

Hitachi Capital Asia Pacific Pte. Ltd.
Jun Taiyo Service Centre

No. 8 Fourth Lok Yang Road Singapore 629705
 Tel : 64663022 Fax : 68966591
 Co. Reg.No. 199400399N GST Reg.No. M2-011899-3

VEHICLE REPAIR QUOTATION

FCIL

QUOTE NO :
 ACCIDENT DATE : 24/12/2020@1220HRS
 VRN : SKB3316D
 MODEL : Toyota Wish
 TP VRN : SHA2566X

ATTN: MOTOR CLAIMS DEPT

	<u>Qty</u>	<u>S\$ Unit</u>	<u>S\$ Amt</u>	<u>S\$ Labor</u>
<u>PARTS REPLACEMENT</u>				
<u>1. Body Repair</u>				
1 Rear Bumper	1	\$ 595.00	\$ 595.00	
2 Rear Bumper Clips	10	\$ 5.50	\$ 55.00	
3 Rear Bumper Outer Bracket LH/RH	2	\$ 48.00	\$ 96.00	
4 Rear Bumper Taillamp Bracket LH/RH	2	\$ 55.00	\$ 110.00	
5 Rear Bumper Reflector LH/RH	2	\$ 48.00	\$ 96.00	
6 Rear Reverse Sensor	1	\$ 195.00	\$ 195.00	
7 Rear Exhaust	1	\$ 1,010.00	\$ 1,010.00	
8 Tailgate	1	\$ 1,400.00	\$ 1,400.00	
9 Tailgate Lock	1	\$ 425.00	\$ 425.00	
10 Tailgate Hinge LH/RH	2	\$ 65.00	\$ 130.00	
11 Tailgate Damper LH/RH	2	\$ 275.00	\$ 550.00	
12 Tailgate Reflector LH/RH	2	\$ 195.00	\$ 390.00	
13 Tailgate Chrome Garnish	1	\$ 195.00	\$ 195.00	
14 Tailgate Toyota Logo	1	\$ 55.00	\$ 55.00	
15 Taillamp LH/RH	2	\$ 245.00	\$ 490.00	
16 End Panel	1	\$ 536.70	\$ 536.70	
17 End Panel Upper Garnish	1	\$ 285.00	\$ 285.00	
18 Rear Spare Tyre	1	\$ 650.00	\$ 650.00	
19 Rear Spare Tyre Holder	1	\$ 325.00	\$ 325.00	
20 Sealant	s/nett 1	\$ 45.00	\$ 45.00	
Discount -25%			\$ (1,897.18)	
TOTAL			\$ 5,736.52	

2. Labor Charges

1 Remove, repair and replace parts for affected areas	\$ 1,000.00
2 Spray paint on the affected areas	\$ 1,000.00
3 Check wiring, re-align taillamps ensure proper functioning	\$ 100.00
4 Remove & reinstall 2 pieces of bumper sensors	\$ 120.00
5 Remove & Refit Rear End Panel Lining & Garnish To Faciliate Repair	\$ 150.00
6 Remove & Refit Rear Windscreen To Faciliate Repair	\$ 180.00
7 Dismantle & Transfer Bootlid Fitting & Mechanism To New Bootlid	\$ 180.00
8 Remove & Reinstall Rear Reverse Camera	\$ 120.00
9 Remove & Replace Exhaust Pipe To Faciliate Repair	\$ 150.00
Sub Total	\$ 3,000.00

Grand Total : \$ 8,736.52
Add 7% GST : \$ 611.56
Nett Total : \$ 9,348.08

No. of repair days: 7

CUSTOMER SIGNATURE

HITACHI CAPITAL ASIA PACIFIC PTE LTD
(MANAGER)

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 Submission	28/12/2020 17:22 (SGT)
Date of Accident	24/12/2020 12:20 (SGT)
Exact Location of Accident	Near KPE, Singapore
Additional Location Information	PIE Exit KPE Towards MCE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKB3316D
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	HITACHI CAPITAL ASIA PACIFIC PTE LTD
Company Reg No	1XXXXX399N
Email Address	JUNTAIYO@HCSPL.COM.SG
Mobile Phone No	(Phone) +65-64663022
Alternative Phone No	(Home) +65-64663022

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Wish
Variant	-
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 - Claiming third party
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	Sompo
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D20MTRENT000641
Cover Note Number	-

DRIVER

Name of Driver	GOH CHOON KUAN
NRIC No	SXXXX981Z
Date Of Birth	28/03/1983
Occupation	Indoor

Date Of Driving Pass	17/08/2016
Driving experience	4 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98593800
Alt. Phone Number	-
Email Address	DARREN@VLK.COM.SG
Address	BLK 257 BANGKIT ROAD
Address complement	#16-51
Postcode	670257
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
Does Driver Own Other Vehicles?	No
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	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bukit Panjang Neighbourhood Police Centre
Police Station Address	No.1 Segar Road #01-05 Singapore 677738
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO ATTACHMENT

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	SHA2566X
Vehicle Manufacturer	Hyundai
Vehicle Model	I40
Vehicle Variant	-
Vehicle Colour	Blue
Vehicle Category	Taxi
Name of Driver	WONG FOOK ONG
NRIC No	SXXXX650C
Contact Number	(Phone) +65-96311443
Address	BLK 295 TAMPINES STREET 22

Address complement	#09-508
Postcode	520295
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SICB 33161

SKETCH PLANIMPORTANT 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:

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

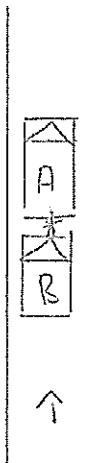


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

A - SKB2316P

R - SHA2566X



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 24/12/20, when entering the KPE, front vehicle came to a stop. Hence, immediately do a jam brake and manage to stop behind the front vehicles. Just when vehicle fully stop and front vehicle start to move off, the taxi behind me hit the back of the vehicle I was driving. After got hit, exchange of driver details and inform to Hitachi Capital of the accident. The accident happen on 24/12/2020 between 1220-1230.

**You had been advised by the workshop in the case that you wish to claim against own policy, there is a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.

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.:

