

KIM SENG TECK MOTOR WORKS

Blk 3021 A Ubi Road 1 #01-42

Singapore 408715

Tel No. : 6741 5520 / 6741 1339 Fax No. : 6741 5808

E-Mail : kimsengteck_motorworks@yahoo.com.sg

Website : kstteam@singnet.com.sg

Tax Reg. No. : M9-0002075-E Buss. Reg. No. : 27157400/C

AIG ASIA PACIFIC INSURANCE PTE LTD

78 Shenton Way #07 - 16

079120

Attention : Motor Claim Department

Tax Invoice : CI200789

Date : 31/08/2021

Vehicle Num. : GBF 635M

Make/Model : Toyota Hiace Van Turbo 5 DR-10 / 06

Chassis/Eng# : JTFHT02P000197960/1KD2619760

Accident Date : 26/08/2021

Claim No. :

Reference :

Policy No. : 999993603

S/N	Quantity	Particular	Unit Price	Amount S\$
LIST ITEMS :				
1.	1	Front bonnet — <i>buc</i>		180.00
2.	1	Front headlamp — <i>gm</i>		75.00
3.	1	Front bumper — <i>CAA</i>		150.00
4.	1	Front grille — <i>mic</i>		350.00
5.	1	Front base panel — <i>BT</i>		280.00
6.	2	Front bumper bracket ?	55.00	110.00
7.	1	Front door — <i>BT</i>		750.00
8.	2	Bumper retainers — <i>cat</i>	55.00	110.00
9.	1	Front windscreen glass — <i>CAA</i>		1,594.50
10.	1	Front windscreen moulding — <i>BC</i>		77.90
11.	1	Silicone seal — <i>MSC</i>		40.00
12.	1	ERP sticker — <i>BT</i>		8.50
13.	1	Radiator — <i>MSC</i>		480.00
14.	4	Coolant — <i>MSC</i>	20.00	80.00
15.	1	Front number plate — <i>BT</i>		30.00
16.	1	Front door pillar — <i>BT</i>		250.00
17.	1	Side mirror — <i>MS</i>		28.00
18.	1	Front door glass — <i>San</i>		245.00
19.	1	Front door inner lock — <i>Jim</i>		245.00
20.	1	Rear lamp (LH) — <i>CAA</i>		95.00
21.	1	Air Con Coil — <i>BT</i>		250.00
22.	1	Air con condenser — <i>BT</i>		220.00
23.	1	To straighten & Knock & cut affected panel &		
24.		renew recommended parts		1,000.00

CONTINUE / ...

LINK 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:

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Chassis/Eng# : JTFHT02P000197960/1KD2619760

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Reference :

Policy No. : 999993603

S/N	Quantity	Particular	Unit Price	Amount S\$
25.	1	air con blk valve		65.00 ?
		List Total S\$:		6,713.90
		LABOUR :		
1		Labour for remove & refix air con system and refill gas	180.00 <i>120</i>	180.00
1		Labour for remove & refix windscreen	120.00 <i>1</i>	120.00
1		Labour for remove & refix dashboard	300.00 <i>200</i>	300.00
1		Labour for repair light wiring	20.00 <i>1</i>	20.00
1		To check from wiring & front headlamp	40.00 <i>20</i>	40.00
1		To dismantle & refix cabin LH handside carpet & trimming	160.00 <i>1400</i>	160.00
1		To respray paint from affected portion	1,500.00 <i>1400</i>	1,500.00
1		To straighten & knock & cut affected panel & renew recommended parts	1,800.00 <i>1600</i>	1,800.00
1		To dismantle & refix rear cabin trimming & garnish to enable repair	45.00 <i>20</i>	45.00
1		To spray paint LH rear portion	800.00 <i>x</i>	800.00 <i>Repet.</i>
		Labour Total S\$:		4,965.00

*12 Days.
comp sin repair
After repair photos.*



for KIM SENG TECK MOTOR WORKS

E. & O.E.

Total S\$: 11,678.90

GST @ 7% S\$: 817.52

Amount Due S\$: 12,496.42

*Geno @iang (clerk)
82880282*

Geno @iang @ HK Ant 0. Cam

02/9/2021

Excess : TBA

Not Authorised.

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	30/08/2021 10:14 (SGT)
Date of Accident	26/08/2021 14:30 (SGT)
Exact Location of Accident	BKE, Singapore
Additional Location Information	TOWARDS WOODLANDS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF635M
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	KST AUTO RENTAL PTE LTD
Company Reg No	200806860W
Email Address	KSTTEAM@SINGNET.COM.SG
Mobile Phone No	(Phone) +65-96355542
Alternative Phone No	+65-96355542

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	Yes
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2982

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	999993603
Cover Note Number	-

DRIVER

Name of Driver	DAVUT POYRAZ
NRIC No	S7585285A

Date Of Birth	01/08/1975
Occupation	Indiser
Date Of Driving Pass	15/10/2007
Driving experience	14 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97500250
Alt. Phone Number	-
Email Address	DAVPOYRAZ@GMAIL.COM
Address	BLK 873C JURONG WEST ST 85 #07-32
Address complement	-
Postcode	643673
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	Raining
Road Surface	Wet

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 ATTACHED
STATEMENT RECORDED BY LILY - PROGRESSIVE CAR CARE PTE LTD 67415336

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	W/OWNER
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YD9898A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
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

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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.
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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 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)
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.

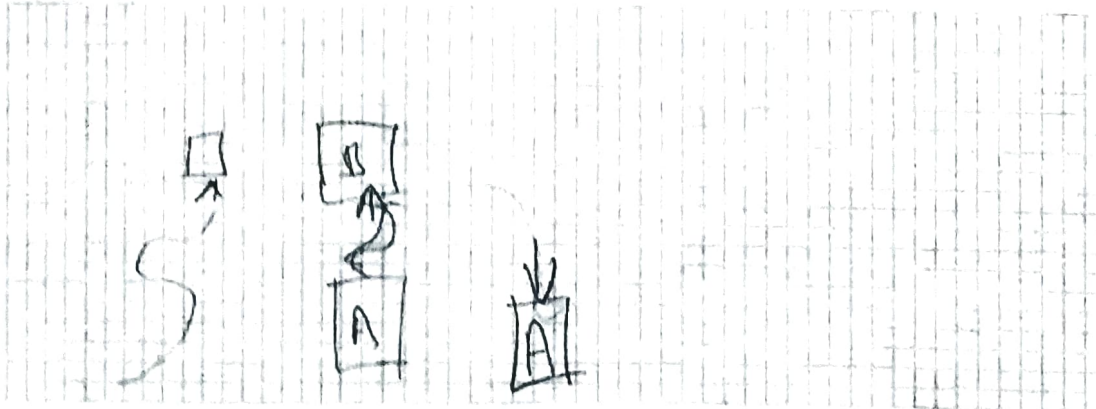


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

AT THE MEET ROOM IN LAFAYETTE PARK 1941. THE
 TRUCK WAS DRIVEN INTO THE BUILDING AND WAS
 REPAIRS WERE MADE.

Illustration

Use sketches for illustrating particular and true to actual objects.

If you wish to sketch against your own picture, please be advised that your sketch will appear in Section 11.4. Please make sketches of the scene from the front and the opposite direction. The use of perspective is recommended. Study sketch with your sketch for more detail.

