



友尼摩多公司 UNIMOTOR COMPANY

一號加基武吉六道一樓門牌九十四號 新加坡郵區四一七八八三

AUTOBAY @ KAKI BUKIT

No. 1 KAKI BUKIT AVE 6 #01-94 SINGAPORE 417883

TELEPHONE: 6748 2795 FAX: 6747 2373

Registration No.: 203165/00D

LKK

DATE: 15/08/2020 OUR REF: UAPL1402
REPAIR ESTIMATE TO THE TOYOTA CAMRY NO: SLE2824H

1 REAR BUMPER ASSY	✓ DE	\$ 589.20	✓
2 REAR BUMPER GROMMET	✗ NN	\$ 16.00	
1 REAR BUMPER REINFORCEMENT	✗ NN	\$ 455.60	
2 REAR BUMPER REFLECTOR	✗ NN	\$ 179.80	
2 REAR BUMPER BOIT COVER	✗ NN	\$ 57.60	
2 REAR BUMPER SIDE RETAINER	✓ DE	\$ 208.80	✓ 171.8
2 REAR BUMPER SIDE SUPPORT HOLDER CLIPS	✗ NN	\$ 103.20	
2 REAR BUMPER SENSOR	✗ NN	\$ 763.20	
1 REAR BUMPER LOWER COVER	✗ NN	\$ 136.20	
10 REAR BUMPER CLIPS	✓ NEC	\$ 50.00	✓ 30
1 REAR TAIL END PANEL	✓ BT	\$ 602.20	✓
1 REAR TAIL END PANEL INNER LINING	✓ DE	\$ 295.10	✓
1 REAR PANEL CENTER LOCKING SENSOR	✗ NN	\$ 244.50	
2 REAR TAIL LAMPS PANEL	✗ NN	\$ 392.20	
2 REAR TAIL LAMPS ASSY	✓ CRA	\$ 972.40	✓
1 REAR L/H FENDER PANEL	✗ NN	\$ 915.60	
1 REAR R/H FENDER PANEL	✗ NN	\$ 915.60	
1 REAR L/H FENDER CUTTER PANEL	✗ NN	\$ 112.60	
1 REAR R/H FENDER CUTTER PANEL	✗ NN	\$ 112.60	
1 REAR L/H FENDER INNER GARNISH	✗ NN	\$ 391.60	
1 REAR R/H FENDER INNER GARNISH	✗ NN	\$ 391.60	
1 REAR BOOT ASSY	✓ BUC	\$ 1,023.40	✓ 938
2 REAR BOOT HINGES	✗ NN	\$ 267.20	
1 REAR BOOT LOCK	✓ BT	\$ 378.50	✓ 290.5
1 REAR BOOT STRIKER	✗ NN	\$ 36.40	
1 REAR BOOT WEATHERSTRIP	✓ TWI	\$ 204.60	✓
1 REAR BOOT TOYOTA EMBLEM	✓ NEC	\$ 52.20	✓
1 REAR BOOT CAMRY EMBLEM	✓ NEC	\$ 49.90	✓
1 REAR BOOT 2.5 EMBLEM	✓ NEC	\$ 39.60	✓
1 REAR BOOT OUTER GARNISH	✓ DE	\$ 333.60	✓ 210.8
1 REAR BOOT INNER GARNISH	✗ NN	\$ 382.40	
2 REAR BOOT LAMPS	✓ CRA	\$ 773.00	✓
2 REAR BOOT NUMBER PLATE LAMPS	✗ NN	\$ 125.80	
1 REAR SPARE TYRE COVER	✗ NN	\$ 384.50	
1 REAR WINDSCREEN GLASS MOULDING	✗ NN	\$ 60.30	
		\$ 12,017.00	5219.3
	LESS 25%.....	\$ 3,004.25	
		\$ 9,012.75	3914.48

SPECIAL NETT:-

1 REAR NUMBER PLATE	✓ BT	\$ 50.00	40
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LABOUR CHARGES:-

TO TOW VEHICLE BACK TO WORKSHOP	\$ 60.00	✗ NN
TO DISM/REFIX REAR WINDSCREEN GLASS	\$ 160.00	✗ NN
TO DISM/REWIRED REAR DAMAGED PORTION	\$ 200.00	30
TO DISM/RENEW REVERSE SENSOR	\$ 100.00	40
TO SPARY UNDERCOATING IN REPAIR	\$ 200.00	60
TO PUTTY AND RESPAIR REAR DAMAGED PORTION	\$ 1,200.00	1100
TO PANEL BEAT DAMAGED PORTION & RENEW PARTS	\$ 1,700.00	800
TO DISM/REFIX REAR SEAT, TRAY ASSY, PILLER LINING, ROOF LINING	\$ 180.00	60
	\$ 12,862.75	2090

6044.48

-20%: 4800

MSME19124423 / SME Motor Pte Ltd - Kaki Bukit
ENTRY DATE & TIME: 19/09/2019 16:55
SUBMITTED BY: Wen Ying

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 19/09/2019 16:55
Date Of Accident 19/09/2019 10:30
Exact Location Of Accident TELOK BLANGAH DR (HEAVY VEHICLE CARPARK).
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLE2824H
~~Insured/Policyholder~~
Name Of Registered Owner WEI SUZHE
NRIC No S7975896E
Email Address NOEMAIL
Mobile Phone No (LOCAL) +65-90920192
Alternative Phone No OFFICE-90920192

~~Vehicle Particulars~~
Manufacturer TOYOTA
Model CAMRY
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 CAR

~~Insurance Company~~
Name of Insurance Company AXA INSURANCE PTE LTD
Type Of Coverage COMPREHENSIVE
Fleet Policy NO
Policy Number GA367156/1
Cover Note Number

~~Driver~~
Name of Driver REN FENGLEI
NRIC No S8268470J
Date Of Birth 24/04/1982
Occupation INDOOR
Date Of Driving Pass 25/09/2008
Driving Experience 10 YEARS AND 11 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-85883239
Fax Number
Contact Number
Email Address NOEMAIL

Address **BLK 520B TAMPINES CENTRAL 8 #15-51**
 Postcode **522520**
 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 **COLLIDED INTO PARKED VEHICLE**
 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) **0**

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?

Details of Police Report

MY VEHICLE SLE2824H WAS PARKING AT TELOK BLANGAH DR AND I WAS BESIDE MY CAR TALKING TO MY WORKER IN HIS BUS. AFTER ABOUT ONE HOUR THE VEHICLE XD6110X START REVERSE AND HIT ONTO MY VEHICLE SLE2824H REAR PORTION.

Other Details

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 **XD6110X**
 Vehicle Make/Model/Colour
 Details Of Properties **VEH B**
 Vehicle Category **PRIVATE CAR**
 Name of Driver **MUTHU MUTHU KRISHNAN**
 NRIC/Passport Number **S83831351**
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

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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 willful misrepresentation or withholding of material facts may allow insurance companies to rescind 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.

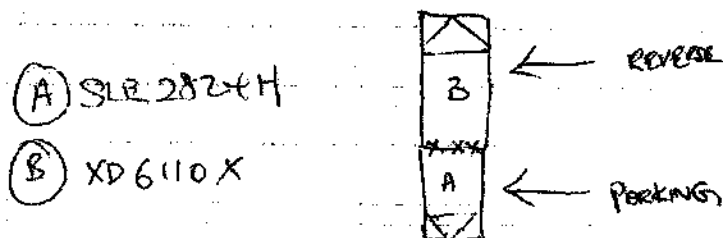
Policyholder's Signature
Date & Time:

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

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

Accident Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

my vehicle SLR 2824H WAS PARKING AT TOLAK BLANGAH
 DRAND I WAS BESIDE MY CAR TAKING TO MY WORKER IN HIS
 BUS. AFTER ABOUT ONE HOUR THE VEHICLE XD 6110X START
 REVERSE AND HIT OTO MY VEHICLE. SLR 2824H REAR PORTION.

DECLARATION

//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.:

Uni Motor