# 辉陽汽車有限公司 HUI YANG MOTOR PTE. LTD.

Contact Add : SIN MING AUTOCARE Blk 176 Sin Ming Drive #04-02 Singapore 575721
Tel: 64515752 (2 Lines) . Fax: 64514658
GST Reg No. 201629438M

09/04/2021

Owner:

ALLIANCE LEASING PTE LTD

# ESTIMATE TO REPAIR TOYOTA CAMRY 2.5A -SGR3056S

1pc 1pc 1pc 12pcs 1pc 1pc	rear LH door protector rear LH door protector chrome front LH door frame top moulding rivet @\$8.00 rear LH door inner rubber LH side skirt	\$ \$ \$ \$	1,250.00 295.50 185.25 96.00 180.50 780.50
	less 25%	\$ \$ \$	2,787.75 696.94 2,090.81
	remove & refit LH rear door glass tuffkote wiring spray painting labour charges  Total	\$ \$ \$ \$ \$ \$ \$	120.00 80.00 120.00 1,000.00 1,000.00
		\$	4,410.81



SS17214C0001 / SIN MING AUTOCARE BFG PTE LTD ENTRY DATE & TIME: 12/04/2021 14:42 (SGT) SUBMITTED BY: SMBFG VERSION: 1 (12/04/2021 14:42 (SGT))

# SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

Please report <u>correctly</u> 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

12/04/2021 14:42 (SGT) 09/04/2021 14:00 (SGT) Singapore JUNCTION OF MARYLAND DR MING TECK PARK Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number

SGR3056S

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No. **Email Address** Mobile Phone No. Alternative Phone No.

Yes ALLIANCE LEASING PTE LTD 2XXXXX503M allianceleasing168@gmail.com (Phone) +65-98181311 +65-98181311

### 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 Transmission CC

Private use

Toyota

Camry

No - Claiming third party Private hire Auto 1998

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number

NTUC Income Insurance Co-operative Ltd ThirdParty No 5118457654

DRIVER

Name of Driver NRIC No

NAVANEESWARAN MAKENDHIRAN SXXXX155H

Date Of Birth Occupation

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

Side Swipe Clear Road Surface Dry

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?

PASSENGER 1

Name

Gender

DETAILS OF POLICE ACTION

Was the accident reported to the police? Was notice of intended Prosecution given?

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN

ATTACHMENT(S)

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

No No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant Vehicle Colour

Vehicle Category

EC49K

Yes

Private car

26/01/1995

14/02/2018

3 YEARS AND 2 MONTHS

(Phone) +65-91172626

beethoven95@gmail.com

BLK 38 LORONG 5 TOA PAYOH #07-479 SINGAPORE

Indoor

310038

No

No

No

No

Yes

No

**MEGAN NGO** 

Female

No

No

2

Hirer

Accident report SS17214C0001

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Name of Driver	
Contact Number	(Phone) +65-97903857
Address	(I Holle) +03-97903637
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

### SKETCH PLAN

### **IMPORTANT NOTICE**

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

- 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)
  - 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
- (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.

ALLIANCE LEASING PTE LTD 201706503M

Policyholder's Signature

Date & Time:

**Driver's Signature** 

(If driver is not the policyholder)

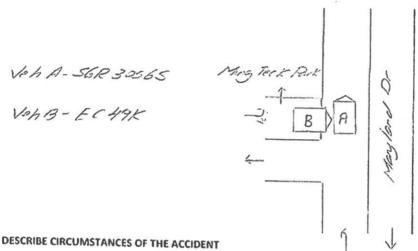
1 Don

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No.:

SK	CY.	CL	l m	I A	8.1



# Jam. ny vehicle 1)

DECLARATION

I/We declare the foregoing particulars are true in every respect.

ALLIANCE LEASING PTE LTD

201705503M

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.: