

Wong



ESTEEM

ESTEEM PERFORMANCE PTE LTD
UEN 200005485N

HEADQUARTERS / SHOWROOM / WORKSHOP
385 Sin Ming Drive
Singapore 575718
(T) 6753 2112 (F) 6451 0394

WORKSHOP
176 Sin Ming Drive
Sin Ming Auto Care #01-14, #01-15, #01-16
Singapore 575721
(T) 6484 1221 (F) 6484 7829

Repair Estimates

SMU 1265 G

Parts (a) Cost / List Price Items	\$	<u>3,400.40</u>
Plus/Less 25%	\$	<u>850.10</u>
Total of Cost / List	\$	<u>2,550.30</u>
(b) Nett Price Items		_____
Less		_____
Total of Nett Item		_____
(c) Special Nett Items		_____
Total Parts Cost	\$	<u>2,550.30</u>
Labour	\$	<u>1,770.00</u>
Total	\$	<u>4,320.30</u>

*Not Authorized
Resurvey By paint*

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer
Signature: _____
Date: _____

The above total will be subjected to 7% G.S.T.

Name of Surveyor : Kenneth

Company : LKLC

Survey conducted on : 13/1/21 at 3.20pm

Remarks By Surveyor

(a) The repair of this vehicle is ~~authorized~~ / is not authorized until further notice.

(b) Recommended Days of Repair : 03 day(s)

(c) Resurvey : Required / ~~Not Required~~

(d) Excess : \$ _____

(e) Signature of surveyor : Pe Date: 13/1/21

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Spare Parts

Vehicle No. : SMU 1265 G
Make & Model : TOYOTA ALTIS
Chassis No : MR2BE3BE700007945

Submit By : JENNY
Year Manufacture : 2020 JULY
Engine No. : _____
Cost / List

S/No.	Part Description	Qty	Unit Price	Price	Disposition by Surveyor
1	Front bumper <i>CM</i>	1	\$367.70		✓
2	Front bumper clip <i>na</i>	10	\$45.00		✓
3	Front bumper side retainer LH <i>Pu</i>	1	\$68.70		X
4	Front bumper side retainer RH <i>h</i>	1	\$68.70		X
5	Front bumper bracket LH <i>R</i>	1	\$235.70		X
6	Front bumper bracket RH <i>n</i>	1	\$235.70		X
7	RH wing mirror (motor) <i>CM</i>	1	\$1,855.50		✓
8	RH wing mirror (glass)	1	\$244.90		?
9	RH wing mirror (cover) <i>mt</i>	1	\$108.60		✓
10	RH wing Mirrir signal lamp <i>CM</i>	1	\$169.90		✓
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					

Note: The above estimate of repair is based on visual assessment of the external affected areas. Any

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 13/01/2021 09:58 (SGT)
Date of Accident 11/01/2021 18:25 (SGT)
Exact Location of Accident Clementi Ave 2, Singapore
Additional Location Information Clementi Avenue 2 (AYE Tuas) toward to Clementi Avenue 6
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMU1265G

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner Goldbell Car Rental Pte Ltd
Company Reg No 2XXXXX651D
Email Address accident@gbcr.com.sg
Mobile Phone No (Phone) +65-87406461
Alternative Phone No (Office) +65-66039398

VEHICLE PARTICULARS

Manufacturer Toyota
Model Corolla
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 Tokio Marine
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 20-ML000257-R00
Cover Note Number -

DRIVER

Name of Driver Goh Chee Loon
NRIC No SXXXX395E
Date Of Birth 11/04/1981
Occupation Outdoor

Date Of Driving Pass 17/06/2002
 Driving experience 18 YEARS AND 7 MONTHS
 Gender Male
 Mobile Number (Phone) +65-94781983
 Alt. Phone Number -
 Email Address goh_chee_loon@bat.com
 Address Blk 237 Yishun Ring Road #03-1024
 Address complement -
 Postcode 760237
 Is the driver the policyholder? No
 If No, Relationship of the Driver with the Insured Hirer
 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 - Change/cross lane
 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

Please refer to the sketch plan.

ATTACHMENT(S)

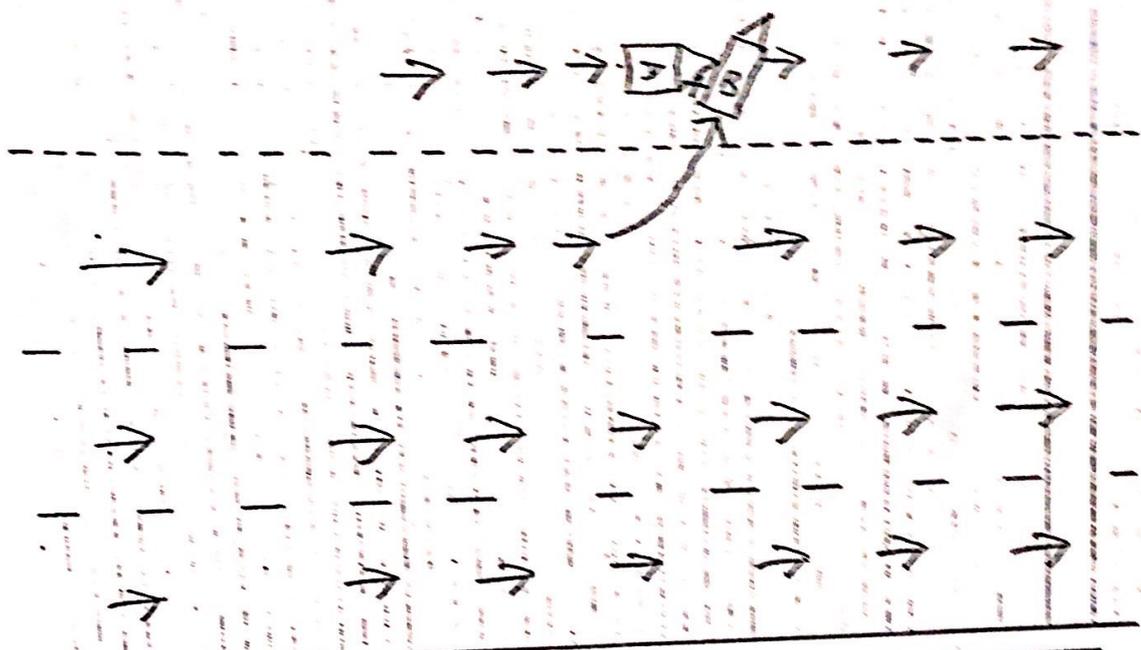
Are accident photos available for attachment? Yes
 Was there any video captured by Car Camera? No
 Was there any audio recorded? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number XB8740A
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Commercial vehicle
 Name of Driver Chidambaram Sankaran
 Work Permit No GXXXX831M
 Contact Number (Phone) +65-85041862
 Address -
 Address complement -
 Postcode -

SKETCH PLAN

Road Shoulder AVE Two toward Clementi Ave 6



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A-SMU 1265G
B-XB 8740A

Was driving on the extreme left lane on AVE toward their premises to exit on Clementi Ave 6. Vehicle B-XB from suddenly entered lane and bang on my driver seat side mirror and bumper.

Claim own policy
 Claim 3rd party
 Claim CD / TP at other workshop
 For record purpose

Policy No. _____
 Insurer _____ Veh. No. _____

DECLARATION: I hereby declare that the above information is true in every respect.

[Signature]
 Date & Time: 13 JAN 2021

[Signature]
 Driver's Signature
 (if driver is not the policyholder)
 Date & Time: 13 JAN 2021

[Signature]
 Reporting Centre Personnel's Signature
 Name: Jenny Lim
 NRIC/PIN No.: _____