# CHEONG CHEONG MOTOR SERVICE PTE LTD

BLK 5032 ANG MO KIO IND. PARK 2 #01-293 SINGAPORE 569535

TEL: 6481 4152 FAX: 6481 4157 e-mail: c2msvc@singnet.com.sg

Our Ref : 0569/01/2022

Page: 1

Date: 12/01/2022

M/S

ALLIANZ INSURANCE SINGAPORE PL

MARINA VIEW #14-01 ASIA SQUARE TOWER 2 SINGAPORE 018961

ACCIDENT REPAIR ON

: SJS 9559 C - TOYOTA ALTIS 1.6

LESS: 25%

POLICY NO

: 08/01/2022 DATE OF ACCIDENT

APPENDED BELOW ARE THE ESTIMATED COST OF REPAIR & PARTS TO BE REPLACED :-

# REPLACEMENT OF PARTS

1 FRONT BONNET

2 FRONT BUMPER

3 FRONT GRILLE

4 FRONT NUMBER PLATE

5 FRONT NUMBER PLAT FRAME

1.140.40 Bu 10 564.60 CM 559.50

S\$

S/NETT S/NETT 20.00 20.00/

S\$

2,264.50 566.12

> 1,698.38 1,738.38

## **LABOUR CHARGES:**

6 KNOCKING PUSH OUT FRONT ACCIDENT PARTS STRIP/REFIT ABOVE ACCESSORIES

7 SPRAY PAINT & SPRAY ANTI-TUFF-KOTE ON FRONT ACCIDENT AFFECTED AREAS

400.00 480.00 God

2,618.38



Not Notherise Ulimp & Menny After Pary 3day

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:

# SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Frease 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 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 10/01/2022 17:08 (SGT) Date of Accident 08/01/2022 20:40 (SGT) **Exact Location of Accident** Clementi, Singapore Additional Location Information **CLEMENTI AVE 5 OPEN CARPARK LOT 49** Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SJS9559C

#### INSURED/POLICYHOLDER

Is company? Name Of Registered Owner **CHUA POH HUAT** NRIC No S1342767D Email Address jordancph@yahoo.com.sg Mobile Phone No (Phone) +65-94896666 Alternative Phone No +65-94896666

## VEHICLE PARTICULARS

Manufacturer Toyota Model Corolla Variant Exact purpose for which vehicle was being used at time of Private use Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? **Vehicle Category** Private car **Transmission** Auto CC 1600

## INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Type of Coverage Comprehensive Fleet Policy 5116044944-01 **Policy Number** 5116044944-01 Cover Note Number

## DRIVER

Name of Driver NRIC No

**CHUA POH HUAT** S1342767D

# SKETCH PLAN

# IMPORTANT NOTICE

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- report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

l 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 (a) by insurer , my workshop and one condition set out in this [form] and any other personal information provided by me or 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' 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 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' law yers/law firms, may/are permitted to collect, use, declose 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 apents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centr rsonnel

Sketch Plan

A: SJS 95590

B: SJX 1165G

VIC343 CLENENTI AVE 5 OPEN CARPARK LOT 49

PARKING LOTS