辉陽汽車有限公司

HUI YANG MOTOR PTE. LTD.

Contact Add : SIN MING AUTOCARE Blk 176 Sin Ming Drive #04-09 Singapore 575721 Tel: 64515752 (2 Lines) . Fax: 64514658 GST & Reg No. 201629438M

29/12/2020

Owner:

NOOR AZIMAH BINTE MOM NAINA

ESTIMATE TO REPAIR HONDA VEZEL - SLQ4119J

1pc	front RH headlamp	\$	1,759.40
1pc	front RH headlamp lower bracket	\$	45.00
1pc	front bumper	\$	927.50
1pc	front bumper reinforement	\$	285.20
20pcs	front bumper clip @\$5.00	\$	100.00
1pc	front bumper grille	\$	195.20
1pc	front bumper lower lid	\$	485.50
1pc	front bumper lower rubber	\$	185.50
1pc	front bumper lower cover	\$	325.50
1pc	front bumper RH side retainer	\$	38.10
1pc	front bumper RH fog lamp	\$	385.50
1pc	front bumper RH fog lamp base	\$	85.50
1pc	front bumper RH fog lamp garnish	\$	125.50
1pc	front centre grille base	\$	480.50
1pc	front wiper tank	\$	280.50
1pc	front RH fender	\$	580.00
1pc	front RH fender protector	\$	195.00
1pc	front RH fender inner shield	\$	195.25
8pcs	front RH fender inner shield clip @\$5.00	\$	40.00
орго	mone tar ronder minor ometa emp (6) 40.00	Ψ	10.00
		\$	6,714.65
	less 20%	\$	1,342.93
		\$	5,371.72
	wiring	\$	80.00
	tuffkote	\$	60.00
	spray painting	\$	1,000.00
	labour charges	_\$	1,000.00
	Total	\$	7,511.72

SS1720CT0001-01 / SIN MING AUTOCARE BFG PTE LTD ENTRY DATE & TIME: 29/12/2020 13:56 (SGT) SUBMITTED BY: Serene Lim VERSION: 2 (29/12/2020 15:12 (SGT))

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 aforesaid.

ACCIDENT STATEMENT

Date of Submission Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

29/12/2020 13:56 (SGT) 29/12/2020 11:15 (SGT) Pioneer Sector 2, Singapore ALONG PIONEER SECTOR 2

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SLQ4119J

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No

Email Address Mobile Phone No

Alternative Phone No

No

NOOR AZIMAH BINTE MOM NAINA MARICAR

SXXXX417.I

noor_azimah@outlook.com (Phone) +65-98006485

+65-98006485

VEHICLE PARTICULARS

Manufacturer

Model

Variant

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?

Vehicle Category

Honda

Vezel

Private use

No - Claiming third party

Private car

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

Fleet Policy

Policy Number

Cover Note Number

NTUC

Comprehensive

No

5092379206-03

DRIVER

Name of Driver

NRIC No

Date Of Birth

Occupation

NOOR AZIMAH BINTE MOM NAINA MARICAR

SXXXX417J 14/12/1987

Indoor

Accident report SS1720CT0001

Page 1 of 16

Date Of Driving Pass Driving experience

Gender Mobile Number

Alt. Phone Number **Email Address**

Address

Address complement Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

Vehicle Registration Number of Other Vehicle Owned by Driver

Insurance Company of Other Vehicle Owned by Driver

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Weather Conditions

Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance? Was any other material or property damaged?

Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address

Was notice of intended Prosecution given?

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT COLLIDED INTO MOTORCYLCLE

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera?

Was there any audio recorded?

14/03/2013

7 YEARS AND 9 MONTHS

Female

(Phone) +65-98006485

+65-98006485

noor azimah@outlook.com

BLK 487A CHOA CHU KANG AVENUE 5

#06-79 681487

Yes

No

Collision - Major/Minor Rd

Clear Dry

No

2 No

Yes

1

No

Jurong West Neighbourhood Police Centre

(Phone) +65-18002689999 (Fax) +65-62672438

700 Corporation Road Singapore 649818

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Yes

No

No

Vehicle Registration Number FBN6789X

Vehicle Manufacturer Vehicle Model Vehicle Variant

Vehicle Colour

Vehicle Category Motorcycle Name of Driver

Accident report SS1720CT0001

Contact Number	-
Address	-
Address complement	-
Postcode	_
nsurance Company Name	_
Nature Of Damage	_
Details of property damaged in accident	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

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- 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:
 - 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 driven is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



SKETCH PLAN	Alona Piones	- Jertor 2
166 D-520 4119		
VAB- FBN 676	PBX	
	(A.)	3
DESCRIBE CIRCUMSTANCES OF THI	E ACCIDENT 7 ↓	
On 39,	12 50 @ 11.15am.	my repicle A (SIQ41195)
was making an	apt two From the	main road to the
small rand alon	g Pioneer Sector -). vehicle B (18N 6789x)
which was turner	g out from the sm	all road to the
man road callida	ed and the front is	ght portion at my
vehirle A. No o	op was injure at the	point of parident.
DECLARATION		(30CARE &)
I/We declare the foregoing particulars ar	e true in every respect.	ON STATE OF THE ST
\ .\	Ja. 1	1/10 05
Policyholden's Signature	Driven's Signature	Penarting Centre Percennel's Signature
/ \ -	(If driver is not the policyholder)	Reporting Centre Personnel's Signature

Date & Time:

GIARRE SSELECTION IN VI

NRIC/FIN No .:





POLICE REPORT (NP299)

Police Station Of Origin Jurong Division HQ 2 Jurong West Avenue 5 SINGAPORE 649482 Tel No:1800-7910000 Report No. J/20201229/7030

Date/Time Report Made	Vide Rep	Vide Report No.		Station Diary No.	
29/12/2020 13:36					
Name Of Informant	Address	Address			
NOOR AZIMAH BINTE MOM NAINA	487A CH	487A CHOA CHU KANG AVENUE 5 #06-79			
MARICAR SING		RE 68148	37		
ID Type / ID No.	Contact N	Contact No.			
NRIC NO / S8742417J	Home/Off	Home/Office: Mobile:			
			98006485		
Nationality	Email Add	Email Address			
SINGAPORE CITIZEN	noor azin	noor azimah@outlook.com			
Occupation	Sex	Age	Date of Birth	Race	
ADMIN	Female	33	14/12/1987	Indian	
Institution/School Name	Language				
	English	English			
Date/Time Of Incident	Location	Location Of Incident			
29/12/2020 11:15	PIONEER	PIONEER SECTOR 2			
Brief details.					

ON 29/12/2020 @ 11.15AM, MY VEHICLE A (SLQ4119J) WAS MAKING A RIGHT TURN FROM THE MAIN ROAD TO THE SMALL ROAD ALONG PIONEER SECTOR 2. VEHICLE B (FBN6789X) WHICH WAS TURNING OUT FROM THE SMALL ROAD TO THE MAIN ROAD COLLIDED ONTO THE FRONT RIGHT PORTION OF MY VEHICLE A. NO ONE WAS INJURE AT THE POINT OF ACCIDENT.

Signature Of Officer Recording The Report:	Signature Of Informant:		
Not applicable	The identity of the person making this report has been authenticated by SingPass. No signature is required.		
Signature Of Interpreter: Not applicable	Date/Time: 29/12/2020 13:36		
Officer In-Charge Of Case:	Classification Of Case:		
Authentication Stamp			