

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

29/11/2019

Owner: SKYWAY MOTOR PTE LTD

ESTIMATE TO REPAIR TOYOTA C-HR 1.8 - SMQ4566P

1pc	rear LH taillamp	\$	585.52
1pc	rear LH taillamp lower bracket	\$	171.45
1pc	rear bumper	\$	972.45
1pc	rear bumper LH side retainer	\$	141.50
1pc	rear bumper LH reflector	\$	180.50
1pc	rear bumper LH reflector garnish	\$	281.90
1pc	rear bumper LH inner side shield	\$	281.50
1pc	rear bumper diffuser	\$	687.75
10pcs	rear bumper diffuser clip @\$5.00	\$	50.00
1pc	rear bumper reinforcement	\$	482.50
1pc	rear end panel	\$	781.45
1pc	rear LH fender protector	\$	374.45
		\$	4,990.97
	less 25%	\$	1,247.74
		\$	3,743.23
1set	rear parking sensor	s.nett \$	280.00
	tuffkote	\$	80.00
	wiring	\$	100.00
	spray painting	\$	1,200.00
	labour charges	\$	1,200.00
	Total	\$	6,603.23



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	30/11/2019 10:55
Date Of Accident	29/11/2019 18:30
Exact Location Of Accident	ALEXANDRA ROAD TOWARDS JALAN BUKIT MERAH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMQ4566P
Insured/Policyholder	
Name Of Registered Owner	SKYWAY MOTOR PTE LTD
Co Reg No	199904194N
Email Address	JENNIFER@SKYWAY.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-63336333

Vehicle Particulars

Manufacturer	TOYOTA
Model	C-HR HYBRID 1.8S CVT

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 HIRE

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	A28795104MCX
Cover Note Number	

Driver

Name of Driver	TAY TIONG HOCK
NRIC No	S1692770H
Date Of Birth	07/01/1965
Occupation	INDOOR
Date Of Driving Pass	25/09/1985
Driving Experience	34 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97969966
Fax Number	
Contact Number	
EMail Address	HENRY5248@HOTMAIL.COM

Address	BLK 291D BUKIT BATOK ST 24 #10-15
Postcode	653291
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	LIGHT DRIZZLE
Road Surface	WET

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: : MR 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

PLEASE REFER TO ATTACHED.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGC7623H
Vehicle Make/Model/Colour	TOYOTA / WISH
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LING KENG HWA
NRIC/Passport Number	S8020086B
Contact Number	97255591
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.



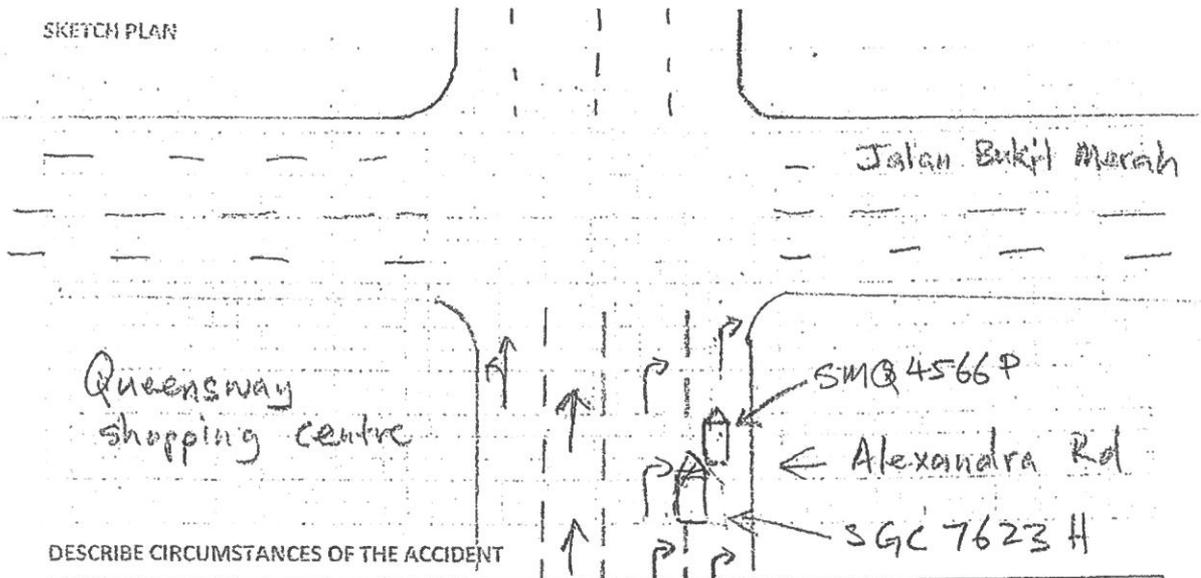
Policyholder's Signature
Date & Time:

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

I was approaching traffic light Junction of Alexandra Rd and Jalan Bukit Merah going to turn right to Jalan Bukit Merah suddenly behind have a vehicle hit into my back bumper

DECLARATION

I/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.: