

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 : INDIA INTERNATIONAL INSURANCE PTE LTD
 64 CECIL STREET
 #04/#05 IOB BUILDING
 SINGAPORE 049711

TEL: 63476100 FAX: 62244174
 ATTN: Motor Claim Department

Estimate No: EST1900227
Date: 20 Jul 2019

Veh Reg No: SKR6239P
Make/Model: TOYOTA VIOSJGRADEMT
Chasis No: MHFBT9F3306027765

Claim Type: Third Party
Accident Date: 18/07/2019
TP Veh Reg No: SHC8244A

Reg. Date: 26/02/2015
Your Ref No: SHC8244A

Estimate Repair Cost to Vehicle No :SKR6239P

Quantity	Description	List Price S\$	Amount S\$
List Price			
1	1 PC REAR BUMPER	482.70	
2	1 PC REAR BUMPER SIDE RETAINER	113.20	
3	1 PC REAR BUMPER RETAINER (SMALL) RH	23.10	
4	1 PC REAR BUMPER REFLECTOR - RH	179.80	
5	1 PC REAR BUMPER REINFORCEMENT	316.70	
6	1 PC TAIL LAMP - RH	346.50	
7	1 PC BOOT LID RUBBER	166.40	
8	1 PC BOOT LID PANEL	620.10	
9	1 PC BOOTLID INNER TRIM	232.10	
		2,480.60	
	Less 25%	620.15	1,860.48
Special Net			
10	1 PC "L" PLATE BRACKET	40.00	
11	1 SET REAR BUMPER STICKER	195.00	
12	1 SET REAR BUMPER CLIPS	60.00	
		295.00	295.00
Labour			
13	1 TO CHECK WIRING	50.00	
14	1 TO REPLACE REAR BUMPER STICKER	80.00	
15	1 TO SPRAY UNDERSEAL	80.00	
16	1 TO REMOVE AND REFIT INNER TRIM	100.00	
17	1 (REAR) TO SPRAY PAINTING	800.00	
18	1 TO REMOVE AND REPLACE THE DAMAGED PARTS, KNOCK OUT ACCIDENT DENTED PORTIONS, AND FOR CUTTING/WELDING WORKS.	800.00	
		1,910.00	1,910.00

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 : INDIA INTERNATIONAL INSURANCE PTE LTD
64 CECIL STREET
#04/#05 IOB BUILDING
SINGAPORE 049711

TEL: 63476100 FAX: 62244174
ATTN: Motor Claim Department

Claim Type: Third Party
Accident Date: 18/07/2019
TP Veh Reg No: SHC8244A

Estimate No: EST1900227
Date: 20 Jul 2019

Veh Reg No: SKR6239P
Make/Model: TOYOTA
VIOSJGRADEMT
Chasis No: MHFBT9F3306027765
Reg. Date: 26/02/2015
Your Ref No: SHC8244A

Estimate Repair Cost to Vehicle No :SKR6239P

<u>Quantity</u>	<u>Description</u>	<u>List Price</u>	<u>Amount</u>
		<u>S\$</u>	<u>S\$</u>
		Total	S\$ 4,065.48
		Add GST @ 7%	284.58
		Total Amount Payable	S\$ 4,350.06

TOTAL: SINGAPORE DOLLAR FOUR THOUSAND THREE HUNDRED FIFTY AND CENTS SIX 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

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	20/07/2019 09:43
Date Of Accident	18/07/2019 19:55
Exact Location Of Accident	SLIP RD OF UPPER PAYA LEBAR RD TWDS AIRPORT RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKR6239P
Insured/Policyholder	
Name Of Registered Owner	COMFORTDELGRO DRIVING CENTRE PTE LTD
Co Reg No	199601882C
Email Address	DARYLTAN@CDC.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-67401636

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS-1.5 J (M)
Exact Purpose for which vehicle was being used at time of accident	TRAINING
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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	M489523
Cover Note Number	

Driver

Name of Driver	LEE KAI FENG JONATHAN
NRIC No	S9808880F
Date Of Birth	23/03/1998
Occupation	INDOOR
Date Of Driving Pass	18/07/2019
Driving Experience	0 YEAR AND 0 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-88283372
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 180 LOMPANG RD #17-01
Postcode	670180
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - LEARNER
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.	YES
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : LEE MING SONG ALBERT 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

ON 18/07/2019 AT 1955HRS, I WAS STOPPING AT THE SLIP RD ENTERING FROM UPPER PAYA LEBAR TO AIRPORT RD WHEN A THIRD PARTY VEHICLE BEARING REGISTRATION NUMBER SHC8244A SUDDENLY COLLIDED INTO THE REAR OF MY VEHICLE.

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	LEE MING SONG ALBERT
Phone Number	90705450
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC8244A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	YEO CHEE BENG
NRIC/Passport Number	S0935037C

Contact Number 96325621
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.

ComfortDelGro Driving Centre Pte Ltd

205 Ubi Ave 4
Singapore 408805

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

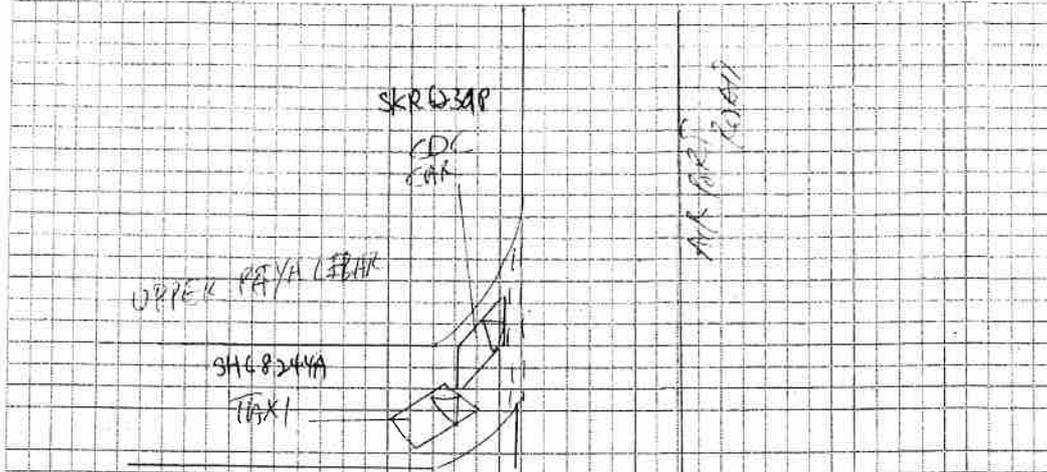
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 18/07/19 at 1957 HRS, I was ~~was~~ stopping at slip road entering from Upper Pasa Lebar to Airport road, when a 3rd party vehicle bearing registration number SHC 8244 A suddenly collided into the rear of my vehicle.

DECLARATION

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

205 Ubi Ave 4
Singapore 408805

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 18/07/19 2057 HRS

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