

# 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

02/12/2019

Owner:        ANG KOH BOON

### ESTIMATE TO REPAIR RENAULT SCENIC - SFW40S

1pc	rear tailgate	\$ 2,850.00
1pc	rear tailgate "RENAULT" logo	\$ 85.50
1pc	rear tailgate "RENAULT" emblem	\$ 80.50
1pc	rear tailgate "SCENIC" emblem	\$ 80.50
1pc	rear tailgate windscreen moulding	\$ 250.80
1pc	rear tailgate outer garnish	\$ 485.50
1pc	rear tailgate inner rubber	\$ 392.50
1pc	rear tailgate inner lock	\$ 485.20
8pcs	rear tailgate inner clip @\$25.00	\$ 200.00
1pc	rear bumper	\$ 1,950.80
1pc	rear bumper centre bracket	\$ 385.20
2pcs	rear bumper side bracket @\$295.50	\$ 591.00
2pcs	rear bumper side retainer @\$195.20	\$ 390.40
1pc	rear bumper towing cover	\$ 98.25
2pcs	rear bumper parking sensor @\$358.50	\$ 717.00
2pcs	rear bumper parking sensor rubber @\$58.50	\$ 117.00
2pcs	rear bumper parking sensor bracket @\$65.85	\$ 131.70
1pc	rear bumper parking sensor hardness	\$ 1,280.00
1pc	rear bumper diffuser	\$ 1,250.20
1pc	rear bumper diffuser garnish	\$ 1,155.50
10pcs	rear bumper diffuser clip @\$25.00	\$ 250.00
2pcs	rear bumper reflector @\$285.50	\$ 571.00
2pcs	rear bumper lower bracket @\$150.20	\$ 300.40
1pc	rear bumper reinforcement	\$ 780.50
1pc	rear end panel	\$ 1,350.00
1pc	rear end panel inner garnish	\$ 485.00
1pc	rear floor panel	\$ 1,850.50
1pc	rear floor panel inner garnish	\$ 785.50
1pc	rear floor panel sponge	\$ 450.50
		<hr/>
less 10%		\$ 19,800.95
balance c/f		<hr/>
		\$ 1,980.10
		<hr/>
		\$ 17,820.86



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**ESTIMATE TO REPAIR RENAULT SCENIC - SFW40S**

	balance b/f		\$ 17,820.86
1set	rear number plate & casing	s.nett	\$ 50.00
	remove & refit rear windscreen glass	\$	120.00
	tuffkote	\$	200.00
	sealant	\$	120.00
	wiring	\$	180.00
	spray painting	\$	1,600.00
	labour charges	\$	1,600.00
	Total		<u>\$ 21,690.86</u>



## 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	03/12/2019 10:03
Date Of Accident	02/12/2019 21:10
Exact Location Of Accident	BUKIT TIMAH ROAD (BETWEEN NAMLY AVE & FIRST AVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFW40S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ANG KOH BOON
NRIC No	S7145633A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90722571
Alternative Phone No	OFFICE-90722571

### Vehicle Particulars

Manufacturer	RENAULT
Model	GRAND SCENIC IV 1.5 DCI AT EU6
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	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2018-00015660
Cover Note Number	

### Driver

Name of Driver	LOH SING SHARON
NRIC No	S7432900D
Date Of Birth	12/10/1974
Occupation	INDOOR
Date Of Driving Pass	10/09/1998
Driving Experience	21 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98422571
Fax Number	
Contact Number	
Email Address	12SHARON10@GMAIL.COM

Address	BLK 5 JURONG EAST ST 32 #09-02
Postcode	609479
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	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
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)	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

REFER TO SKETCH PLAN

#### 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	SHC8658P
Vehicle Make/Model/Colour	
Details Of Properties	COMFORT TAXI
Vehicle Category	TAXI
Name of Driver	ANG THIAN CHOON
NRIC/Passport Number	S1470454Z
Contact Number	96266361
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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  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 report 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:

3/12/19 8.45 am

GIAAPAC SketchPlanForm\_V3

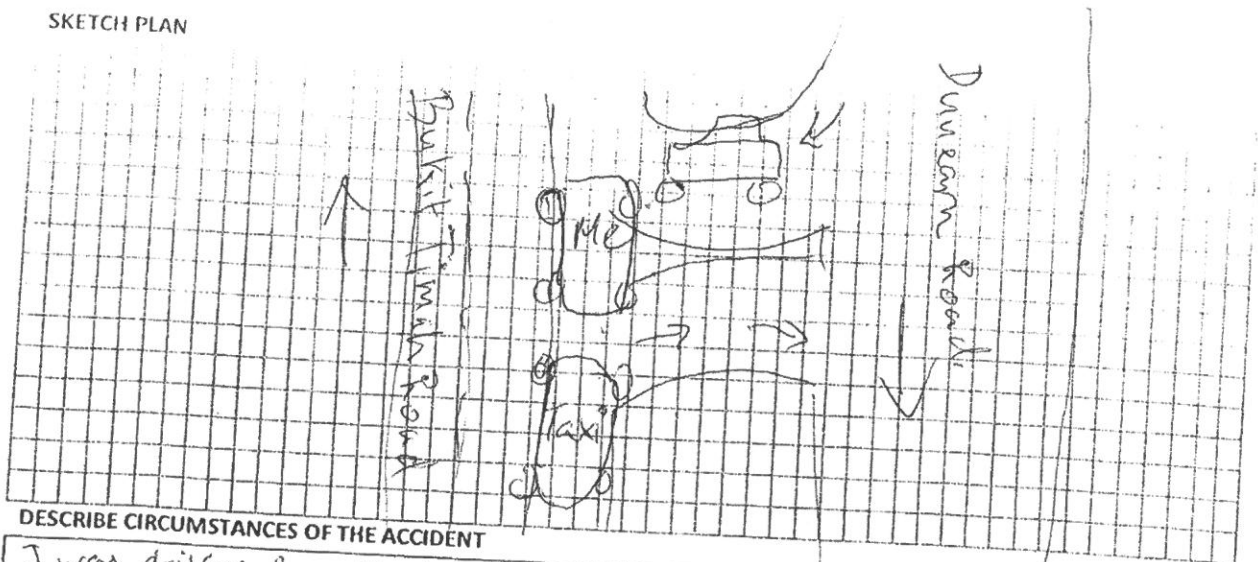
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

3/12/19 (8.45 am)

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

# Sketch Plan Pg. 2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving from Newton circle down Bukit Timah Road and on the extreme right lane where going past King's Arcade, Coronation Plaza. Then I notice a car u-turn out of the slip road, it didn't complete stop to wait for my car to pass by. I horned once and brake, it was still moving out. I horned again to and brake harder, coming to a complete stop as that car u-turn out to my lane and also stopped completely. Next I heard a bump on the back of my car. The red car in front of me drove off slowly, filtering away to the middle lane. I got out of the car to see the damage behind. A Comfort taxi bumped into my GRAB (SHC8688P). He didn't brake in time even though he saw me braking due to the red car.

### Important:

You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame from the day of the occurrence.

- Reporting Only
- Claim OD
- Claim TP
- Claim OD/TP at other workshop

### DECLARATION

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

Policyholder's signature

Date & Time

3/12/19 8:45am

Driver's Signature

(if driver not the policyholder)

Date & Time

3/12/19 8:45am

Reporting Centre Personnel's Signature

Name: Rakeswaran Anand.

Nric/Fin No.