

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

20-Nov-20

Our ref : OD/0128/20

To :Sompo Insurance Singapore Pte Ltd

Attn : Motor Claims Dept.

RE :Estimate cost for vehicle no : SKP 8338J

1 pc	bonnet	\$	1265.00
2 pcs	bonnet hinges		232.00
2 pcs	bonnet actuator		300.00
1 pc	bonnet catch		25.00
2 pcs	bonnet lock rh lh		148.00
2 pcs	headlamp		3,920.00
2 pcs	frt fenders		1,110.00
1 pc	frt bumper		945.00
2 pcs	frt bumper retainers		30.00
1 pc	frt bumper reinforcement		265.00
2 pcs	frt bumper holder rh lh		104.00
6 pcs	frt bumper parking sensor		678.00
2 pcs	frt bumper fog lamp cover		104.00
2 pcs	frt bumper long chrome		88.00
2 pcs	frt bumper short chrome		72.00
1 pc	frt bumper centre grille		80.00
1 pc	frt bumper lower chrome		125.00
1 pc	frt bumper lower garnish		88.00
1 pc	frt bumper sponge		100.00
1 pc	frt no plate base		80.00
1 pc	frt grille		83.00
1 pc	frt grille logo		85.00
4 pcs	frt grille chrome		200.00
1 pc	frt grille base		130.00
1 pc	frt grille air guard		78.00
1 pc	frt support panel		448.00
2 pcs	frt support panel bracket		84.00
1 pc	bonnet catch lock		38.00
1 pc	air con condenser		970.00
1 pc	radiator		698.00
1 pc	radiator auto fan		1100.00
8 pcs	frt bumper clips		56.00
4 pcs	frt bumper rivets		28.00
2 pcs	headlamp bracket		84.00
			<hr/>
			13841.00

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RE : Estimate cost for vehicle no : SKP 8338J

Bal brought forward:	\$	13841.00
2 pcs frt bumper reinforcement bracket		254.00
1 pc radiator air guard		48.00
		<hr/> 14143.00
Cost plus 10%		<hr/> 1,414.30
		<hr/> 15,557.30
4 l coolant		48.00
1 pc frt no plate		40.00
Towing.		90.00
Panel beating.		1,000.00
Spray painting.		1,000.00
Wiring.		30.00
Top up gas.		120.00
		<hr/> 17,885.30
Plus GST 7%		<hr/> 1,251.97
		<hr/> 19,137.27

SD : Nineteen thousand one hundred thirty-seven & cents twenty-seven 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	19/11/2020 14:29
Date Of Accident	18/11/2020 19:30
Exact Location Of Accident	PIE (CHANGI) BEFORE EUNOS EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKP8338J
Insured/Policyholder	
Name Of Registered Owner	LIM KEE SENG
NRIC No	SXXXX056C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97128138
Alternative Phone No	OTHERS-84262322

Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	C180
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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

Insurance Company	
Name of Insurance Company	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D20MTPV01013960
Cover Note Number	

Driver	
Name of Driver	LIM WEIQING FELINA
NRIC No	SXXXX588F
Date Of Birth	06/11/1984
Occupation	INDOOR
Date Of Driving Pass	16/02/2004
Driving Experience	16 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-84262322
Fax Number	
Contact Number	

Address	22 JALAN SEGAM S 488265
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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 THE ATTACHED.

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	SKF1316X
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)	

Accident Sketch Plan Pg. 1

SKETCH PLAN

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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:

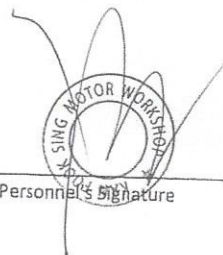
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

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

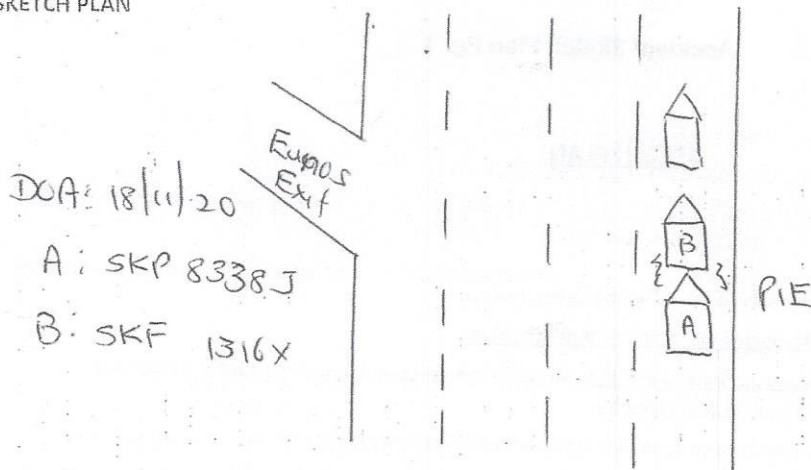
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

19/11/2020
@ 14:10h



Accident Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Slow traffic during peak hour on PIE towards changi
of car B

There was a car in front which did a sudden ~~brake~~ brake
and I could not stop in time.

Speed was slow and I was not tailgating.

No one was injured. Both cars ~~A~~ A and B drive off.

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.: