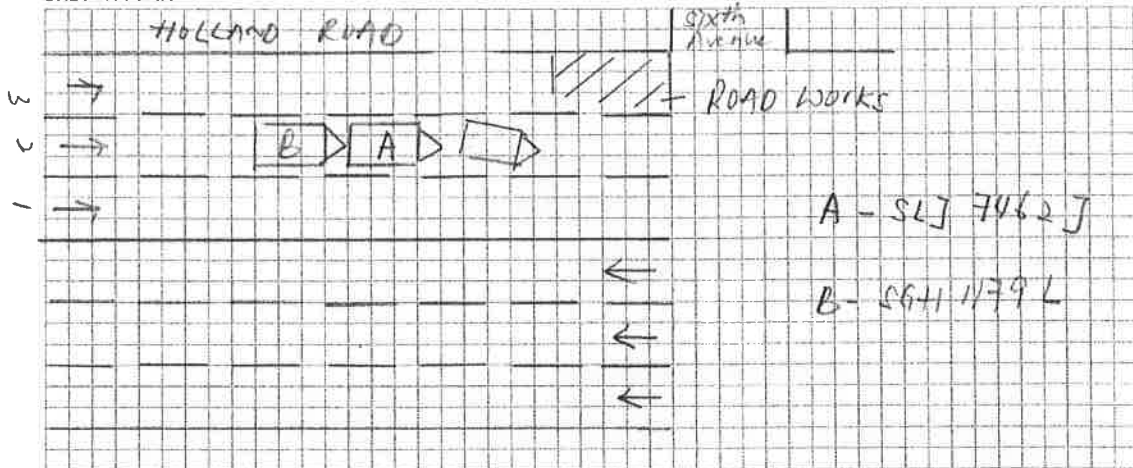

Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time: 08/05/19


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

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 07th May 2019, I was driving in Lane 2 at Holland Road where is away from Sixth Ave around 5pm. At that time, Lane 3 was closed due to road works, and the car in front of mine cut in from lane 3 and stopped, I stopped as well, but the vehicle B (SGH 1179 L) suddenly hit my car's rear bumper after my car was stationary for about 3 seconds. Mr. Jamahudin Bin Jamion who is the driver of vehicle B (SGH 1179 L) admitted his 100% fault for the collision due to never keeping a safe distance.

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 Person's Signature
Name:
NRIC/FIN No.: