





# 方商昭噴漆 POON SIANG SEOW

Sin Ming Autocity, No. 160 Sin Ming Drive, #05-13, Singapore 575722.  
Tel: 6453 7511 Fax: 6453 8046 Email: sitti1@singnet.com.sg Regn. No. 05396600K

CHAI THAI MOOI  
BLK 766 YISHUN AVENUE 3  
#11-295  
SINGAPORE 760766

*Not Authorized*  
*L1 Rep &*  
*Resurvey After Paint*  
*7 days*

Dear sir  
Estimate cost of repair to vehicle no. SJT 6248P  
To supply

1. Tail boot cover	By 1,177.80 ✓
2. Tail boot damper x2	Sm 380.80 X
3. Tail boot w/s glass moulding	Na 211.80 ✓
4. Tail boot inner board	M3CM 580.80 ✓
5. Tail boot inner lock	Red 458.80 ✓
6. Tail boot rubber	Dir Red 361.70 506sm
7. Tail boot wiper motor	560.80 7
8. Tail boot wiper arm and blade	Sm 128.80 X
9. Tail boot outer handle	118.80 7
10. Tail boot number plate lamp x2	Sm 120.80 X
11. Tail boot cover hassles cable	589.80 7
12. Tail boot logo	81.70 7
13. Tail boot cover badge SIENTA	Na 69.70 ✓
14. Tail gate reverse camera	Sm 250.00 X
15. Rear panel	By 301.30 ✓
16. Rear panel top garish	CM 211.80 ✓
17. Rear spare tyre board cover	Bu 580.00 ✓
18. Rear spare tyre panel	R 880.80 X
19. Rear fender inner garish x2	NIS 7 901.80 011sm
20. Rear fender right	R 990.80 X
21. Rear fender top fender panel	R 456.80 X
22. Rear bumper	By 766.20 ✓
23. Rear bumper towing cover	Mis 45.00 ✓
24. Rear bumper sensor	Red 350.00 200sm
25. Rear bumper retainer x2	Dir 150.80 ✓
26. Rear bumper reflector x2	Sm 60.00 X
27. Tail lamp x2	Sm 1,005.60 X
28. Rear exhaust box	R 950.00 X

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**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 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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**POON SIANG SEOW**

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PG 2

Labour charges

Rust proofing	100.00	600
To remove and refit w/s glass and cushion	350.00	1800
Wiring	120.00	200
Number plate	80.00	x
Panel beating	1,800.00	900
Spray painting	1,200.00	1000
<b>Total</b>		<b>16,393.00</b>

Your faithfully

**ALBERT POON**

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 04/12/2021 11:51	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: CHAI THAI MOOI		Address: 766 YISHUN AVENUE 3 #11-295 SINGAPORE 760766	
ID Type / ID No.: NRIC NO / S7982461E		Contact No.: Home/Office:	Mobile: 91072689
Nationality: SINGAPORE CITIZEN		Email: wopeng08@gmail.com	
Sex: Female	Age: 42	Date of Birth: 13/04/1979	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Restaurant manager		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/12/2021 16:34	Type of Location: Straight Road
Location:  Central Expressway				
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: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SJT6248P	Car	TOYOTA		Silver	Seriously Damaged	0
SLN2723T	Car	HONDA		White		1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJT6248P	NTUC Income Insurance Co-Operative Limited			

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	CHAI THAI MOOI	ID No.	S7982461E	
Related Vehicle	SJT6248P (Car)	Contact No.	91072689	
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL	
Date	04/12/2021	Date	04/12/2021	
No. of Days granted Medical Leave	03	Degree of	Slight	
Driver				
Name	TOH YEW CHEY	ID No.	S1560317H	
Related Vehicle	SLN2723T (Car)	Contact No.	93379238	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	NIL	Date	NIL	
No. of Days granted Medical Leave	NIL	Degree of	NIL	

**Brief Details.**

I lodging this report on behalf of myself, Chai Thai Mooi, Nric : S7982461E, my vehicleSJT6248P (Toyota - Silver colour) hit by another vehicle no.SLN2723T ( Honda - White colour), I was drive along CTE toward Yishun at the outer lane, the front vehicle brake and stop, I also slowed down and stop, suddenly a vehicle (SLN2723T) behind fail to stop in time and hit my vehicle from back end.

I back to home later, I feel my head, neck and arm pain, I go to Khoo Teck Huat Hospital to see doctor, after the doctor consultatation, she give a me 3 days MC and medicine.  
I have accident photo in my phone.

# 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 ..... 06/12/2021 13:57 (SGT)  
Date of Accident ..... 03/12/2021 16:34 (SGT)  
Exact Location of Accident ..... CTE, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SJT6248P

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... Chai Thai Mooi  
NRIC No ..... S7982461E  
Email Address ..... wopeng08@gmail.com  
Mobile Phone No ..... (Phone) +65-91072689  
Alternative Phone No ..... (Home) +65-91072689

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Sienta  
Variant ..... -  
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 ..... 1500

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 5112760312-02  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... Chai Thai Mooi  
NRIC No ..... S7982461E

 Accident report SS0221C60002

**SKETCH PLAN**

**IMPORTANT NOTICE**

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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.

Chay  
Policyholder's Signature / Date & Time

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

1  
Witnessed by Reporting Centre Personnel

Sketch Plan

Town → to Fishermans Tunnel

