

J-MART MOTOR PTE LTD

Block 5, Defu Lane 10, #01-578,
Defu Industrial Park C, Singapore 539186
Tel : 6343-0934 Fax : 6343-0921
Email : jmartauto@gmail.com
Registration No: 201400246D
GST Reg. No: 201400246D

23-Jun-20

Our ref : TP/4848/20

Chua Lay Khim

RE : estimate cost for vehicle no : SGV 9898T

1 pc	bootlid	\$	883.20
1 pc	bootlid lock		285.00
1 pc	bootlid w/strip		243.00
1 pc	Civic emblem		42.50
1 pc	H emblem		36.00
2 pcs	bootlid reflector		487.20
2 pcs	taillamp		696.40
1 pc	rear bumper		638.00
2 pcs	rear bumper retainer		167.00
8 pcs	rear bumper clips		36.00
1 pc	end panel		733.20
1 pc	en dpanel inner garnish		247.00
2 pcs	rear fender inner trim		92.40
1 pc	spare tyre panel		971.00
1 pc	spare tyre cardboard		297.00
			<hr/> 5,854.90
		less 20%	<hr/> 1,170.98
			<hr/> 4,683.92
1 pc	reverse sensor		250.00 snett
1 pc	rear no plate		40.00
	Panel beating.		1,400.00
	Spray painting.		1400.00
	Wiring.		30.00
	Rust proofing.		80.00
	Upholstery.		120.00
			<hr/> 8003.92
		Plus 7% GST	<hr/> 560.27
			<hr/> 8564.19

SD : Eight thousand five hundred sixty-four & cents nineteen only.

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	22/06/2020 11:29
Date Of Accident	22/06/2020 08:30
Exact Location Of Accident	JUNC B. BATOK EAST AVE 5 & B. BATOK WEST AVE 5
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGV9898T
Insured/Policyholder	
Name Of Registered Owner	CHUA LAY KHIM
NRIC No	SXXXX904I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97606363
Alternative Phone No	OFFICE-97606363
Vehicle Particulars	
Manufacturer	HONDA
Model	CIVIC 1.8L A
Exact Purpose for which vehicle was being used at time of accident	PRIVATE 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	
Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MS010581
Cover Note Number	
Driver	
Name of Driver	CHUA LAY KHIM
NRIC No	SXXXX904I
Date Of Birth	02/02/1970
Occupation	INDOOR
Date Of Driving Pass	26/10/1994
Driving Experience	25 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97606363
Fax Number	
Contact Number	OFFICE-97606363

Address	BLK 457 CHOA CHU KANG AVENUE 4 #01-185
Postcode	680457
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	RAINING
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?	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

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGS6419D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Name CHUA LAY KHIM

Approximate Age

Injuries Sustain CHEST & BACK

Injured person in which vehicle? SGV9898T

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

Accident Sketch Plan

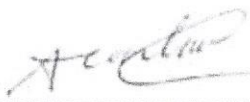
SKETCH PLAN


IMPORTANT NOTICE

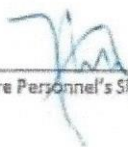
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

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.

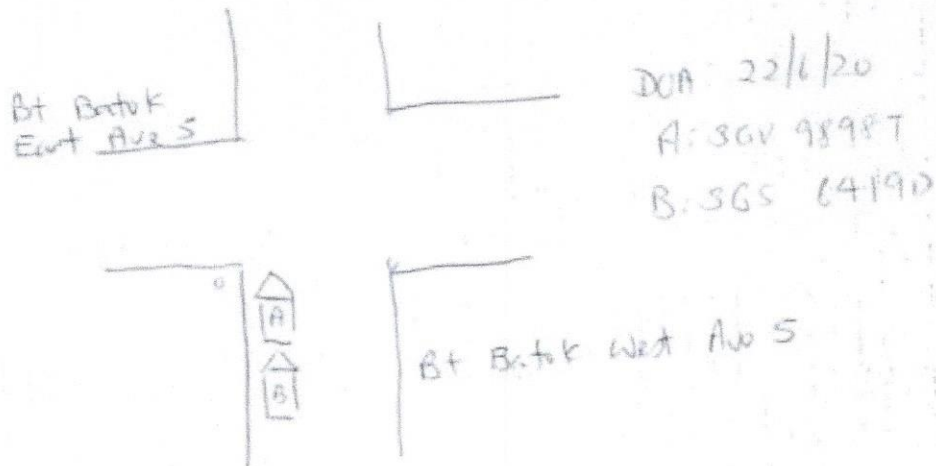

Policyholder's Signature
Date & Time:


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


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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I stopped my car stationary due to pedestrian crossing, suddenly my veh rear portion being collected by veh B

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.: