

# J-MART MOTOR PTE LTD

Block 5, Defu Lane 10, #01-578,  
Defu Industrial Park C, Singapore 539186  
Tel : 6343-0934 Fax : 6343-0921  
Email : jmartauto@gmail.com  
Registration No: 201400246D  
GST Reg. No: 201400246D

26-Nov-21

Our ref : TP/5059/21

Lee Ling Ling

## **RE : estimate cost for vehicle no : SLZ 7107B**

1 pc	bootlid	\$	772.50	
1 pc	logo emblem		50.80	
1 pc	Vios emblem		58.00	
1 pc	E emblem		35.50	
1 pc	bootlid lh reflector		233.00	
1 pc	bootlid lock		399.50	
1 pc	bootlid w/strip		175.80	
1 pc	lh taillamp		360.90	
1 pc	rear bumper		595.00	
1 pc	rear bumper lh retainer		154.80	
1 pc	rear bumper lh holder		110.00	
6 pcs	rear bumper clips		30.00	
1 pc	rear bumper lh reflector		93.90	
1 pc	rer bumper reinforcement		322.30	
1 pc	rear lh fender		907.50	
1 pc	end panel		742.30	
1 pc	end panel inner garnish		278.30	
			<hr/>	
			5,320.10	
			less 25%	
			<hr/>	
			1,330.03	
			<hr/>	
			3,990.08	
1 pc	rear no plate		40.00	snett
1 pc	reverse sensor		250.00	
Panel beating.			1,400.00	
Spray painting.			1,600.00	
Wiring.			30.00	
Rust proofing.			80.00	
			<hr/>	
			7,390.08	
			Plus 7% GST	
			<hr/>	
			517.31	
			<hr/>	
			7,907.38	

SD : Seven thousand nine hundred seven & cents thirty-eight only.


## Describe Circumstances of the Accident

Stopped stationary due to the traffic light was red. suddenly my vehicle rear LH portion being collected by veh B.


## Declaration

We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

  
Policyholder's Signature / Date & Time

26/11/2021

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

  
Witnessed by Reporting Centre Personnel



SKETCH PLAN

**IMPORTANT NOTICE**

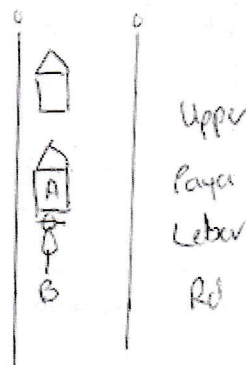
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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 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  
26/11/2021

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**



DOA: 25/11/21

A: SLZ 7107B

B: FBS 64WR

Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

PASSENGER 1

Name	Passenger
Gender	Female



Date Of Birth	03/12/1966
Occupation	Indoor
Date Of Driving Pass	11/02/1992
Driving experience	29 YEARS AND 9 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96304918
Alt. Phone Number	(Home) +65-96304918
Email Address	lorrainelee966@gmail.com
Address	BLK 242 HOUGANG STREET 22 #04-71
Address complement	-
Postcode	530242
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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

Stopped stationary due to the traffic light was red, suddenly my vehicle rear LH portion being collided by veh B.

#### 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	FBS6400R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	MARIBAO KURT GAVIN BERNATE
NRIC No	S9973237G
Contact Number	(Phone) +65-82985612
Address	-

## 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	26/11/2021 12:00 (SGT)
Date of Accident	25/11/2021 17:35 (SGT)
Exact Location of Accident	Upper Paya Lebar Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ7107B
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEE LING LING
NRIC No	S1762989A
Email Address	lorrainelee966@gmail.com
Mobile Phone No	(Phone) +65-96304918
Alternative Phone No	(Home) +65-96304918

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Vios
Variant	E (AUTO)
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1496

#### INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5108571174-02
Cover Note Number	-

#### DRIVER

Name of Driver	LEE LING LING
NRIC No	S1762989A