

BW WORKSHOP SERVICES PTE LTD

291 KAKI BUKIT AVE 1 SHUN LI

INDUSTRIAL PARK

Singapore 416080

6289 8800

workshop_admin@bw.com.sg

GST Registration No. : 201504834E

Company Registration No. 201504834E

**Estimates****ADDRESS**

CHINA TAIPING INSURANCE

(SINGAPORE) PTE LTD

CHINA TAIPING INSURANCE

(SINGAPORE) PTE LTD

3 Days work 2 days
rest by rest

Quo Quay - 82880282

After repair photos

18/9/2020

ESTIMATES NO. 1210

DATE 14/09/2020

VIN NUMBER

SMT2460H / ZWR800431163

MAKE & MODEL

TOYOTA NOAH HYBRID

MILEAGE**ACTIVITY**

REAR TAILGATE WINDSCREEN @ \$2000 / SM

REAR WINDSCREEN SPACER @ \$80 / ~~SM~~ ?REAR TAIL LAMP (RH) @ \$1135 / ~~SM~~ ?

REAR THIRD BRAKE LIGHT @ \$441 ?

REAR WIPER MOTOR @ \$1413 ?

REAR WIPER COVER @ \$60 ?

WEATHERSTRIP @ \$635 ?

REAR TAILGATE HARNESS @ \$1400 X / ~~SM~~ NN

REAR TAILGATE SWITCH @ \$351 X

REAR TAILGATE LOCK @ \$795 X

REAR WINDSCREEN MOULDING -S/N / ~~SM~~ ~~SM~~ ~~SM~~

REAR WINDSCREEN SEALANT -S/N

REAR WINDSCREEN CLIP -S/N ?

FRONT & BACK RECORDER -S/N / ~~SM~~ ~~SM~~ ~~SM~~**LABOUR:**

TO REMOVE, CUT OUT DAMAGED PARTS, PANEL

BEATING, WELDING, ALIGH, REFIT AND TO

RENEW AFFECTED PARTS.

TO PUTTY AND RESPRAY ON AFFECTED

PORTIONS.

NETS & Cash only.

Our Bank Details:-

Name of Bank : UOB

Account Name : BW Workshop Services Pte Ltd

Account Number :356-305-177-7

| QTY | RATE | AMOUNT |
|-----------|----------|----------|
| 1 | 1,500.00 | 1,500.00 |
| 2 | 60.00 | 120.00 |
| 1 | 851.25 | 851.25 |
| 1 | 330.75 | 330.75 |
| 1 | 1,059.75 | 1,059.75 |
| 1 | 45.00 | 45.00 |
| 1 | 476.25 | 476.25 |
| 1 | 1,050.00 | 1,050.00 |
| 1 | 263.25 | 263.25 |
| 1 | 596.25 | 596.25 |
| Subtotal: | | 6,292.50 |
| 1 | 160.00 | 160.00 |
| 1 | 180.00 | 180.00 |
| 2 | 35.00 | 70.00 |
| 1 | 400.00 | 400.00 |
| Subtotal: | | 810.00 |
| 2 | 180.00 | 360.00 |
| 3 | 180.00 | 540.00 |

(New & old
photos After
repair)

250

| ACTIVITY | QTY | RATE | AMOUNT |
|---|-----|--------|--------------------|
| TO REMOVE AND RENEW REAR WINDSCREEN AND CONDUCT WATER LEAK TEST | 1 | 150.00 | X 150.00 |
| TO CHECK AND REALIGNMENT ON DOOR CATCH | 1 | 160.00 | 7 160.00 |
| TO TRANSFER TAILGATE'S FITTINGS. | 1 | 80.00 | X 80.00 |
| TO FOCUS TAILLAMPS. TO CHECK WIRING AND LIGHTING OPERATION. | 1 | 80.00 | 30 80.00 |
| TO REMOVE AND REFIT FRONT & BACK RECORDER | 1 | 100.00 | 80 100.00 |
| TO REMOVE AND REFIT REAR WIPER MOTOR AND MECHANISM | 1 | 80.00 | X 80.00 |
| INSTALL REAR WINDSCREEN SOLAR FILM - 1/2 inch. 1 | 1 | 200.00 | X 200.00 |
| | | | Subtotal: 1,750.00 |

Please feel free to contact us again if you have any queries on our quotation.

We look forward to hearing from you soon.

SUBTOTAL
GST TOTAL
TOTAL

8,852.50
0.00

SGD 8,852.50

Accepted By

Accepted Date

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts to be replaced subject to confirmation
- The repair to be carried out on "Without Prejudice" basis
- No cash payment to be allowed
- The repairer must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer
Signature:
Date:

NETS & Cash only.

Our Bank Details:-
Name of Bank : UOB
Account Name : BW Workshop Services Pte Ltd
Account Number :356-305-177-7

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 willful 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 | 14/09/2020 10:16 |
| Date Of Accident | 12/09/2020 11:10 |
| Exact Location Of Accident | UPP PAYA LEBAR ROAD JUNCTION OF PEREIRA ROAD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SMT2460H |
| Insured/Policyholder | |
| Name Of Registered Owner | JIANG NA |
| NRIC No | SXXXX818J |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-85225772 |
| Alternative Phone No | OTHERS-90695489 |

Vehicle Particulars

| | |
|--|-------------|
| Manufacturer | TOYOTA |
| Model | NOAH |
| 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 | AXA INSURANCE PTE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | GA538439 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | ZHANG YI |
| NRIC No | SXXXX292D |
| Date Of Birth | 18/12/1970 |
| Occupation | INDOOR |
| Date Of Driving Pass | 03/12/2009 |
| Driving Experience | 10 YEARS AND 9 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-90695489 |
| Fax Number | |
| Contact Number | |
| Email Address | NOEMAIL |

| | |
|---|------------------------|
| Address | 31 BISHAN ST 11 #22-01 |
| Postcode | 579819 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | SPOUSE |
| 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) | 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 ATTACHED STATEMENT RECORD BY LILY - PROGRESSIVE CAR CARE PTE LTD 67415336

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 | GBG1818R |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | COMMERCIAL VEHICLE |
| Name of Driver | YEOH KOK SENG |
| NRIC/Passport Number | FXXXX861M |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

Sketch Plan

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.
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.

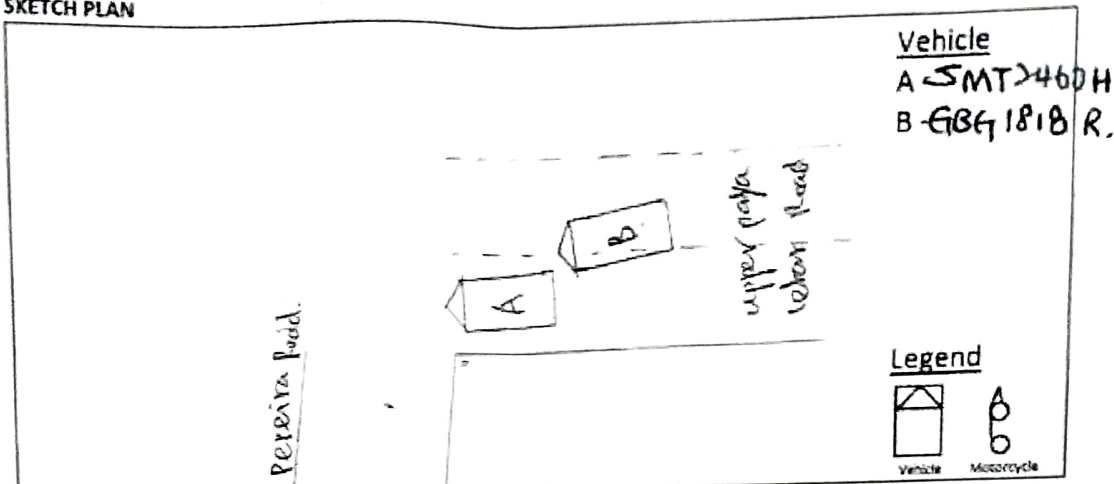
Policyholder's Signature
Date & Time:

1/12/20
Driver's Signature
(if driver is not the policyholder)
Date & Time: 14/09/2020
10:24 am

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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

The accident happened on 12th August 2020 at 11:12 am. when I turn left to Pereira Road from ^{upper} Paya Lebar road, a lorry GBG1818R hit the back window of my car (SMT246DH) from behind with its protruding side mirror. The back window and upper right light was broken by this hit. Nobody injured in this accident.

DECLARATION

I/We declare the foregoing particulars are true in every respect.
Please be advised that your insurer may have a fourteen (14) days clause whereby the claim against own policy must be made within the stipulated timeframe from the day of occurrence. Kindly check your policy for more details.

Policyholder's Signature
Date & Time:

14/8/20
Driver's Signature
(If driver is not the policyholder)
Date & Time: 14/8/2020 10:25am

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