

# AB ENGINEERING PTE LTD

Co. Reg No: 201217273R  
25 Senang Crescent, Singapore 416589  
Office: 6749 9699 Fax : 6747 7791

ABWin Leasing Pte Ltd

## ESTIMATE

Date : 17-Aug-21  
Vehicle No : GBK7080R  
Model : TOYOTA HIACE DX

S/No	Description	QTY	U/PRICE	AMOUNT	
1	tail gate / <i>Bmc</i>	1	\$ 2,035.20	\$ 2,035.20	1785
2	tail gate lock X <i>NN</i>	1	\$ 276.60	\$ 276.60	
3	tail gate emblem / <i>MC</i>	1	\$ 72.20	\$ 72.20	61.1
4	rear bumper / <i>MC</i>	1	\$ 430.90	\$ 430.90	✓
5	rear bumper bracket X <i>NN</i>	2	\$ 33.40	\$ 66.80	
6	reverse sensor X	1	\$ 490.80	\$ 490.80	
7	sticker HIACE / <i>MC</i>	1	\$ 45.00	\$ 45.00	35.8
8	sticker 1200kg / <i>MC</i>	1	\$ 50.30	\$ 50.30	36.8
				\$ 3,467.80	2349.6
			Less :25%	\$ 866.95	
				\$ 2,600.85	1762.2
9	sticker 70km/h / <i>MC</i>	1	\$ 10.00	\$ 10.00	✓
10	rear windscreen sealant / <i>MC</i>	1	\$ 50.00	\$ 50.00	✓
11	To check wiring <i>NN</i>			\$ 30.00	60 X
12	To dismantle and refix the rear windscreen glass to the new tail gate			\$ 150.00	120
13	To dismantle and replace the reverse sensor, reset of same			\$ 80.00	40
14	To labour charge for remove and replace of the above mentioned parts. To dismantle and refit the tail gate fittings to the new tail gate; including knock-out, straighten, repair and reshape of the end panel, etc			\$ 650.00	<del>300</del> 450
15	To putty and spray painting on the tail gate inner and outer, end panel, including to apply rustproofing.			\$ 500.00	<del>220</del> 370
				\$ 4,070.85	980

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**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 must be confirmed
- Third party settlement on "No Prejudice" basis
- No illegal modifications allowed
- Supplemental claims must be resurveyed and is subject to approval from Insurance Company

Acknowledged by repairer:

Signature:

Date:

3 Days.  
Lucky repair  
After repair photo.  
Gm. Qian  
18/8/21  
2802.2  
-20%: 2200

## 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	16/08/2021 16:28 (SGT)
Date of Accident	16/08/2021 14:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG MIDDLE ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK7080R
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ABWIN LEASING PTE. LTD.
Company Reg No	201223082Z
Email Address	paulinekoh@abengineering.sg
Mobile Phone No	(Phone) +65-94511453
Alternative Phone No	+65-94511453

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	2754

#### INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	5109570162-02
Cover Note Number	20/07/2021 - 19/07/2022

#### DRIVER

Name of Driver	CHEE EUGENE
NRIC No	S9738140B

Date Of Birth	29/10/1997
Occupation	Outdoor
Date Of Driving Pass	02/11/2018
Driving experience	2 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91994923
Alt. Phone Number	-
Email Address	cheeeugene3@gmail.com
Address	BLK 55 GEYLANG BAHRU #18-3613
Address complement	-
Postcode	330055
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 - 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 vehicle 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 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	SMP6905L
Vehicle Manufacturer	Mercedes
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LEE YIAN CHING
NRIC No	S7480101C
Contact Number	(Phone) +65-91455192
Address	-

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



SKETCH PLAN

INCOME MOTOR SERVICE CENTRE

Report No: MI

DOCA 16-08-2021

Time 14:00 hrs

Report Date & Start Time 16-08-2021 16:14

Vehicle No. GJBK7080R Reporting Type

### 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 **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

*Car*

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

Ganesh (S993561)  
Customer Care Executive  
Motor Service Centre

Witnessed by Reporting Centre Personnel

SKETCH PLAN #2

### SKETCH PLAN

Vehicle A: GBK7080R      Vehicle B: SMP6905L

ALONG MIDDLE ROAD

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving my vehicle number GBK7080R and travelling along lane 3 of Middle Road. While I was stationary along the Middle Road due to the front vehicle stopped at the red traffic light junction of Victoria Street. Out of a sudden, vehicle number SMP6905L came from behind and collided on to the rear of my vehicle GBK7080R.

### Declaration

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



Policyholder's Signature / Date & Time

*Signature*

16-08-21 16:14

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

*Signature*

Ganesh (S993561)  
Customer Care Executive  
Motor Service Centre

Witnessed by Reporting Centre Personnel