

# 27A TANJONG PENJURU, SINGAPORE 609042 ESTIMATE COST OF REPAIRS



INDIA INTERNATIONAL INSURANCE P/L NAME: Ms Tong Pei Woon WIP: 64 CECIL STREET ADDRESS : **EXCESS:** #04-#05 IOB BUILDING DATE: 3-Feb-20 SINGAPORE 049711 ATTN.: MOTOR CLAIMS TEL: 97775193 FAX: VEH NO : SMM8168A DATE IN: **CONTACT PERSON:** JOBI THOMAS 6331 0682 **CHASSIS NO:** WMWXU52010TH96821 MILEAGE : TYPE OF CLAIM: THIRD PARTY CLAIM MODEL: MINI COOPER DATE REG.: POLICY NO. : 13-May-19 **NATURE OF WORKS** S/NO **Parts Description** QTY **REVISED** PRICES REAR BUMPER 1 1 M51.12.7.380.024 \$ 947.12 REAR BUMPER SPOILER 1 M51.12.7.380.030 \$ 288.86 REAR WHHEL ARCH RH 1 M51.77.7.318.830 \$ 142.68 4 TAIL LIGHT RH 1 M63.21.7.435.134 \$ 515.65 TAIL LIGHT CHROME RING RH 1 M63.21.8.495.332 \$ 67.80 **TOTAL PARTS** \$ 1,962.11 \$ **TOTAL PARTS COST** \$ 1,962.11 **Labour Description** TO REPLACE REAR BUMPER. TO REPAIR ALL AREAS AFFECTED BY THE ACCIDENT. \$ 1,000.00 TO RESPRAY REAR BUMPER. \$ 1,000.00 3 TO CHECK ELECTRICAL SYSTEM FOR PROPER FUNCTIONING. \$ 250.00 TO REPROGRAMME AFTER THE ACCIDENT REPAIR WORKS. 350.00 SUNDRIES. NETT 50.00 TOTAL LABOUR \$ \$ 2,650.00 TOTAL PARTS \$ \$ 1,962.11 TOTAL \$ \$ 4,612.11 \$ LESS EXCESS \$ TOTAL AFTER EXCESS \$ **GST 7%** \$

## REMARKS:

THIS IS ONLY AN ESTIMATE FROM VISUAL INSPECTION AND SHOULD THERE BE MORE DAMAGES FOUND DURING THE PROCESS OF REPAIRING, YOU WILL BE INFORMED BEFORE THE REPAIRS ARE BEING CARRIED OUT.

**GRAND TOTAL** 

\$

\$

TAKE NOTE THAT SHOULD YOU DECIDE NOT TO PROCEED WITH THE REPAIRS, A QUOTATION FEE OF \$400.00 WILL BE APPLY AS ACCORDINGLY FOR MAN-HOURS INVOLVED IN SOURCING FOR PARTS PRICE AS WELL AS LABOUR CHARGES.

#### 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 witholding 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

aloresald.	
	ACCIDENT STATEMENT
Date Of Report	31/01/2020 15:15
Date Of Accident	26/01/2020 12:10
Exact Location Of Accident	BLK725 BEDOK RESERVOIR RD INFRONT CP LOT 221
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMM8168A
Insured/Policyholder	
Name Of Registered Owner	TONG PEI WOON
NRIC No	SXXXX932H
Email Address	PEIWEN.ZHONG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97775193
Alternative Phone No	OFFICE-96668327
Vehicle Particulars	
Manufacturer	MINI
Model	MINI ONE 5 DOOR RHD
Exact Purpose for which vehicle was being used at time of accident	PERSONAL USE
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	CONTROL OF THE PROPERTY OF THE
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1900097836
Cover Note Number	
Driver	
Name of Driver	SEE SHUYA, VANESSA
NRIC No	SXXXX776G
D. A. Of B. II	

Date Of Birth 20/02/1988 Occupation **INDOOR** Date Of Driving Pass 30/06/2008

**Driving Experience** 11 YEARS AND 6 MONTHS

Gender **FEMALE** 

Mobile Number (LOCAL) +65-96525593

Fax Number

Contact Number OTHERS-93262988

EMail Address VANESSASEE@MAC.COM

APT BLK 110 MCNAIR ROAD Address

#08-263

Postcode 320110

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

RELATIVE

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

REFER TO ABOVE STATEMENT

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 Witness 1** 

Name

**ALLAH SEOW** 

Phone Number

93262988

Email Address

ALLAHSEOW@ME.COM

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

SH6224P

Vehicle Make/Model/Colour

COMFORT TAXI TOYOTA

**Details Of Properties** 

Vehicle Category

TAXI

Name of Driver

LIM BOOH GIAP

NRIC/Passport Number

SXXXX739I

Contact Number

96414581

Address

Postcode

Insurance Company Name

Page 2 of 13

## SKETCH PLAN

## **IMPORTANT NOTICE**

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- 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: 31-01-20

