



CITY AUTO PTE LTD

One Stop Automotive Solution
 BLK 8, SIN MING IND. ESTATE, #01-60/62, SIN MING ROAD, SINGAPORE 575643
 TEL: 6453 1235, 6452 0850 FAX: 6453 7944
 24hrs Towing Services Tel 9823 9898
 Co. Reg. No.: 199503435C GST Reg. No.: M2-8920979-4

Estimate : QUOT202112-000674(00)

CHINA TAIPING INSURANCE (S) PTE LTD
 NO. 3
 ANSON RD
 SPRINGLEAF TOWER
 SINGAPORE 079909

Not Authorized
L1 Reg B

Date : 17/12/2021
 Vehicle No. : SDR6638D
 Make/Model : NISSAN QASHQAI 2.0 CVT ABS
 D/AIRBAG 2WD 5DR S/R

Contact : -

Fax No. : 62247175

Accuracy After Paint
5 days

Mileage (km) : 0
 Chassis No. : SJNFBAJ11U1795383
 Accident Date : 16/12/2021 00:00:00
 Claim No. : SMS2352S
 Reference : JO202112-0869
 Policy No. : 5113915535-02

S/No	Particular	Quantity	Unit Price	Amount S\$
NET ITEMS :				
1	Rear bumper lower	1.0	796.70	796.70 ✓
2	Rear bumper reinforcement	1.0	691.50	691.50 ?
3	Rear bumper tow cover	1.0	38.80	38.80 X
4	Rear bumper retainer	2.0	38.90	77.80 old dit ✓
5	Rear bumper sensor	3 Ad	350.00	1,400.00 null item ✓
6	RH reflector	1.0	61.90	61.90 ?
7	Tailgate lock	1.0	190.50	190.50 X
8	Tailgate emblem	1.0	94.40	94.40 ✓
9	Tailgate weatherstrip	1.0	167.80	167.80 ?
10	Rear end panel	1.0	482.60	482.60 ?
11	Rear top garnish	1.0	88.10	88.10 ✓
12	Exhaust muffler	1.0	954.50	954.50 X
List Total :				5,044.60
10% Discount S\$				504.46
				<u>4,540.14</u>

LABOUR :

- To install reverse sensor	1.0	50.00	50.00 ✓
-To knock jackout damaged parts, panel beating,welding, align, refix and to renew accident parts	1.0	650.00	650.00 ?
- Spray painting on affected & replace parts	1.0	700.00	700.00 600/ ✓
			<u>1,400.00</u>

E. & O.E.

Total S\$: 5,940.14
 GST 7% S\$: 415.81
 Amount Due S\$: 6,355.95

CITY AUTO PTE LTD

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 willful 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 CUA 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 17/12/2021 14:11 (SGT)
Date of Accident 16/12/2021 19:20 (SGT)
Exact Location of Accident Singapore
Additional Location Information NEAR HUNCTION OF BOUNDARY RD AND LORONG CHUAN
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SDR663SD
INSURED/POLICYHOLDER
Is company? No
Name Of Registered Owner ANG CHOF BIN
NRIC No SXXXX575C
Email Address ANG_EDWARD@YAHOO.COM
Mobile Phone No (Phone) +65-96247470
Alternative Phone No +65-96247470

VEHICLE PARTICULARS

Manufacturer Nissan
Model Qashqai
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? No - Claiming third party
Vehicle Category Private car
Transmission Auto
CC 2000

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5113915535-02
Cover Note Number -

DRIVER

Name of Driver ANG CHOF BIN
NRIC No SXXXX575C

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 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.

CITY AUTO PTE LTD

Bik 8 Sin Ming Road
 #01-58/60/62 Sin Ming Ind Est
 Singapore 575643
 Tel: 6453 1235 Fax: 6453 7944

Witnessed by Reporting Centre Personnel

Policyholder's Signature / Date & Time

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

Sketch Plan

