

輝 陽 汽 車 有 限 公 司

HUI YANG MOTOR PTE. LTD.

Contact Add : SIN MING AUTOCARE Blk 176 Sin Ming Drive #04-02 Singapore 575721

Tel: 64515752 (2 Lines) . Fax: 64514658

Reg No. 201629438M

04/05/2019

Owner: SKYWAY MOTOR PTE LTD

ESTIMATE TO REPAIR TOYOTA C-HR 1.8 - SLQ8606T

1pc	front bumper	\$	981.45
10pcs	front bumper clip @\$5.00	\$	50.00
1pc	front bumper LH side retainer	\$	172.40
1pc	front bumper LH side cover	\$	122.25
1pc	front bumper lower lid	\$	685.25
8pcs	front bumper lower lid clip @\$8.00	\$	64.00
1pc	front LH headlamp	\$	2,550.50
1pc	front LH fender	\$	972.45
1pc	front LH fender inner shield	\$	371.85
10pcs	front LH fender inner shield clip @\$5.00	\$	50.00
1pc	front LH fender "HYBRID" emblem	\$	121.25
1pc	front LH fender protector	\$	374.45
1pc	front LH side mirror	\$	685.50
1pc	front LH side mirror cover	\$	185.25
1pc	front LH door	\$	975.50
1pc	front LH door frame sticker 1	\$	185.25
1pc	front LH door frame sticker 2	\$	175.50
1pc	front LH door protector	\$	295.50
1pc	rear LH door	\$	958.25
1pc	rear LH door frame sticker 1	\$	185.25
1pc	rear LH door frame sticker 2	\$	175.50
1pc	rear LH door protector	\$	295.50

\$ 10,632.85

less 25%

\$ 2,658.21

\$ 7,974.64

1pc	front LH sport rim	s.nett	\$ 580.00
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remove & refit LH 2 door glass		\$ 160.00
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alignment		\$ 80.00
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wiring		\$ 120.00
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tuffkote		\$ 80.00
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spray painting		\$ 1,400.00
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labour charges		\$ 1,200.00
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Total		\$ 11,594.64
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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 16:23
Date Of Accident	04/05/2019 14:05
Exact Location Of Accident	HAVELOCK ROAD TOWARDS UPPER PICKERING STREET
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ8606T
Insured/Policyholder	
Name Of Registered Owner	SKYWAY MOTOR PTE LTD
Co Reg No	199904194N
Email Address	PEILIN@SKYWAY.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-63336333

Vehicle Particulars

Manufacturer	TOYOTA
Model	C-HR HYBRID-1.8 S (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 HIRE

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	A 28795104 MCX
Cover Note Number	

Driver

Name of Driver	LIM HWEE KIAT
NRIC No	S7522657H
Date Of Birth	06/08/1975
Occupation	OUTDOOR
Date Of Driving Pass	09/06/2016
Driving Experience	2 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86913136
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 667 WOODLANDS RING ROAD
Postcode	S730667
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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	WET

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: : UNKNOWN GENDER: : MALE

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 ATTACHED SKETCH PLAN REPORT

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 Witness 1

Name	HUSSEIN
Phone Number	91374123
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC8473E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	CHUA GUAN AIK
NRIC/Passport Number	S1420953J
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN

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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:

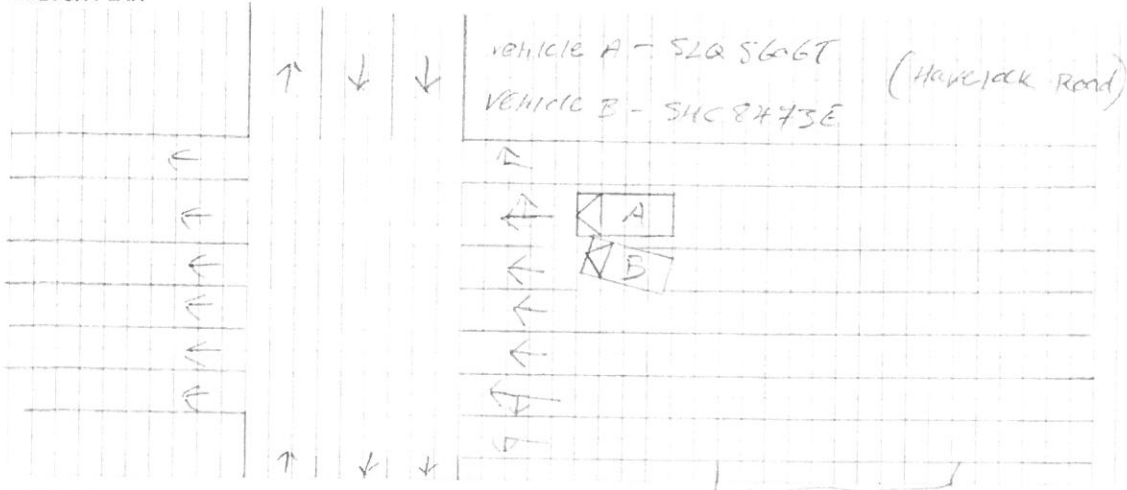
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

MGM

ON 4TH MAY 2019, TIME AT 1405 HRS. I, VEHICLE A (SLQ 566T) WAS WAITING BEFORE THE JUNCTION ~~OF~~ ~~BETWEEN~~ HAVELOCK ROAD ~~AND~~ ~~AND~~ HADING, TOWARDS UPPER PERKORING STREET. AS THE LIGHT GREEN, I MOVE ON WITH THE TRAFFIC. VEHICLE B ~~FROM~~ (SHC 8473E) CUTS IN TO MY LANE ABRUPTLY. I TRY TO ~~SWAY~~ ~~SWAY~~ BUT TO AVOID COLLISION BUT APPARENTLY VEHICLE B (SHC 8473E) CUT IN TOO MUCH THAT I CAN'T AVOID THE COLLISION. ~~KEEP ROLLING HIS CAR &~~ THIS COLLISION CAUSE MY FRONT LEFT BUMPER TO BE SCRATCHED & DENTED. THE SCRATCHES ALSO LEADS ALL THE WAY TO MY BACK LEFT DOOR. UPON STOPPING, THE PHOTOS ~~& VIDEO~~ SUBMITTED IS TAKEN WITHOUT ANY PARTIES SHIFTING THE CARS. THE PHOTOS SUBMITTED SHOWS MY RIGHT OF WAY & THE VEHICLE B DRIVER SHOULD EXERCISE ~~CAUTION~~ EXTREME CAUTION WHEN CHANGING LANE IN SUCH CONGESTED TRAFFIC SITUATION.

I HAVE A PASSENGER IN MY CAR FOR PRESENCE TO THE CASE: HUSSEIN 91374123.

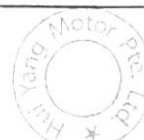
DECLARATION

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