Driver's Signature

(If driver is not the policyholder)

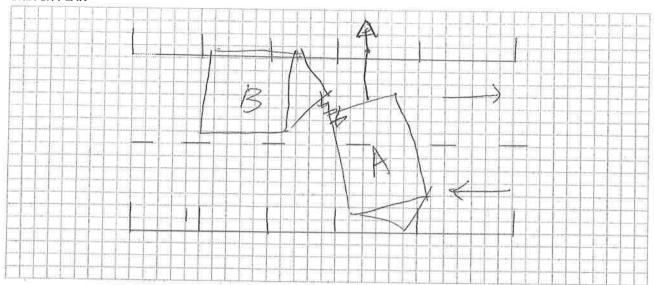
Date & Time: 3/10/20

12.30pm

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE NO: - SMM 8168 A

ACCIDENT DATE: 26-01-2020

CONTACT NUMBER:

ACCIDENT TIME: 1210 PM

EMAIL:

LOCATION: BLK 725 BEDOK RESERVOIR RD 5 470725

IN PRONT OF CARPARK LOT 221

WAS DRIVING AT ABOVE MENTIONED ADDRESS ON SPECIFIED DATE AND TIME . & INTENTION TO PARK AT THE INDICATED LOT-CAR WAS POSITIONED IN THE MIDDLE OF THE DRIVEWAY WITH HAZARD LIGHTS ON WHEN REVERSING INTO THE CARPARK LOT, TAXI CAME AND KNOCKED MY CAR.

NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIMS UNDER YOUR OWN POLICY,

PLEASE CHECK YOUR POLICY FOR MORE INFORMATION

PLEASE STATE:

( ) CLAIM OWN POLICY

( ) CLAIM THIRD PARTY

( )REPORTING ONLY

DECLARATION

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

Policyholder's Signature

Driver's Signature

Date & Time: 311/20 12 30pm (If driver is not the policyholder)
Date & Time: 311/20 12 30pm

Reporting Centre Personnel's Signature

NRIC/FIN No .:



## **COVER NOTE**

## MINI AUTO PROTECTOR PRIVATE VEHICLE

The following risk described on this Cover Note is hereby HELD GOVERED on the terms and conditions of the policy issued to the Policyholder.

Name of Policyholder

: Tong Pei Woon (Zhong Peiwen)

Period of Insurance

: 13 May 2019 to 12 May 2020

Engine No. Chasis No.

: F724K104B38A15A

: WMWXU52010TH96821

Vehicle No.

Cover Note No.

Endorsement No.

Issued Date

: 10 May 2019

## ABOUT THE COVER

Make/Model

: MINI One 1.5 F55

Engine Capacity/Tonnage: 1,499.00 CC

Sum Insured Market Value

First Year of Registration 2019

Driver Restriction

: NA

Off Peak Car No

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive\*:

a) The Policyholder
b) Any other person who is driving on the Policyholder's order or with his/her permission.
This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2

Age Condition

All Age Condition

Limitation as to use\*

Use only for social, domestic and pleasure purposes and for the Policyholder's business. This Policy does not cover use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

Loss of Use 1500cc - 1600cc

\*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

#### EXCESS

Section 1 Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$0

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

Tong Pei Woon (Zhong Peiwen)

## APPROVED REPORTING CENTRES/AUTHORISED REPAIRES (FOR CLAIMS RELATED REPAIRS)

1. Eurokars Habitat Pte Ltd Add: Eurokars Centre, 12 Sungei Kadut Ave, Singapore 729648 63833003

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency holline at +65 6338 6200. Alternatively, you may refer to AIG web site www.aig.com.sg or AIG SG Mobile App. Simply search and download "AIG SG" from IT unes or Google Play.

### IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: HL Bank

If you do not receive your Certificate of Insurance and policy documents within 30 days from the sception date stated on this cover note, please contact AIG invinediately.

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0503599140

ARF (AP) PTE LTD - MINI

7 MAXWELL ROAD #01-100 ANNEX B MIND COMPLEX

SINGAPORE 069111

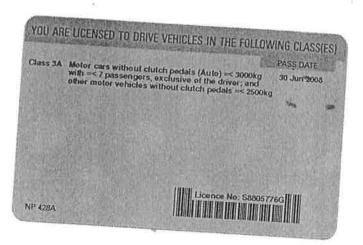
Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE

insurance Ple, Lid Copyright © 2018 ALG Asia Pacific









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## REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8128932H





TONG PEI WOON (ZHONG PEIWEN)

CHINESE Date of birth 08-10-1981

Country of birth SINGAPORE



4786737



25-10-2011

32 FERNVALE LINK #20-09 SINGAPORE 797531 NRIG No: \$8128932H

Date: 20/12/2018



## YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight =< 2500kg

NP 428A



OWW