



**ESTEEM PERFORMANCE PTE LTD**

Bik 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**

SMC 916 M

<b>Parts</b>	(a) Cost / List Price Items	\$	<u>3,219.30</u>
	Plus/Less 20%	\$	<u>643.86</u>
	<b>Total of Cost / List</b>	\$	<u><u>2,575.44</u></u>
	(b) Nett Price Items		_____
	Less		_____
	<b>Total of Nett Item</b>		_____
	(c) Special Nett Items	\$	<u>45.00</u>
<b>Total Parts Cost</b>		\$	<u><u>2,620.44</u></u>
<b>Labour</b>		\$	<u><u>1,800.00</u></u>
<b>Total</b>		\$	<u><u>4,420.44</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. :	<u>SMC 916 M</u>	Submit By :	<u>JENNY</u>
Make & Model :	<u>HONDA SHUTTLE</u>	Year Manufactur :	<u>2018</u>
Chassis No. :	<u>GP71211706</u>	Engine No. :	<u></u>

**Cost / List**

S/No.	Part Description	Qty	Unit Price	Price	Disposition by Surveyor
1	Front number plate	1	\$45.00	S.N	
2	Front bumper	1	\$1,100.00		
3	Front bumper clip	10	\$40.00		
4	Front bumper reinforcement	1	\$470.90		
5	Front bumper side retainer LH	1	\$25.40		
6	Front bumper side retainer RH	1	\$25.40		
7	Front bumper bracket LH	1	\$58.00		
8	Front bumper bracket RH	1	\$58.00		
9	Front emblem	1	\$33.40		
10	Front grille	1	\$445.00		
11	Front grille upper chrome	1	\$412.50		
12	Front grille lower chrome	1	\$270.70		
13	Front bumper lower grille	1	\$190.00		
14	Front bumper lower grille LH	1	\$45.00		
15	Front bumper lower grille RH	1	\$45.00		
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.*



### 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 willful 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	17/09/2019 09:56
Date Of Accident	13/09/2019 13:50
Exact Location Of Accident	BEDOK RESERVOIR RD TOWARDS BLK 752 BEDOK RESERVOIR
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC916M
<b>Insured/Policyholder</b>	
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	HONDA
Model	SHUTTLE
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE

#### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	999994314
Cover Note Number	

#### Driver

Name of Driver	LIM LIAN HOE SUNNY
NRIC No	S0996515G
Date Of Birth	30/08/1948
Occupation	OUTDOOR
Date Of Driving Pass	30/03/1978
Driving Experience	41 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97480645
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address BLK 107C EDGEFIELD PLAINS  
 #05-134  
 Postcode 623107  
 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?  
 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? 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 SKETCH PLAN AND 3 GRAB PASSENGERS.

**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 SJX8367U  
 Vehicle Make/Model/Colour AUDI A4  
 Details Of Properties  
 Vehicle Category PRIVATE CAR  
 Name of Driver SANDY KAM  
 NRIC/Passport Number  
 Contact Number 96737021  
 Address  
 Postcode  
 Insurance Company Name  
 Nature Of Damage  
 No. Of Passenger (Including Driver)

**Sketch Plan Pg. 1**

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 willful misrepresentation or withholding of material facts may allow insurance companies to reudiate 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.
- B. 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:

17 SEP 2019

9:56 am



Driver's Signature

(If driver is not the policyholder)

Date & Time: 17 SEP 2019

9:56 am

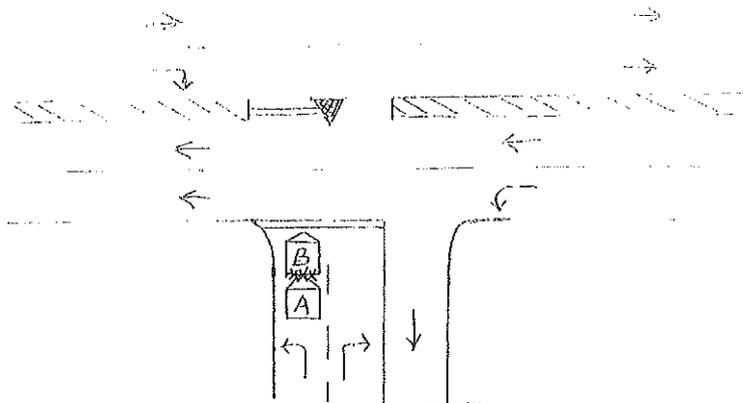


Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Sketch Plan Pg. 2



Vehicle A: Bore 416 M1  
 Vehicle B: 81X8361U

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 13/09/2019 @ 13:50, I was driving along Bedok Reservoir Road toward Block 752 Bedok Reservoir. All of sudden, the front vehicle B reverse and hit onto my front portion.

DECLARATION

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

*[Signature]*

Policyholder's Signature  
 Date & Time: 17 SEP 2019

*[Signature]*

Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time: 17 SEP 2019

*[Signature]*

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