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

RE: estimate cost for vehicle no: GBH 6185U

Bal brought	orward:		\$	10,680.00
1 pc	floorboard panel inner garnish		175.70	
10 pcs	floorboard panel inner garnish clip		51.00	
5			_	10,906.70
	J	ess 10%		1,090.67
				9816.03
1 nc	rear Ih door Co logo			400.00 snett
1 pc	70 km/h sticker			25.00
1 pc	6 pax sticker			25.00
1 pc	reverse sensor			250.00
1 pc	rear no plate			30.00
1 pc		2		400.00
1 pc	camera rear lh door gum			50.00
1 pc 1 pc	rear rh door gum			50.00
•				1,800.00
Panel beating.				1,500.00
Spray painting.				30.00
Wiring.				100.00
Remove & refit th door glass.				100.00
Remove & refit lh door glass.				80.00
Transfer rh door parts.				80.00
Transfer Ih door parts. Remove & refit exhaust pipe.				80.00
kemove & r	ent exhaust pipe.			14816.03
		Plus 7% GST		1037.12
	*	FIU3 / /0 U31		15853.15

 $\ensuremath{\mathsf{SD}}$: Fifteen thousand eight hundred fifty-three & cents fifteen only.

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4-Jan-21

Our ref: TP/4926/21

HockHua Tonic Pte Ltd

RE: estimate cost for vehicle no: GBH 6185U

1 pc	rear Ih door	\$	1,469.60 nett
1 pc	NV 200 emblem		141.70
2 pcs	rear Ih door hinges		230.00
1 pc	rear Ih door outer handle		352.00
1 pc	Nissan emblem		64.90
1 pc	wiper arm		89.00
1 pc	wiper motor		310.80
1 pc	rear Ih door top lock		115.00
1 pc	rear Ih door lower lock		115.00
2 pcs	rear no plate lamp		160.40
1 pc	rear Ih door trimboard		220.00
10 pcs	rear Ih door trimboard clips		51.00
1 pc	rear Ih door rubber		168.70
1 pc	rear lh door w/strip		111.00
1 pc	rear rh door		1,102.00
2 pcs	rear rh door hinges		230.00
1 pc	rear rh door rubber		106.00
1 pc	rear rh door trimboard		145.00
10 pcs	rear rh door trimboard clips		51.00
1 pc	rear rh door top lock		115.00
1 pc	rear rh door lower lck		115.00
2 pcs	taillamp		554.00
1 pc	rear bumper		632.70
2 pcs	rear bumper reflector		123.80
2 pcs	rear bumper retainers		84.00
10 pcs	rear bumper clips		51.00
1 pc	rear bumper sponge		94.00
1 pc	rear bumper tow hook cover		21.40
1 pc	end panel inner		776.00
1 pc	end panel outer		511.00
1 pc	spare tyre tray		421.00
1 pc	spare tyre screw		21.40
1 pc	exhaust pipe		552.00
1 pc	floorboard panel		1374.60
gar gar	•	April 1990	10680.00



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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

04/01/2021 15:02 (SGT)

04/01/2021 08:45 (SGT)

SLE, Singapore

twds woodlands

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

GBH6185U

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

Company Reg No

Email Address

Mobile Phone No

Alternative Phone No

Yes

HOCKHUA TONIC PTE LTD

2XXXXX276G

dicky.liew2215@yahoo.com

(Phone) +65-89999999

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category

Nissan

Nv200

Employment

No - Claiming third party Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

Fleet Policy

Policy Number

Cover Note Number

Liberty Insurance Comprehensive

SD20V10268/VCV/R03

DRIVER

Name of Driver

NRIC No

Date Of Birth

Occupation

LIEW YOW KAM SXXXX115A 20/01/1983 Outdoor

Accident report SN092114000G

Date Of Driving Pass 01/10/2015 Driving experience 5 YEARS AND 3 MONTHS Gender Male Mobile Number (Phone) +65-94870522 Alt. Phone Number **Email Address** dicky.liew2215@yahoo.com Address **BLK 407 FAJAR ROAD** Address complement #12-315 Postcode 670407 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured **Employee** 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? No Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO STATEMENT. 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

GBK3217R Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Commercial vehicle Name of Driver SOH WENXI JEROME NRIC No SXXXX153Z Contact Number Address Address complement Postcode

Insurance Company Name

Nature Of Damage

Details of property damaged in accident

No. Of Passenger (Including Driver)

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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre Personnel

Sketch Plan

SLE DOA: 4/1/21
A: GBH 6185 & U
B: GBK 3217 R

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