TOTAL

孫 亞 弟 汽 車 燒 焊 私 人 有 限 公 司

SNG AH TEE MOTOR & PANEL SERVICE PTE LTD

Blk 3, Pioneer Road North, #01-18 Singapore 628457 Tel: 6268 6183 (4 Lines) Fax: 6268 1429

Email: sngahtee@singnet.com.sg

Website: www.sngahtee.compst/Quote No. SQ006048

RCB. Reg. / GST Reg. No: 200810440N

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

: GBJ2561H

ACCIDENT DATE : 19/08/2020 VEHICLE NO

3 ANSON ROAD #16-00

SPRINGLEAF TOWER SINGAPORE 079909

CHASSIS/ENG.NO: GDH2011017301

MOTOR CLAIMS DEPT

CLAIM NO

VEHICLE MODEL: TOYOTA REGIUS ACE

ATTENTION:

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CONTACT: 62222366

FAX NO: 62221033

POLICY NO

: SNM20D202958

REMARK

2561 CHINA TP AGST

GBJ3596B

						GBJSS90B	
S/N.	QTY	UNIT	DESCRIPTION	PRICE	DISC %)ISC/MARKUP	TOTAL AMT
			** LIST PRICE **				
	1	PC	FRT DOOR SIDE MIRROR (LH) (A	1,128.75	25	846.56	846.56
	1	PC	FRT CORNER PANEL MIRROR BRACKETS	4/172.45	25	129.34	129.34
	1	PC	FRT BUMPER rapid	541.25	25	405.94	405.94
į	1	PC	FRT BUMPER BRACKET (LH) 🗡	231.35	25	173.51	173.51
						SUB-TOTAL:	1,555.35
1	1	PC	** SPECIAL NETT PRICE ** FRT DOOR STICKER (LH)	25.00)	25.00	10 25.00
				Pasu	_	SUB-TOTAL	25.00
			** WORK LABOUR **	1 Hp 9	orwbs Lays		
	TO KNOCK FRT LEFT DOOR, REPLACE ABOVE PARTS			· ? .	Dans	350.00	250 350.0 × 60.0
	TO RE	MOVE	& REFIX DOOR GLASS	>0	wy)	60.00	X 60.0
	TOPU	TTY & I	RESPRAY PAINTING ON AFFECTED AREAS	9	P	780.00	400 780
				24/0	1/2020	SUB-TOTAL	1,190.0
			ultants hence notify	v	PIOIS		
	• To re	survey belor splay damag	the following: relafter spray painting ged part(s) during resurvey	Ram	before	SUB-TOTAL	
	• Itiro	party surve	subject to confirmation y is on a "Without Prejudice" basis			M .(
JOY	CE Sucr	egal modific	alton(s) is allowed PAGE: 1 of 1 environments be resurveyed and			SUB-TOTAL: S	\$ 2,770.
	is su	bject to linal	approval from Insurance Company			ADD 7% GST. S	
	Ackno	wledged by F	Repairer		GR	AND TOTAL: S	\$ 2,964.

The above estimate/quotation is meant for solely the intended party stated above and in any event, we are not liable to any other parties arising from the circumstances of this or any action taken in reliance on such estimates or quotations. Quotation is only valid for 14 days.

Add F - .

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

4	6(6)	JEN.	MET.	ENI

20/08/2020 09:25 Date Of Report 19/08/2020 13:40 **Date Of Accident** ALONG EUNOS LINK **Exact Location Of Accident** SINGAPORE Country/State of Loss

DETAILS OF OWN VEHICLE:

GBJ2561H Vehicle Registration Number

Insured/Policyholder

FISH & FARM PTE, LTD. Name Of Registered Owner

2XXXXX496M Co Reg No

FISHFARM96@SINGNET.COM.SG **Email Address**

Mobile Phone No

OFFICE-64441480 Alternative Phone No

Vehicle Particulars

TOYOTA Manufacturer

REGIUS ACE-2.8 SUPER GL DARK PRIME II (A) Model

Exact Purpose for which vehicle was being used at

time of accident

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at

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Are you claiming under your own insurance policy

for repair to your vehicle?

If No, Please state action to be taken

THIRD PARTY

Vehicle Category

COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company

SOMPO INSURANCE SINGAPORE PTE. LTD.

Type Of Coverage

COMPREHENSIVE

Fleet Policy

NO

Policy Number

D20MTPCVE000602

Cover Note Number

Driver

POH MENG YEW Name of Driver SXXXX796Z NRIC No 03/05/1973 Date Of Birth OUTDOOR Occupation 17/06/1999 Date Of Driving Pass

21 YEARS AND 2 MONTHS **Driving Experience**

MALE Gender

(LOCAL) +65-91004882 Mobile Number

Fax Number

Contact Number

EMail Address FELLOWSHIPFISHER@SINGNET.COM.SG

242 WESTWOOD AVE #07-49 ddress 648365 postcode Was driver an employee of the Insured's Company YES If No, Relationship of the Driver with the Insured Vehicle Registration Number of Driver's Own Vehicle Insurance Company of Driver's Own Vehicle General Information of the Accident COLLISION - CHANGE/CROSS LANE Type Of Accident CLEAR Weather Conditions DRY Road Surface Other Information NO Was any foreign vehicle involved in this accident? Number of vehicles (including own vehicle) involved in the accident Was any body injured in the Accident? NO Was any injured conveyed to hospital by NO ambulance? YES Was any other material or property damaged? I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. Number of Passengers (Including Driver) 1 **Details of Police Action** NO Was the accident reported to the police? If Yes, Please state which Police Station NO Was notice of intended Prosecution given? 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? YES NO Was there any audio recorded? EDETAILS OF OTHER VEHICLE PROPERTY: GBJ3596B Vehicle Registration Number Vehicle Make/Model/Colour **Details Of Properties** COMMERCIAL VEHICLE Vehicle Category Name of Driver SYED SUFRI ALJUNIED BIN SYED NAJEED NRIC/Passport Number SXXXX701H Contact Number Address Postcode Insurance Company Name

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Rport

REP.

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

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.
- 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:
 - 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
 - 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.
 - 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.
 - 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.

I AM AWARED THAT MY INSURER MAY HAVE A 24 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR



Policyholder's Signature Date & Time:

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1.:

ature Ill driver is not the

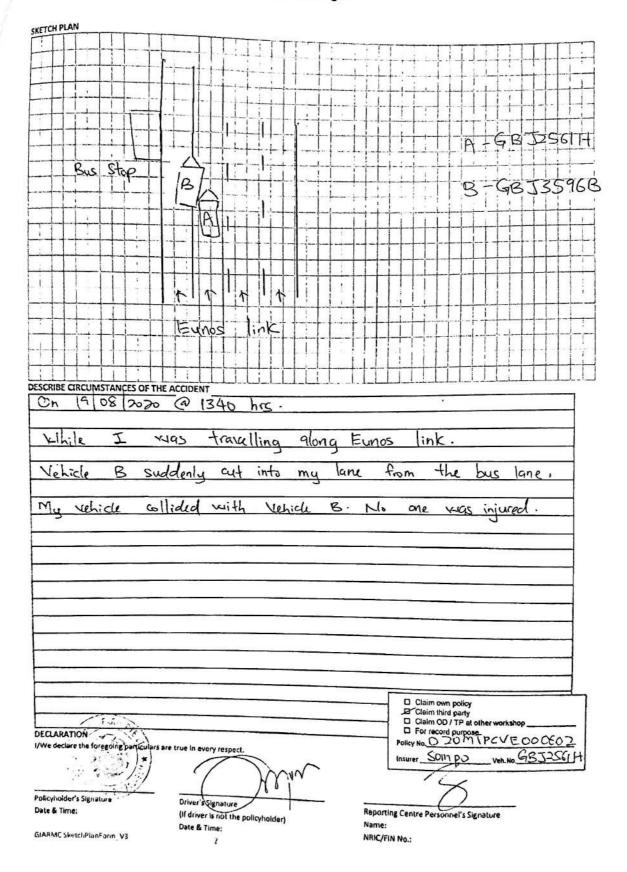
Driver's Si Date & Time: Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

GIARRIC Sept. hPrenForm V3

Sketch Plan Pg. 2



> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Company
Owner ID: 496M

Vehicle Details

s

Vehicle No.: GBJ2561H

Vehicle to be Exported:

Intended Deregistration Date: 05 Sep 2020
Vehicle Make: TOYOTA

Vehicle Model: REGIUS ACE SUPER GL DARK PRIME 2.8 A

Primary Colour: Grey
Manufacturing Year: 2018

Engine No.: 1GD8365260
Chassis No.: GDH2011017301

Maximum Power Output:

Open Market Value: \$40,460.00
Original Registration Date: 04 Mar 2019
First Registration Date: 04 Mar 2019

Transfer Count:

Actual ARF Paid: \$2,023.00

Intended PARF Rebate Details

PARF Eligibility: No PARF Eligibility Expiry Date:

PARE Rehate Amount: \$0.00

PARF Rebate Amount:

Intended COE Rebate Details

COE Expiry Date: 03 Mar 2029

COE Category: C - Goods Vehicle & Bus

COE Period(Years): 10

 QP Paid:
 \$27,001.00

 COE Rebate Amount:
 \$22,932.00

 Total Rebate Amount:
 \$22,932.00

The information contained herein is correct as at 21 Aug 2020

Brand New! Hiace Super GL, What You See Is What You Get! All In Just For Hiace Lover Like You. Low Interest

Rate And High Loan Available! Please Call For A Non Obligation Discussion Now. Test Drive Is Available!

Description