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Fien; Pales	WILNOW SMN 5064-E YIREAN 15/8/19
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ON MEDITERRELODINED LEVALINY LMX	Truck / Trailer or
To Inspect Vehicle No.	Delaning Council
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Insuled: , GBH 4695C	MuniNot
Policy No. DMCVSNA00058162102 Citation No. SNM21D206663/C02/TANKL	OMO: JF GT7K L5K G 070425
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Make of Velg	Mod 1 9111 / 3/RIM / 370 A/RIM or
	Tyre Steel P1 215/60R16
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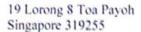
# <u>Estimate</u>

Date	11	1	18	1	2021
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Name Address E-Mail	SMN5064E		Tel (I Tel (I Mod Bod	I(Home) (Office) Portable) Fax del Name dy Model	G24 GT7CKVL JF1GT7KL	5KG070425	
Part Num	ber	Part Code Name		Part	Code	0' ty	Price
57702FL220		BUMPER-FACE, REAR / DO		FIG-591	57704A	1	403. 20
57707FL400		BRACKET-REAR BUMPER SIDE, RIGHT	1×	F1G-591 NN	57707H	1	12. 10
57707FL410		BRACKET-REAR BUMPER SIDE, LEFT	$?_{\times}$	FIG-591 NN	577071	1	12. 10
57711FL0419	9P	BACK BEAM COMPLETE-REAR 7	×NN	FIG-591	57711D	1	202. 90
				Page-To	otal		630. 30
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				Tel			
http://localhos	t:58089/su	 	ver=2	02006080	01315315	5	11/18/202







## ESTIMATE / QUOTATION COST OF ACCIDENT REPAIR

REG NO: SMN5064E REF NO:	MODEL: XV 2.0I-S EYESIGHT AWD CVT YEAR: 15-AUG-2019
ENGINE NO: FB20CF34431	CHASSIS NO: JF1GT7KL5KG070425
DOA: 17/11/2021	TOA: 16:34 HRS
TYPE OF CLAIM: 3RD PARTY	INS COMPANY: CHINA TAIPING INSURANCE

S/N	NATURE OF JOB	AMOUNT
1.	REMOVE & REPLACE REAR BUMPER, BUMPER BEAM, BRACKET	\$580.00
2.	RESPRAY REAR BUMPER ASSY, BUMPER BEAM	\$960.00 /
3.		S
4.		S
5.		S
6.		\$
7.		S
8.		S
9.		
10.		
	Total Labour	\$1540.00

DATE APPROVAL:	13/11/11 11-30 ag	
TIME APPROVAL:	060 CIVV) \$ 200 CC 12	
SURVEY BY:	Sfen CLKK) 87918817	
HP / EMAIL:	1	
BEFORE PAINT:		
DAYS GIVEN:		
	W PC	
	PIP	
	Ry Reh By	
	3 days	
Kit auto Consuments hence notify	J J	

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- To respect morner morner during resurvey
- To be given by to be a symbolic Prejudice" basis
   No skight monitual total is a sweed
- Supplementary nemals) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:



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

18/11/2021 14:37 (SGT) 17/11/2021 16:34 (SGT)

290 Orchard Rd, Singapore 238859 PARAGON SHOPING CENTER CAR PARK

Singapore

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

SMN5064E

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No

Email Address Mobile Phone No

Alternative Phone No

ANTON ROSLOV

GXXXX120K

roslov.anton@gmail.com (Phone) +65-97369597

(Home) +65-97369597

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

Subaru Xv

XV 2.0I-S EYESIGHT AWD CVT

Private use

No - Claiming third party

Private car Auto

2000

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage Fleet Policy Policy Number Cover Note Number

DRIVER

Name of Driver NRIC No

Accident report SM0O21BI0001

AIG Asia Pacific Insurance Pte. Ltd.

Comprehensive

No

1900149812-02

EKATERINA ROSLOVA

GXXXX202W

Page 1 of 16

Date Of Birth	
Occupation	24/12/1982
Date Of Driving Pass	Indoor
Driving experience	31/03/2014
Gender	7 YEARS AND 8 MONTHS
Mobile Number	Female
Alt, Phone Number	(Phone) +65-97369597
Email Address	
Address	roslova.kate@gmail.com
Address complement	125 ARTHUR ROAD
Postcode	#09-02
Is the driver the policyholder?	439829
If No, Relationship of the Driver with the Insured	No
Does Driver Own Other Vehicles?	Spouse
Vehicle Registration Number of Other Vehicle Owned by Driver	No
Insurance Company of Other Vehicle Owned by Driver	
o miled by Briver	•
GENERAL INFORMATION OF THE ACCIDENT	
THE ACCIDENT	
Type of Accident	
Weather Conditions	Collision - Head to Rear
Road Surface	Clear
The second secon	Dry
AT CALL	
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?	140
Was any other vehicle or property damaged?	ī
Number of Passengers (Including Driver)	No
Has the driver been approached by unknown person(s)	1
soliciting/offering accident claims assistance?	No
	No
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	
Was notice of intended Prosecution given?	No
If yes, against whom?	No
,, egolist militi	•
CIRCUMSTANCES OF ACCIDENT	
DI EASE DEED TO OVETOUR	
PLEASE REFER TO SKETCH PLAN	

Yes

Yes No

Are accident photos available for attachment?

Was there any video captured by Car Camera? Was there any audio recorded?

ATTACHMENT(S)

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report gorrectly the details of the accident to speed up the clame process.
- 2 This formmest be completed by the Policyhelder and/or the Authorised Driver.
- 3. Information provided must be an truthful and accurate as possible. Any will inscrepresentation of withfesting of mutarial facts may allow ensurance 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
- 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 expires of this report will for a fee be made available upon application by interested parties.
- By the independent 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)

funderstand, acknowledge, agree and consent that

(a) My insurer; my is orkshop 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". It is histories law yers/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 making 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' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal information for one or more of the above Purposes; and

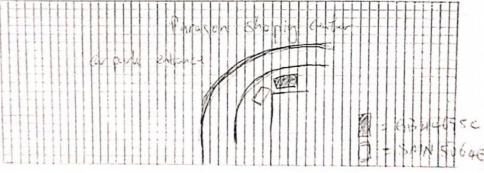
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be seed outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Driver's Signature (# driver is not the policyholder) / Date

Witnessed by Reporting Centre Personnel

Sketch Plan



Accident report SM0O21BI0001

Page 3 of 16

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Page 4 of 16