

# AUTO BULLOX PTE LTD

53 Ubi Avenue 1 #01-25 Paya Ubi Industrial Park S(408934)

Tel: 6844 4290 / Fax: 6841 6045 Email: autobullox@gmail.com

Business Reg No: 201919765N

Vehicle No: GBK6894R

Model: Toyota Hiace

## Estimated Repair Cost For GBK6894R (Toyota Hiace)

QTY	Parts	Amount
1	Tailgate <i>/ Bue</i>	\$ 1,987.20
1	Tailgate inner trim board <i>R?</i>	\$ 596.50
1set	Tailgate inner trimboard clips <i>/ Bue</i>	\$ 60.00
1	Tailgate weatherstrip <i>/ Tm?</i>	\$ 321.10
1	Tailgate outer lock <i>X Bue NN</i>	\$ 286.40
1	Tailgate inner lock <i>/ Tm</i>	\$ 295.80
1	Tailgate catch <i>- BT</i>	\$ 68.40
1	Tailgate catch bracket <i>?</i>	\$ 69.70
2	Tailgate damper @ SGD 231.00 <i>X NN</i>	\$ 462.00
1	Tailgate glass inner seal <i>/ Bue</i>	\$ 168.90
1	Tailgate logo <i>/ Bue</i>	\$ 98.60
1	Tailgate outer moulding garnish <i>X</i>	\$ 356.60
1set	Tailgate garnish reverse camera (Ori) <i>X } NN</i>	\$ 1,275.20
2	Tailgate stopper Top @ SGD 36.00 <i>X</i>	\$ 72.00
2	Tailgate stopper bottom @ SGD 39.00 <i>X</i>	\$ 78.00
2	Taillamp assy @ SGD 680.50 <i>? CH?</i>	\$ 1,361.00
2	Taillamp lower garnish @ SGD 145.60 <i>X NN PH - Cat</i>	\$ 291.20
2	Taillamp panel @ SGD 295.40 <i>X NN</i>	\$ 590.80
1	Rear bumper <i>/ P's</i>	\$ 986.50
2	Rear bumper side retainer @ SGD 120.20 <i>- Re.</i>	\$ 240.40
2	Rear bumper bracket @ SGD 68.20 <i>?</i>	\$ 136.40
1set	Rear bumper clips <i>/ Bue</i>	\$ 55.00
2	Rear side panels <i>X NN</i>	Repair
	Rear side panels air-duct @ SGD 78.60 <i>X NN</i>	\$ 157.20
1	Rear end panel inner <i>= } Bue</i>	\$ 994.80
1	Rear end panel outer <i>= }</i>	\$ 564.50
1	Rear end panel top plate <i>/ }</i>	\$ 198.50
1	Rear antenna sensor <i>?</i>	\$ 295.60
1	Rear spare tyre carrier <i>/ BT</i>	\$ 386.40
1	Rear spare tyre nut <i>/ Bue</i>	\$ 76.80
1	Rear floor panel carpet trim <i>?</i>	\$ 586.90
1	Rear floor panel <i>X Repair</i>	\$ 2,276.40
1	Rear exhaust pipe <i>X Repair</i>	\$ 986.50
2	Rear exhaust pipe mounting @ SGD 75.40 <i>X }</i>	\$ 150.80
1set	Rear spring leaf N/S <i>X }</i>	\$ 976.40
1set	Rear spring leaf U-bolt <i>X }</i>	\$ 286.70
2	Rear spring bush @ SGD 386.70 <i>X }</i>	\$ 773.40
Parts Sum:		\$ 18,568.60
Parts Less 25% :		\$ 4,642.15
Parts Total:		\$ 13,926.45

### Special Nett Items

1set	Rear Number Plate W/Garnish <i>X NN</i>	\$ 55.00
1set	Reverse Sensor <i>/ PM</i>	\$ 280.00 <i>Da</i>
1set	Rear Floor Panel Insulator Padding <i>X NN</i>	\$ 250.00

QTY	Parts	Amount
1	Rear Tailgate Glass Sealant ✓	\$ 80.00
1	Rear Tailgate sticker 70km/h ✓	\$ 35.00
1	Rear Tailgate sticker 8pax ✓	\$ 35.00
1	Rear Tailgate Advertisement Sticker (LALAMOVE) ✓	\$ 120.00
Special Nett Items Total:		\$ 855.00

### Labour & Misc Charges

Description	Amount
To Remove, Replace, Re-align & Install affected Rear Damaged Areas (\$300.00 per day)	\$ 1,800.00
To Putty, Prep & Re-spray on affected Rear Damaged Areas (\$300.00 per panel)	\$ 1,600.00
To Remove & Transfer Rear Tailgate Components, to Facilitate Repairs	\$ 200.00
To Remove & Install Rear N/S Tailgate Leaf Spring	\$ 250.00
To Remove & Refit Rear Interior Floor Components to Facilitate Repairs	\$ 150.00
To Remove & Install Rear Tailgate Glass to Facilitate Repairs	\$ 150.00
To Remove & Install Rear Exhaust Pipe to Facilitate Repairs	\$ 150.00
To Measure, Drill Holes on Replaced Rear Bumper, To Re-position & Install Reverse Sensor	\$ 150.00
To Conduct Water Seepage Test	\$ 120.00
To Disconnect Rear Wire Harness Electrical Components to Facilitate Repairs	\$ 120.00
To Apply Undercoating on the Affected Damaged Areas	\$ 280.00
Labour Charges Total:	\$ 4,970.00

6 Days.  
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After repair photos.  
Gina Qian  
8288 0282  
10/9/2021

Parts Total: \$ 13,926.45  
Special Nett Items Total: \$ 855.00  
Labour Charges Total: \$ 4,970.00  
Total Cost Of Repair: \$ 19,751.45  
(Non-Inclusive of GST)

**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 on "no prejudice" basis
- No illegal modification to vehicle
- Supplementary claims must be approved and is subject to the approval of Insurance Company

Acknowledged by Repairer  
Signature:  
Date:

# 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	08/09/2021 16:50 (SGT)
Date of Accident	07/09/2021 16:45 (SGT)
Exact Location of Accident	Geylang Rd, Singapore
Additional Location Information	GEYLANG ROAD NEAR LORONG 33
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK6894R
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### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	AZ AUTO LEASING
Company Reg No	5XXXX568E
Email Address	AZAUTOLEASING@GMAIL.COM
Mobile Phone No	(Phone) +65-89222117
Alternative Phone No	(Home) +65-89222117

### 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	No
Policy Number	5119381597
Cover Note Number	-

### DRIVER

Name of Driver	LAU JIA JUN
NRIC No	SXXXX886G

Date Of Birth	26/11/1992
Occupation	Outdoor
Date Of Driving Pass	04/03/2019
Driving experience	2 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-89222117
Alt. Phone Number	-
Email Address	LAUJIAJUN9271886@GMAIL.COM
Address	BLK 107C CANBERRA STREET
Address complement	#13-605
Postcode	753107
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?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other vehicle or property damaged?	Yes
Number of Passengers (including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PERSONAL DATA

Name	CAROLISA
Gender	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Sembawang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005549999
Police Station Address	4 Sembawang Crescent Singapore 757633
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN ATTACHED

#### ACCIDENT EVIDENCE

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	F8Q8282P
Vehicle Manufacturer	-
Vehicle Model	-



Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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)	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person	LAU JIA JUN
Gender	Male
Phone No	(Phone) +65-89222117
Address	BLK 107C CANBERRA STREET
Address Complement	#13-605
Post Code	753107
Approximate Age Years Old	28
Injuries Sustained	3 DAYS MC
Injured person in which vehicle?	GBK6894R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

### INJURED 2

Name of injured person	CARISSA
Gender	Female
Phone No	(Phone) +65-92474605
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	3 DAYS MC
Injured person in which vehicle?	GBK6894R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
2. The Form must be completed by the **Policyholder and/or the Authorized Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any willful misrepresentation or withholding of material facts may make the insured companies **liable for costs and liability**.
4. The **value and acceptance** of the Form and its contents by the insured companies is not an admission of **policy liability** on the part of the insurance companies.
5. Any **discrepancies** may be referred to the Police for investigation.
6. The report will be forwarded to the **Police** and the **Accident Management Centre** established by the General Insurance Association of Singapore (GIAS) for a thorough investigation. The report will be a **help** to make available upon application by interested parties.
7. In the preparation of this report by the insured companies, it is hereby consented to the processing of this report at the centre and to copies of the report being made available elsewhere.
8. Consented under the Personal Data Protection Act (PDPA):  
 (a) My/Our company is a **data controller** of the personal data of each other of Singapore (GIA) may be permitted to collect, use, disclose and/or process the personal data of the insured companies and/or persons involved in the accident and any other personal information provided by me or authorised by my company, voluntarily for the purpose of **investigation** and disclosure and transfer such personal information to all insurance companies involved, including the insured companies who have insured vehicles involved in this accident and the relevant authorities at the time of the accident, including the relevant law enforcement, the Monetary Authority of Singapore and any relevant government agency/authority, such as the Police, the Insurance Corporation of Singapore, or  
 (b) I/We hereby **consent** under double opt-in to the processing of the accident and any necessary investigations relating to the claim.  
 (c) I/We hereby **consent** under double opt-in to the processing of the accident and any necessary investigations relating to the claim.  
 (d) I/We hereby **consent** under double opt-in to the processing of the accident and any necessary investigations relating to the claim.  
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 (v) I/We hereby **consent** under double opt-in to the processing of the accident and any necessary investigations relating to the claim.  
 (w) I/We hereby **consent** under double opt-in to the processing of the accident and any necessary investigations relating to the claim.  
 (x) I/We hereby **consent** under double opt-in to the processing of the accident and any necessary investigations relating to the claim.  
 (y) I/We hereby **consent** under double opt-in to the processing of the accident and any necessary investigations relating to the claim.  
 (z) I/We hereby **consent** under double opt-in to the processing of the accident and any necessary investigations relating to the claim.

Signature of Policyholder/Authorized Driver:  

Signature of Reporting Officer:  

Signature of Witness:  

Signature of Another Witness:  

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Describe Circumstances of the Accident

Please refer to police report attached.

Reference NO: T/20210909/2134

Declaration

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

 

Policyholder's Signature (Date & Time)



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

 

Witnesses by Recording Centre Personnel



**SINGAPORE  
POLICE FORCE**



T/20210907/2134

Police Station Of Origin:  
Sembawang N.P.C  
4 Sembawang Crescent SINGAPORE  
757633  
Tel No: 1800-5549999

1 of 3

Report No. T/20210907/2134

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 07/09/2021 23:06	Vide Report No.: G/20210907/0127	Station Diary No.: 126
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<b>Informant's Particulars</b>			
Name of Informant: LAU JIA JUN		Address: APT BLK 107C CANBERRA STREET #13-605 SINGAPORE 753107	
ID Type / ID No.: NRIC NO / S9271886G		Contact No.: Home/Office: Mobile: 89222117	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 28	Date of Birth: 26/11/1992	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Private investigator		Driving Licence Information: Class: Date of Expiry:	

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 07/09/2021 16:45	Type of Location: Straight Road
Location:  GEYLANG ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBG8282P	Motorcycle				Seriously Damaged	0
GBK6894R	Van				Slightly Damaged	1

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





**SINGAPORE  
POLICE FORCE**



T/20210907/2134

2 of 3

Police Station Of Origin  
Sembawang N P C  
4 Sembawang Crescent SINGAPORE  
757633  
Tel No: 1800-5549999

Report No: T/20210907/2134

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	LAU JIA JUN	ID No.	S9271886G
Related Vehicle	GBK6894R (Van)	Contact No.	89222117
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	07/09/2021	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	NIL
<b>Passenger</b>			
Name	CARISSA	ID No.	NIL
Related Vehicle	GBK6894R (Van)	Contact No.	92474605
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	07/09/2021	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	NIL

**Brief Details.**

On 07.09.2021 at around 1647hrs, I was along Geylang road at lane 2 and I had come to a stop to let a vehicle parallel park. At this time, I noticed in the rear view mirror a motorcycle (V1) FBG8282P emergency brake from about 100metres behind my van and skidded towards my van, causing the van to be pushed forward. This caused me to be thrown in front, and there was pain in my neck and back area. The motorcycle looked badly damaged, and the whole back of my van was dented in.

I came out of the van and saw the rider of V1 was on the floor and there was a lot of blood. I thus called for an ambulance and the rider was conveyed before I managed to get his particulars. Traffic Police was also at scene and took my van in-car camera SD card. IO in charge is Jofi, vide G/20210907/0127

I went to see a doctor at Tan Tock Seng Hospital and was given 3 days MC. My passenger also went with me at the same time, and was given 3 days MC as well.



SINGAPORE  
POLICE FORCE



T/20210907/2134

3 of 3

Police Station Of Origin:  
Sembawang N.P.C  
4 Sembawang Crescent SINGAPORE  
757633  
Tel No: 1800-5549999

Report No. T/20210907/2134

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report  
L /  
Sgt 3 TOH QIAN YU, RACHEL

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
Sr Staff Sgt JOFILIANO BIN MOHAMED ALI  
Contact No.: 65476960

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
07/09/2021 23:06

Classification Of Case: