

PLEASE ARRANGE TO SURVEY  
VEHICLE AT 30 BUKIT BATOK  
CRESCENT (S 658075)

Lee Chen Sin  
CLAIM DEPARTMENT  
DID : 66547520  
FAX :

Date : 13/02/2020

To : MS FIRST CAPITAL INSURANCE LIMITED

## ESTIMATION

Attn : Motor Claim Department

FAX :

Owner : LEONG CHONG

: AUTO & GENERAL INSURANCE (SINGAPORE) PTE. LIMITED

Certificate No : P10014346R02

Accident Date : 06/02/2020

Vehicle No : SKN-7350-P

Make & Model : HYUNDAI ELANTRA 1.6 AT ABS D/AB 2WD 4

### ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
<b>List Item</b>			
1	REAR BOOTLID	RESTORE	
1	REAR BOOTLID EMBLEM CENTRE	59.60	
1	REAR BOOTLID EMBLEM "ELANTRA"	74.50	
1	REAR BUMPER	681.90	
10	REAR BUMPER CLIP	50.00	
1	REAR BUMPER LOWER GARNISH	351.20	
1	REAR BUMPER SIDE RETAINER LH	42.10	
1	REAR BUMPER SIDE RETAINER RH	42.10	
1	REAR BUMPER INNER BRACKET LH	89.10	

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QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
1	REAR BUMPER INNER BRACKET RH	89.10	
1	REAR BUMPER REINFORCEMENT	362.10	
1	REAR END PANEL	462.90	
1	REAR END PANEL TOP GARNISH	98.10	
	<b>Sub Total</b>	<b>2402.70</b>	
	<b>Discount 20% On Parts</b>	<b>(480.54)</b>	
	<b>Special Nett Item</b>		
1	REAR BOOTLID EMBLEM "ELITE"	45.00	
1	REVERSE SENSOR	220.00	
1	END PANEL SEALANT	40.00	

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Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
	<b>Sub Total</b>	<b>305.00</b>	
	<b><u>Labour &amp; Misc</u></b>		
	LABOUR TO CARRY OUT REAR REPAIR	800.00	
	TO CHECK AND RECONNECT ALL NECESSARY WIRINGS	35.00	
	TO SPRAY PAINTING ON REAR AFFECTED AREA	600.00	
	SPRAY RUST PROOF ON AFFECTED AREA	50.00	
	TO DETACH & RENEW REVERSE SENSOR	60.00	

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### ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
	Sub Total	1545.00	

3,772.16

Remarks:

**SUB TOTAL**

**GST 7.0 %** 264.05

**TOTAL** 4,036.21

Surveyor's name: \_\_\_\_\_

Principal's name: LEONG CHONG

Survey Date & Time: \_\_\_\_\_

### 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	12/02/2020 16:16
Date Of Accident	06/02/2020 09:30
Exact Location Of Accident	ALOLNG ECP > JURONG
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKN7350P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LEONG CHONG
NRIC No	SXXXX516E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97313818
Alternative Phone No	OFFICE-97313818
<b>Vehicle Particulars</b>	
Manufacturer	HYUNDAI
Model	ELANTRA 1.6 AT ABS D/AB 2WD 4DR
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	AUTO & GENERAL INSURANCE (SINGAPORE) PTE. LIMITED.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P10014346R02
Cover Note Number	

#### Driver

Name of Driver	LEONG CHONG
NRIC No	SXXXX516E
Date Of Birth	16/08/1959
Occupation	INDOOR
Date Of Driving Pass	29/11/1982
Driving Experience	37 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97313818
Fax Number	
Contact Number	OFFICE-97313818
Email Address	NOEMAIL

Address BLK 511 JURONG WEST ST 2 #10-53  
 Postcode 640511  
 Was driver an employee of the Insured's Company NO  
 If No, Relationship of the Driver with the Insured OWNER  
 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) 3

Passenger 1  
 NAME: : CHAN AH ENG  
 GENDER: : FEMALE  
 Passenger 2  
 NAME: : PASSENGER 2  
 GENDER: : FEMALE

**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? NO  
 Was there any audio recorded? NO

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SHC7706R  
 Vehicle Make/Model/Colour HYUNDAI  
 Details Of Properties  
 Vehicle Category TAXI  
 Name of Driver TAN HENG LEE  
 NRIC/Passport Number SXXXX755D  
 Contact Number  
 Address  
 Postcode

SKETCH PLAN

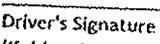
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5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that 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:

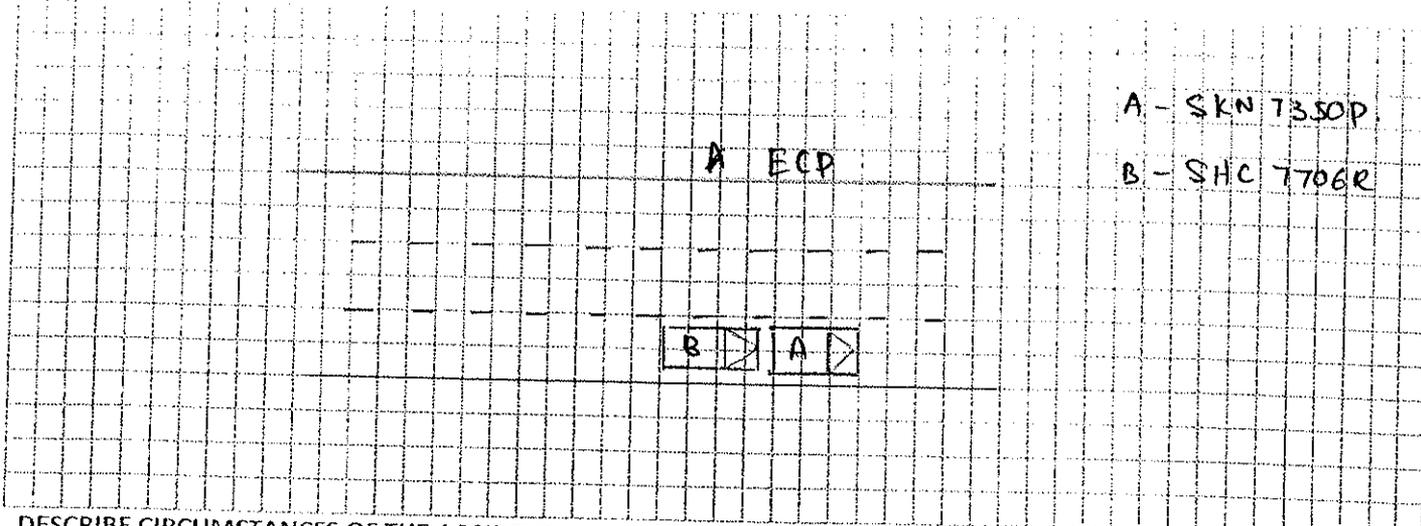
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was traveling along ECP towards Jurong. When I was travel along vehicle in front of me applied brake to slow down and I also applied brake and slow down. But suddenly vehicle B hit me from behind. My rear bumper damage cause by this accident. No persone was injured in this accident.

I was not aware to make a accident report. Police ask to settle by own. So I was make a late report. We try to private settle but the 3rd party not agree to settle.

*[Handwritten signature]*

**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.

*[Handwritten signature]*

Policyholder's signature  
Date & Time

Driver's Signature  
(if driver not the policyholder)  
Date & Time

*[Handwritten signature]*

Reporting Centre Personnel's Signature  
Name:  
Nric/Fin No.