

Co Reg No : 199405410K

## ESTIMATE

GST Reg No : MR-8500111-X

Invoice Name & Address	Owner Name & Vehicle Info	
Chang Hock Yan (Zhang Fuyan)  Blk 688B Choa Chu Kang Drive #18-324 Singapore 682688  <b>Contact No</b> Mobile: 97715021	<b>Cust No/Name</b>	/Chang Hock Yan (Zhang Fuyan)
	<b>Reg No/Reg Date</b>	SGZ1789G / 28/09/201
	<b>Date In/Mileage</b>	/ 0
	<b>Chassis No</b>	KNAFZ411MJ5745994
	<b>Engine No</b>	G4FGHH679729
	<b>Make/Model</b>	KIA/CERATO K3 1.6 A SX SR
	<b>Colour/Trim</b>	SWP SNOW WHITE PEAR/ WK SATURN BLACK

Account No	Terms	Date/Time Printed	CSE	Operator	WIP No			
CSM00081	Cash	07/01/2020/ 17:29	QUK	282 / Kevin Leong	64677			
Description of Goods / Services					Qty	Unit Price	Disc%	Amount
E PNT88000								2200.00
TO REPLACE REAR BUMPER, REAR BODY KIT & AFFECTED AREA								
TO REPAIR ON REAR LH FENDER, BOOT & END PANEL								
E PNT98000								1680.00
PAINT WORK ON REAR BUMPER, REAR LH FENDER, END PANEL & BOOT								
E PNT88000								150.00
TO REMOVE & INSTALL REAR PARKING ASSIST								
M SUNDRY								80.00
TO APPLY SEALANT ON AFFECTED AREA								
M SUNDRY								160.00
PERFORM RUST PREVENTION								
A 54900099								80.00
CHECK ELECTRICAL SYSTEM								
A 10028901								180.00
TO CARRY OUT DIAGNOSTIC CHECK USING HI-SCAN PRO TEST								
USING HI-SCAN PRO TEST								
M SUNDRY								50.00
TO SUPPLY C & C EMBLEM								
M SUNDRY								50.00
SUNDRIES								
M	EMBLEM-CERATO				1.00	35.00	00.00	35.00
M	LOGO ASSY-KIA SUB				1.00	37.00	00.00	37.00
M	COVER-RR BUMPER,CTR				1.00	347.00	00.00	347.00
M	COVER-RR BUMPER				1.00	688.00	00.00	688.00
M	BRACKET-RR BEAM LWR MTG				2.00	5.00	00.00	10.00
M	BRACKET-RR BEAM LWR,CTR				1.00	5.00	00.00	5.00
M	BEAM-RR BUMPER				1.00	318.00	00.00	318.00
M	ANTENNA ASSY-SMARTKEY				1.00	69.00	00.00	69.00
M	BRACKET-RR BEAM UPR MTG				1.00	3.00	00.00	3.00
M	BRACKET-RR BEAM UPR MTG,RH				1.00	3.00	00.00	3.00
M	STAY-RR BUMPER LH				1.00	120.00	00.00	120.00
M	STAY-RR BUMPER RH				1.00	120.00	00.00	120.00
M	BRACKET-RR BUMPER SIDE MTG,LH				1.00	29.00	00.00	29.00

Confirm & accepted by

Authorized signatory and company stamp

Validity of this estimate is 14 days from date of quote. This is a computer generated document, no signature is required. Estimated costs quoted are excluding GST. We would mention that the above estimate is based on our initial inspection and does not include any additional parts or labour which may be required after repair work has commenced. Occasionally worn or damaged parts are discovered after work has started and needed for repairs or replacement. However, should this occur, we would advise you. Please be informed that a deposit of 50% of the above estimate is payable before commencement of the work. Payment for this may be made in cash, credit card or cheque. You must also agree to pay full amount for renewal of the windscreen in the event of inadvertent breakage in the course of renewing the rubber seal or other repair requiring the removal of the windscreen.

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Account No	Terms	Date/Time Printed	CSE	Operator	WIP No
CSM00081	Cash	07/01/2020/ 17:29	QUK	282 / Kevin Leong	64677

Description of Goods / Services	Qty	Unit Price	Disc%	Amount
M BRACKET-RR BUMPER SIDE MTG,RH	1.00	29.00	00.00	29.00
M WIRING HARNESS-BWS EXT	1.00	216.00	00.00	216.00
M ULTRASONIC SENSOR ASSY-P.A.S	1.00	177.00	00.00	177.00
M ULTRASONIC SENSOR ASSY-P.A.S	1.00	177.00	00.00	177.00
M PANEL ASSY-BACK	1.00	324.00	00.00	324.00
M LAMP ASSY-REAR COMBINATION,LH	1.00	788.00	00.00	788.00
M NEW K3 SNOW WHITE PEARL SWP	1.00	1177.00	00.00	1177.00

# Estimate

Confirm & accepted by

<b>Nett</b>	<b>9,302.00</b>
7% GST on 9302.00	651.14
<b>Total Payable</b>	<b>9,953.14</b>

Authorized signatory and company stamp

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For  
signature

## 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	21/12/2019 11:12
Date Of Accident	20/12/2019 15:50
Exact Location Of Accident	PIE TOWARDS AIRPORT BEFORE KPE EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGZ1789G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHANG HOCK YAN
Passport No/FIN	SXXXX335D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81267913
Alternative Phone No	OTHERS-81267913

### Vehicle Particulars

Manufacturer	KIA
Model	CERATO K3-1.6 SUNROOF (A)
Exact Purpose for which vehicle was being used at time of accident	TRAVELLING FROM HOME TO OFFICE
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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	9VPCB1887830
Cover Note Number	

### Driver

Name of Driver	DESMOND NG MENG TECK
NRIC No	SXXXX616D
Date Of Birth	06/03/1971
Occupation	INDOOR
Date Of Driving Pass	13/01/1989
Driving Experience	30 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81267913
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 688B CHOA CHU KANG DRIVE #18-324
Postcode	682688
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	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)	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 ATTACHMENT

#### 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	SHC7545M
Vehicle Make/Model/Colour	HYUNDAI/YELLOW
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	ANG ENG TAT
NRIC/Passport Number	SXXXX528J
Contact Number	90540778
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Sketch Plan

### 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.

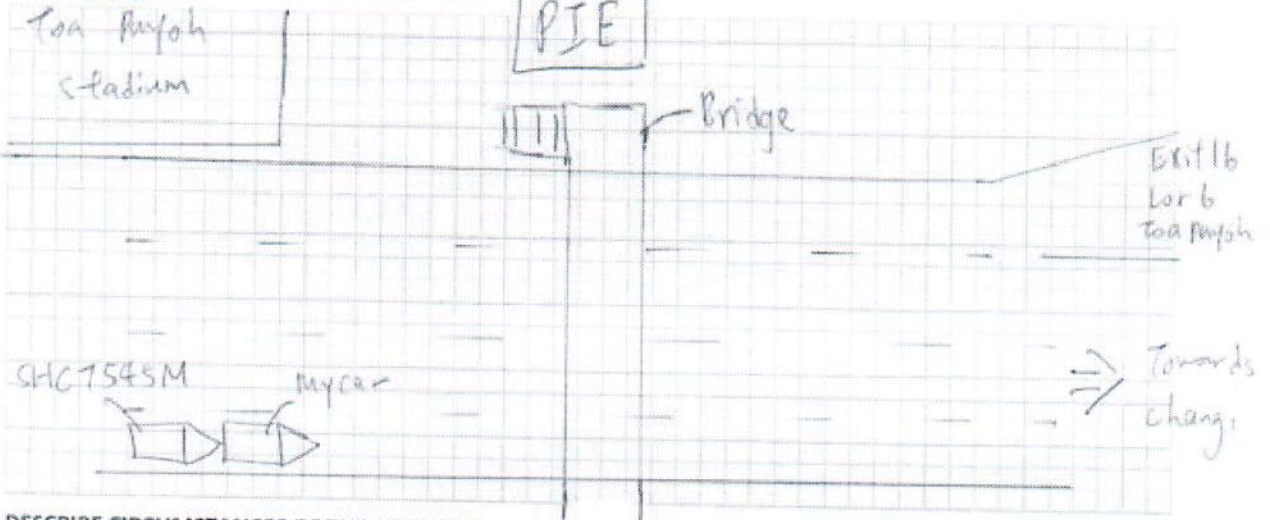
Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 21/12/2019  
1110

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

## Sketch Plan #2

### SKETCH PLAN



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the day of accident, I was travelling on the extreme right lane of PIE towards Changi. On the straight stretch between Upper Thomson and KPE exit, I saw the car in front of me slow down and eventually brake completely momentarily. Seeing that, I also started to apply brake and managed to stop the car behind the front vehicle without any impact. When my car was at complete stop, I look up at my rear mirror and saw an approaching taxi. The brake applied by the driver was late and eventually bang onto the back of my car.

Driver of the taxi tried to explain he did brake but did not managed to stop the car in time to avoid impact.

The vehicle in front of mine also did not avoid impact # to the vehicle in front of it.

In summary, this accident involved 2 pairs of vehicles.

### 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.: