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E M SOLUTION PTE LTD

160 Sin Ming Drive #03-18/19, Sin Ming Autocity Singapore 575722 Tel: 64560226 Fax: 64584500

GST Reg. No: 201016308K

ESTIMATE

Meany Afte Paint Gelag, M

Date: 30th Nov 2021

Mr Ho Jee Shiun

> 21 Lor 3 Toa Payoh, #08-05 Singapore 319581

Veh No: SLX 2534U Make/Model: Honda Civic

Chassis No: JHMFD46208S201937

Date of Acc: 27.11.21 TP Veh No: SLS 1585E

S/No	Qty	Description	and the second s	Unit Price	Ar	nount
		<u>Materials</u>				
1	1 pc	Headlamp RH			\$ Gr	1,036.20
2	1 pc	Headlamp Bracket RH				Sm 48.50
3	1 pc	Frt Fender RH			BISAU	
4	1 pc	Frt Fender Liner RH			The second second	112.20
5	1 pc	Frt Bumper			Buln	841.80
6	2 pcs	Frt Bumper Side Retainer L/	'R	\$ 43.20	s z	86.40
7	1 pc	Frt Bumper Fog Lamp RH		, ,,,,,,,	\$	275.30
8	1 pc	Fog Lamp Garnish RH				78.40
9	1 pc	Frt Grille			\$	226.20
10	1 pc	Frt Grille Chrome Moulding				~ 196.20
11	1 pc	Frt Grille Honda Logo				43.80
12	1 pc	Frt Panel Top Garnish				→ 95.10
					\$	
				Less 20%		3,671.60
				Less 20%	\$	734.32
		Special Nett			\$	2,937.28
1	1 set	Frt Bumper Clips				A
2	1 set	Frt Grille Clips				M 45.00
3	1 set	Top Garnish Clips			\$	35.00
4	1 set	Frt Fender Liner Clips				30.00
e Color	1 300	Fit Fender Liner Clips			\$ /	nc 35.00
				Parts Total	: \$	3,082.28
		<u>Labour</u>				
1	To romovo		- I. P. I. C			
2		& rearrange electrical wirings, che			\$	100.00
-	no remove,	repair & replace damaged body	parts and where			
9		o the accident.			\$	500.00
3		espray painting on affected portion	ns.		\$	600.00
4		& renew reverse sensor			\$ 1.	100.00
5	Rust proofin	ng on affected portions.			\$	100.00
		LKK Auto o		Labour Total	: \$	1,400.00
		the Possi	onsultants hence notify			
		• To recursor	Consultants hence notific Lab	our	\$	4,482.28
		• To display do	solution spray painting	1		
	$\langle \ \rangle$	• Parts prices -	god part(s) during resurvey			
	200	nird party en	Total to commitmation			
	000	• No illegal mad	of a Without Prejudice have	.		
	for E M Solut	ion Pte Ltd is subject to fin.	y item(s) must be resurveyed and all approval from Insurance Compan	T.		
				y		
		The state of the s	Repairer			
		Signature:		- 1		

Date:

SINGAPORE ACCIDENT STATEMENT

- 1. Please report <u>correctly</u> the details of the accident to speed up the claims process.

 2. This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>

 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 on monitoring the 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.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy made in 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

29/11/2021 08:13 (SGT) 27/11/2021 07:00 (SGT) 21 Lor 3 Toa Payoh, Singapore 319581 TREVISTA CONDAB1 CAR PARK Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SLX2534U

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No Email Address

Mobile Phone No Alternative Phone No

No HO JEE SHIUN S8879028F shiun88@hotmail.com (Phone) +65-82689439 +65-82689439

VEHICLE PARTICULARS

Manufacturer Model Variant Exact purpose for which vehicle was being used at time of Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category Transmission CC

Private use

Honda

No - Claiming third party Private car

Auto 1600

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy **Policy Number Cover Note Number**

Aviva Ltd Comprehensive 10967951

DRIVER

Name of Driver NRIC No

HO JEE SHIUN S8879028F

Accident report SC1K21BR0001

Page 1 of 28

SKETCH PLAN

IMPORTANT NOTICE

- 1. Rease report correctly the details of the accident to speed up the claims process.
- 2. The Fernanust be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as <u>truthful and accurate as possible</u>. Any willul inscrepresentation or withholding of material facts may allow insurance companies to <u>repudiate noticy hability</u>.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy tability on the part of the insurance companies.
- 5 Any false reporting may be referred to the Police for investigation.
- 5. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Separates (CIA) for each one and the contract of the CIA Separates (CIA) for each one and the contract of the CIA Separates (CIA) for each one and the contract of the CIA Separates (CIA) for each one and the contract of the CIA Separates (CIA) for each one and the contract of the CIA Separates (CIA) for each one and the contract of the CIA Separates (CIA) for each one and the contract of the CIA Separates (CIA) for each one and the contract of the CIA Separates (CIA) for each one and the contract of the CIA Separates (CIA) for each one and the contract of the CIA Separates (CIA) for each one and the contract of the CIA Separates (CIA) for each of the CIA Separates (CIA) for ea
- of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- By the kidgement 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 utgressed.
- 5 Consent under the Personal Data Protection Act (PDPA)

Tunderstand, 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 (at insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers tow yers/law firms, the Monetery 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.
- (ii) carrying out another 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' 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 law yers/law (irms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &

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

& Time

Witnessed by Reporting Centre Personnel

Sketch Plan

A : SLS 1 585E

B: SLX>534U

N. D.

Trevista Condo Bl Car park