

A19

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

GST & Reg No. 201629438M

15/08/2019

Owner: MIKMEG

ESTIMATE TO REPAIR HONDA VEZEL HYBRID - SMJ8172C

1pc	rear tailgate	\$ 1,100.90
1pc	rear tailgate "HONDA" logo	\$ 27.00
1pc	rear tailgate "VEZEL" emblem	\$ 55.10
1pc	rear tailgate "HYBRID" emblem	\$ 68.50
1set	rear tailgate windscreen moulding	\$ 120.00
1pc	rear tailgate outer garnish	\$ 380.50
2pcs	rear tailgate reflector @\$350.80	\$ 701.60
1pc	rear tailgate inner lock	\$ 198.40
1pc	rear tailgate inner rubber	\$ 135.20
1pc	rear tailgate inner garnish	\$ 252.70
1pc	rear tailgate inner handle garnish	\$ 20.70
1pc	rear bumper	\$ 986.30
2pcs	rear bumper side bumper @\$195.20	\$ 390.40
2pcs	rear bumper side retainer @\$24.80	\$ 49.60
2pcs	rear bumper reflector @\$151.50	\$ 303.00
1pc	rear end panel	\$ 530.90
1pc	rear end panel inner garnish	\$ 109.90
1pc	rear end panel inner sensor	\$ 195.50
1pc	rear end panel outer sensor	\$ 180.25
		<hr/>
		\$ 5,806.45
less 20%		\$ 1,161.29
		<hr/>
		\$ 4,645.16
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1set	rear reverse sensor	s.nett \$ 280.00
	remove & refix rear windscreen glass	\$ 120.00
	wiring	\$ 200.00
	tuffkote	\$ 150.00
	sealant	\$ 120.00
	spray painting	\$ 1,000.00
	labour charges	\$ 1,000.00
	Total	<hr/>
		\$ 7,515.16
		<hr/>



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	15/08/2019 11:46
Date Of Accident	15/08/2019 08:30
Exact Location Of Accident	COMMONWEALTH AVE WEST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMJ8172C
Insured/Policyholder	
Name Of Registered Owner	CHEO THIAM HONG
NRIC No	S8817593Z
Email Address	THCHEO88@GMAILC.OM
Mobile Phone No	(LOCAL) +65-94236944
Alternative Phone No	OFFICE-94236944

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL-1.5 (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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5108324308
Cover Note Number	DRIVO CLASSIC

Driver

Name of Driver	CHEO THIAM HONG
NRIC No	S8817593Z
Date Of Birth	27/05/1988
Occupation	INDOOR
Date Of Driving Pass	18/07/2007
Driving Experience	12 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94236944
Fax Number	
Contact Number	OFFICE-94236944
EMail Address	THCHEO88@GMAIL.COM

Address	BLK 338B ANCHORVALE CRESCENT #15-63
Postcode	542338
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	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)	2
Passenger 1	NAME: : GERALD 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

REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMG7986T
Vehicle Make/Model/Colour	AUDI A3 SEDAN
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE SWEE HAR
NRIC/Passport Number	S1267943B
Contact Number	91075800
Address	
Postcode	
Insurance Company Name	AIG ASIA PACIFIC INSURANCE PTE. LTD.

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN

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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.

MIKMEG
S3391706M

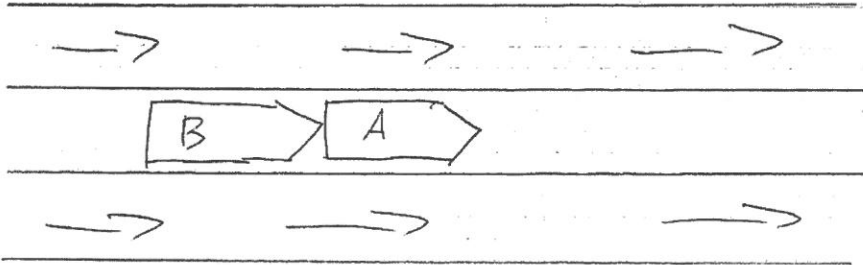
Policyholder's Signature
Date & Time:


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


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

SKETCH PLAN

Commonwealth Ave West.



A SMJ 81721

B SMG 7986T

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 15/8/19 @ 0830HRS, while I was driving along commonwealth ave west, I stopped at a red light. Suddenly I got a bang from behind. I exited the vehicle and exchange particulars with the other driver. There were no injuries reported.

DECLARATION

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

MIKMEG
53391706M

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.: