

AXA



**ESTEEM
PERFORMANCE**

ESTEEM PERFORMANCE PTE LTD

Blk 5033 Ang Mo Kio, Ind Park 2 #01-251/ 259, 569536.
Tel: +65-6484 1221 Fax: +65-6484 7829 Website: www.esteemperf.com.sg

Repair Estimates

SMJ 4816 E

Parts	(a) Cost / List Price Items	\$	<u>1,346.76</u>
	Plus/Less 25%	\$	<u>336.69</u>
	Total of Cost / List	\$	<u><u>1,010.07</u></u>
	(b) Nett Price Items		
	Less		
	Total of Nett Item		
	(c) Special Nett Items	\$	<u>200.00</u>
Total Parts Cost		\$	<u><u>1,210.07</u></u>
Labour		\$	<u><u>1,370.00</u></u>
Total		\$	<u><u>2,580.07</u></u>

The above total will be subjected to 7% G.S.T.

Name of Surveyor : _____

Company : _____

Survey conducted on : _____ at _____

Remarks By Surveyor

(a) The repair of this vehicle is authorized / is not authorized until further notice.

(b) Recommended Days of Repair : _____ day(s)

(c) Resurvey : Required / Not Required

(d) Excess : \$ _____

(e) Signature of surveyor : _____ Date: _____



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Spare Parts

Vehicle No. :	SMJ 4816 E	Submit By :	Carmen Lim
Make & Model :	TOYOTA NOAH	Year Manufacture :	2018
Chassis No. :	ZWR800355258	Engine No. :	

Cost / List

S/No.	Part Description	Qty	Unit Price	Price	Disposition by Surveyor
1	Reverse sensor	2	\$200.00	S.N	
2	Rear bumper	1	\$692.70		
3	Rear bumper clip	10	\$40.00		
4	Rear bumper side retainer LH	1	\$145.07		
5	Rear bumper side retainer RH	1	\$145.07		
6	Rear bumper bracket LH	1	\$127.61		
7	Rear bumper bracket RH	1	\$127.61		
8	Rear bumper reflector LH	1	\$68.70		
9					
10					
11					
12					
13					
14					
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16					
17					
18					
19					
20					
21					
22					
23					

Note: If any of the quoted parts are recommended to be repaired, then an additional labour charge will be charged accordingly under supplementary.



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Labour

Vehicle No. : **SMJ 4816 E** Submit By : **Carmen Lim**
Make & Model : **TOYOTA NOAH** Year of Manufacture : **2018**

S/No	Labour Description	Estimated Price	Adjusted Price
1	TO RENEW DAMAGED PARTS & KNOCK OUT ACCIDENT REPAIR AREA. (REAR BUMPER,LHR FENDER)	\$600.00	
2	TO PUTTY, RESPRAY PAINT FOR AFFECTED ACCIDENT REPAIR AREA. (REAR BUMPER,LHR FENDER)	\$600.00	
3	To check wiring	\$50.00	
4	To remove & refit reverse sensor to assist work load	\$120.00	

Note: The above estimate of repair is based on visual assessment of the external affected areas. Any additional damages observed during the course of repair will be quote accordingly as a supplementary.

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	27/05/2019 16:28
Date Of Accident	26/05/2019 16:00
Exact Location Of Accident	PARK ROYAL HOTEL LOBBY PICK UP POINT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMJ4816E
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-66039399

Vehicle Particulars

Manufacturer	TOYOTA
Model	NOAH
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE

Are you claiming under your own insurance policy for repair to your vehicle?	NO
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If No, Please state action to be taken	THIRD PARTY
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Vehicle Category	PRIVATE HIRE
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Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	999994189
Cover Note Number	

Driver

Name of Driver	TOH CHENG POH
NRIC No	S7008197J
Date Of Birth	10/03/1970
Occupation	OUTDOOR
Date Of Driving Pass	11/05/2004
Driving Experience	15 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97249191
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 225 ANG MO KIO AVENUE 1 #03-573
Postcode	560225
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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?	
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?	YES
If Yes, Please state which Police Station	
Police Station Name	GEYLANG N.P.C
Police Station Address	ROAD: 132 PAYA LEBAR ROAD , POSTCODE: 409014 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT: T/20190527/2002.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO - ESTEEM PERFORMANCE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD330G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
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 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.


GOLDBELL GARAGE

Policyholder's Signature

Date & Time:

29 MAR 2019

Driver's Signature

(If driver is not the policyholder)

Date & Time: 29 MAR 2019

Reporting Centre Personnel's Signature

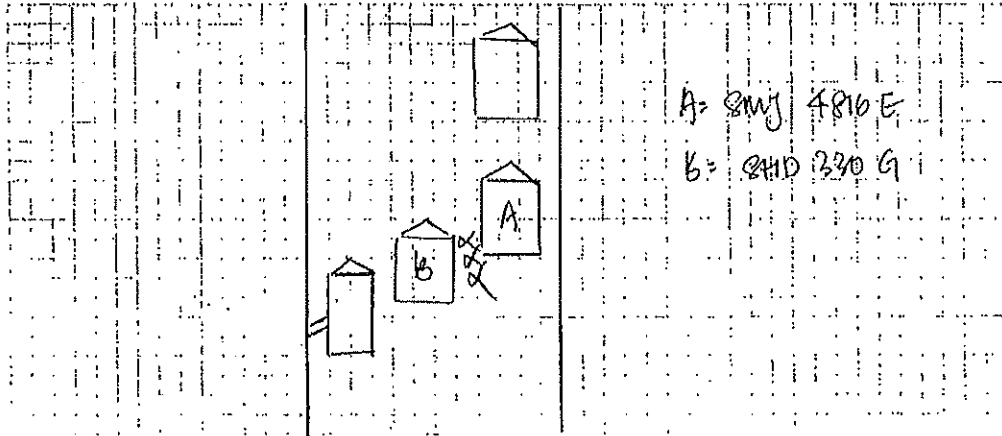
Name:

wee Choo

NRIC/FIN No.:

S6840583A

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refn to police report: T/20190527/2002.

DECLARATION

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



Policyholder's Signature

Date & Time: 29 Nov 2019

of 2019/2020

Driver's Signature

(If driver is not the policyholder)
Date & Time: 29 Nov 2019

Reporting Centre Personnel's Signature

Name: Poh Kwee Choo
NRIC/FIN No.: S8840583A



**SINGAPORE
POLICE FORCE**



T/20190527/2002

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

1 of 3

Report No. T/20190527/2002

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/05/2019 00:03	Vide Report No.:	Station Diary No.: 1
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Informant's Particulars

Name of Informant: TOH CHENG POH			Address: APT BLK 225 ANG MO KIO AVENUE 1 #03-573 SINGAPORE 560225		
ID Type / ID No.: NRIC NO / S7008197J			Contact No.: Home/Office: Mobile: 97249191		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 49	Date of Birth: 10/03/1970	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: GRAB DRIVER			Driving Licence Information: Class: 2B,3,4 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 26/05/2019 16:00	Type of Location: HOTEL PICKUP POINT
Location: Along Road 1 KITCHENER ROAD PARK ROYAL HOTEL LOBBY PICKUP POINT				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD330G	Car				No Damage	0
SMJ4816E	Car				No Damage	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20190527/2002

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

2 of 3

Report No. T/20190527/2002

CONTINUATION OF REPORT

Driver				
Name	TOH CHENG POH		ID No.	S7008197J
Related Vehicle	NIL		Contact No.	97249191
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	

Brief Details.

On 26 May 2019 at about 1603hrs, I was parking along the hotel pickup/drop off point of Park Royal hotel to wait for my passenger. While waiting for the passenger, a TransCab Taxi bearing registration number of SHD330G drove past my vehicle and side swiped my car and caused several scratches on the left back bumper of my car. I immediately honked at him and I came out of my vehicle to call him however he drove away. I am able to provide the video footage and there is witness which is the hotel staff.



**SINGAPORE
POLICE FORCE**



T/20190527/2002

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

3 of 3

Report No. T/20190527/2002

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

G /

Sgt 1 YIP YONG NAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / HRT /

SI ABDUL KAREEM BIN ABDUL HAGUE

Contact No.: 65476079

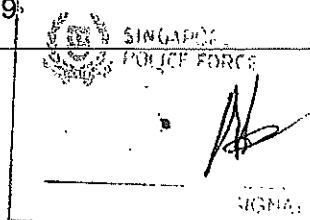
Signature Of Informant:

Date/Time:

27/05/2019 00:03

Classification Of Case:

Authentication Stamp
NP168



> Back to OneMotoring



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 13 Jun 2019 / 09:55:18

Receipt Date/Time : 13 Jun 2019 / 09:55:18

Tax Invoice/Receipt

Receipt No. : ITNET-00000-190613-000520

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Result of Insurance Enquiry - SHD330G - <i>SMJ 4816 E</i>				
As at 26 May 2019/16:00:00				
Insurance Co: AXA INSURANCE PTE LTD				
1	Insurance Enquiry - SHD330G Enquiry Fee 20190613095408370423	7.00	0.49	7.49
	Sub-Total	7.00	0.49	7.49
Result of Insurance Enquiry - SKV568H				
As at 06 Jun 2019/15:30:00				
Insurance Co: NTUC INCOME INS CO-OP LTD				
2	Insurance Enquiry - SKV568H Enquiry Fee 20190613095408431615	7.00	0.49	7.49
	Sub-Total	7.00	0.49	7.49
	Total Before Rounding	14.00	0.98	14.98
	Rounding Difference			0.03
	Total Amount Payable			14.95
Paid By				
	20190613095419812	Direct Debit: eNETS Debit (Internet Banking)		14.95
	Total			14.95
	Cash Change			0.00
	Tendered Amount			14.95
	Excess Refundable Amount			0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.