

Hitachi Capital Asia Pacific Pte. Ltd.
Jun Taiyo Service Centre

No. 8 Fourth Lok Yang Road Singapore 629705
 Tel : 64663022 Fax : 68966591
 Co. Reg.No. 199400399N GST Reg.No. M2-011899-3

VEHICLE ESTIMATE

FCIL

QUOTE NO :

ACCIDENT DATE 01/02/2020@1840HRS

VRN : SLB7882Y

MODEL : Toyota Altis

TP VRN : SHD3127H

ATTN: MOTOR CLAIMS DEPT

	<u>Qty</u>	<u>S\$ Unit</u>	<u>S\$ Amt</u>	<u>S\$ Labor</u>
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PARTS REPLACEMENT

1. Body Repair

1 Front Bumper	1	\$	458.00	\$	458.00	
2 Front Bumper Clips	10	\$	5.50	\$	55.00	
3 Front Bumper Outer Bracket LH/RH	2	\$	81.00	\$	162.00	
4 Front Fog Lamp LH	1	\$	325.00	\$	325.00	
5 Front Fog Lamp Cover LH	1	\$	92.00	\$	92.00	
6 Front Reinforcement	1	\$	382.00	\$	382.00	
7 Front Reinforcement Sponge	1	\$	79.00	\$	79.00	
8 Front Centre Grille	1	\$	564.00	\$	564.00	
9 Front Centre Lower Grille	1	\$	155.00	\$	155.00	
10 Headlamp LH	1	\$	850.00	\$	850.00	
11 Headlamp Chrome LH	1	\$	181.00	\$	181.00	
12 Front Fender LH	1	\$	781.00	\$	781.00	
13 Front Fender Shield LH	1	\$	200.00	\$	200.00	
14 Front Fender Shield Clips LH	10	\$	5.50	\$	55.00	
15 Front Fender Square Clips LH	10	\$	5.50	\$	55.00	
16 Front VVT-I Logo LH	1	\$	48.00	\$	48.00	
17 Bonnet	1	\$	1,037.00	\$	1,037.00	
18 Bonnet Hinge LH/RH	2	\$	75.00	\$	150.00	
19 Bonnet Lock	1	\$	130.00	\$	130.00	
20 Front Door LH	1	\$	1,100.00	\$	1,100.00	
21 Air Cleaner Box	1	\$	1,100.00	\$	1,100.00	
22 Air Cleaner Tube	1	\$	160.00	\$	160.00	
23 Shock Absorber LH	1	\$	402.00	\$	402.00	
24 Shock Absorber Mounting LH	1	\$	182.00	\$	182.00	
25 Lower Arm LH	1	\$	608.00	\$	608.00	
26 Kunkle Arm LH	1	\$	521.00	\$	521.00	
27 Front Wheel Bearing LH	1	\$	142.00	\$	142.00	
28 Lower Arm Ball Joint LH	1	\$	228.00	\$	228.00	
29 Tie Rod End LH	1	\$	146.00	\$	146.00	
30 Steering Rack	1	\$	1,625.00	\$	1,625.00	
31 Stabilizer Link LH	1	\$	202.00	\$	202.00	
32 Front Rim 16 Inch	1	\$	800.00	\$	800.00	
33 Front Tyre LH	s/nett	1	\$	82.00	\$	82.00
34 Front Fender RH	Repair	1	\$	-	\$	-

Discount -25%

\$ (3,243.75)

TOTAL

\$ 9,813.25

2. Labor Charges

1 Remove, repair and replace parts for affected areas	\$ 1,250.00
2 Spray paint on the affected areas	\$ 1,250.00
3 Check wiring, re-align headlamps & ensure proper functioning	\$ 100.00
4 Remove & replace front undercarriage & subframe	\$ 400.00
5 Check , re-adjust and computerise wheel alignment / side slip test	\$ 200.00
5 Dismantle & replace steering system, brake pump & booster to facilitate repair	\$ 180.00
6 Remove, replace & balance rim/tyre	\$ 40.00

Sub Total : \$ 3,420.00

Grand Total : \$ 13,233.25

Add 7% GST : \$ 926.33

Nett Total : \$ 14,159.58

No. of repair days: 10

CUSTOMER SIGNATURE

HITACHI CAPITAL ASIA PACIFIC PTE LTD
(MANAGER)

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	03/02/2020 17:30
Date Of Accident	01/02/2020 18:40
Exact Location Of Accident	CLAYMORE ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLB7882Y
Insured/Policyholder	
Name Of Registered Owner	HITACHI CAPITAL ASIA PACIFIC PTE LTD
Co Reg No	1XXXXX399N
Email Address	JUNTAIYO@HCSPL.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-64663022

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 CLASSIC CVT (A)
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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MSD/VPCP/19-000825-00
Cover Note Number	

Driver

Name of Driver	NG TONG YOO
NRIC No	SXXXX017H
Date Of Birth	30/08/1950
Occupation	OUTDOOR
Date Of Driving Pass	02/12/1970
Driving Experience	49 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97398627
Fax Number	
Contact Number	
EMail Address	TONGYOONG@GMAIL.COM

Address	511 BEDOK RESERVOIR ROAD #01-38
Postcode	479272
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - LESSEE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - U-TURN
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?	YES
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

PLEASE 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	SHD3127H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	CHEW CHIN HUA
NRIC/Passport Number	SXXXX671E
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	NG TONG YOO
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Approximate Age

Injuries Sustain

Injured person in which vehicle?

SLB7882Y

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

Sketch Plan Pg. 1

SKETCH PLAN

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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:

Mupama

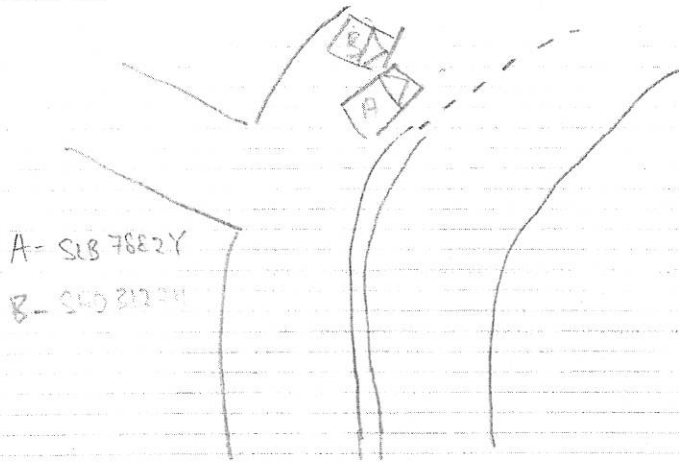
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I exited from 7 Claymore Rd towards Claymore Hill, the taxi was ahead of me before my exit and was pulling to the left of the road with hazard lights on. I continue driving and just as I was passing him on his right ~~ste~~ side, he suddenly swung out to do a 'U' turn and we made contact with his right front to my left front.

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: _____

My answer. x



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