

Vin's

6 Days.

P/P After repair date 11/08/22

Quo Qip

Vin's Motor Pte Ltd
160 Sin Ming Drive
#03-03 Sin Ming Autocity
Singapore 575722
Tel : 6453 2121 Fax : 6459 9795
GST Registration No. 199906067G

Estimated Cost of Repair

Attention To : First Capital Insurance Ltd
36 Robinson Road
#16-01 City House
Singapore 068877

Claim Details

Case Ref. No. : TR/022022/5222
Date : 04-02-2022
Accident Date : 04-02-2022
To display damaged part(s) during resurvey
Parts prices/TP/022022/5222 information
Third party claim without Prejudice basis
No illegal claim is allowed
Supplementary term(s) must be reviewed and is subject to final approval from Insurance Company

Vehicle Details

Make & Model : Hyundai ELANTRA AD 1.6 GLS AT (AMS)
Chassis No : KMHD841CMJU628405
Registration No : SLW2597T

Third Party Vehicle Details
Acknowledged by Repairer
Registration No : SHD6277M
Signature:
Date:

S/N	Description	Qty	Amount (\$)
1	FRONT RH DOOR / R's	1.00	\$1,831.10
2	FRONT RH DOOR FRAME PILLAR STICKER(BLACK) - MGS	1.00	\$17.10
3	FRONT RH DOOR OUTER CHROME MOULDING X NN	1.00	\$75.10
4	FRONT RH DOOR LOWER HINGE - BT	1.00	\$49.10
5	FRONT RH DOOR RUBBER X NN	1.00	\$96.50
6	FRONT RH DOOR LOCK X	1.00	\$191.50
7	FRONT RH DOOR TRIMBOARD ?	1.00	\$757.00
8	FRONT RH DOOR POWER WINDOW MOTOR ?	1.00	\$297.80
9	FRONT RH DOOR POWER WINDOW GEAR ?	1.00	\$250.40
10	REAR RH DOOR / Ruc	1.00	\$1,775.00
11	REAR RH DOOR FRAME PILLAR STICKER (BLACK) - MGS	1.00	\$17.10
12	REAR RH DOOR OUTER CHROME MOULDING X NN	1.00	\$75.10
13	REAR RH DOOR LOWER HINGE - BT	1.00	\$49.10
14	REAR RH DOOR RUBBER X NN	1.00	\$96.50
15	REAR RH DOOR POWER WINDOW MOTOR X	1.00	\$297.80
16	REAR RH DOOR POWER WINDOW GEAR X	1.00	\$223.40
17	REAR RH DOOR STONE GUARD STICKER / MGS	1.00	\$37.10
18	RH ROCKER PANEL X Repair	1.00	\$1,799.50
19	RH ROCKER PANEL STONE GUARD STICKER - MGS	1.00	\$39.00

Discount: -20%

\$7,975.20
(\$1,595.04)

- 20 TO REPAIR DAMAGES
21 TO SPRAY PAINTING

1.00 \$880.00 700
1.00 \$980.00 800

Subtotal w/o GST:

\$8,240.16

Issued by Raymond Teo

This is a computer-generated document. No signature is required.

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	04/02/2022 17:26 (SGT)
Date of Accident	04/02/2022 10:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	WHITLEY ROAD TOWARDS UPPER THOMSON ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW2597T
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NG HAN LENG
NRIC No	SXXXX993C
Email Address	ADRIAN1832@GMAIL.COM
Mobile Phone No	(Phone) +65-90671832
Alternative Phone No	+65-90671832

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	ELANTRA AD 1.6 GLS AT (AMS)
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	1591

INSURANCE COMPANY

Name of Insurance Company	Direct Asia Insurance (Singapore) Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	MT/00895743
Cover Note Number	-

DRIVER

Name of Driver	NG HAN LENG
NRIC No	SXXXX993C

Date Of Birth	11/12/1963
Occupation	Indoor
Date Of Driving Pass	08/07/1983
Driving experience	38 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90671832
Alt. Phone Number	+65-90671832
Email Address	ADRIAN1832@GMAIL.COM
Address	185 PASIR RIS STREET 11 #07-60
Address complement	-
Postcode	510185
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 - Major/Minor Rd
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	WIFE
Gender	Female

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

REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD6277M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi

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

CHENG NGAK HAI
SXXXX503E
-
-
-
-
-
-
-
-

SKETCH PLAN

IMPORTANT NOTICE

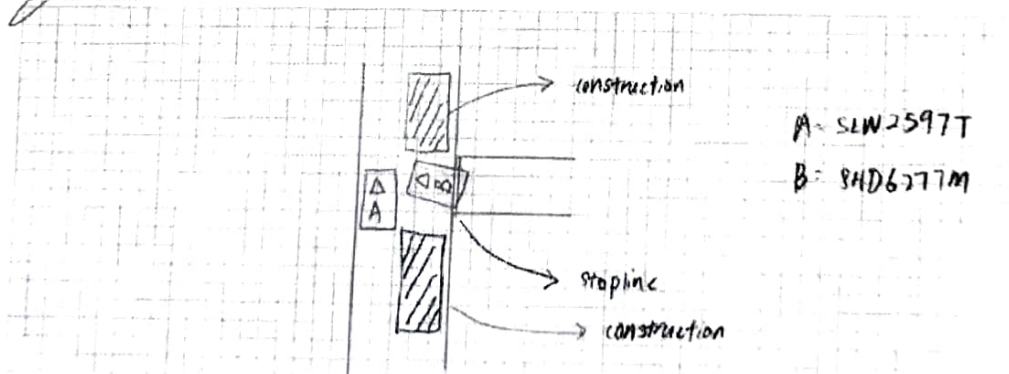
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2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
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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

Sketch Plan

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

Witnessed by Registering Centre Personnel

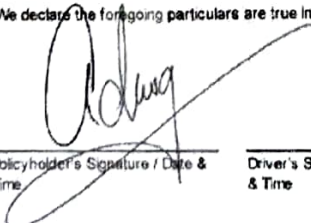


Describe Circumstances of the Accident

ON 4 FEB 2020, AT AROUND 10:57AM I WAS DRIVING AT ALONG
 WHITLEY ROAD TOWARDS UPPER THOMSON ROAD.
 SUDDENLY A VEHICLE 8HD6277M DASHED OUT FROM MY RIGHT SIDE.
 I THEN REALISED THE VEHICLE 8HD6277M HIT ONTO MY RIGHT
 PORTION OF VEHICLE. THERE WAS A CONSTRUCTION
 INTEGRATE ENGINEERS BESIDE THE ROAD AND THE JUNCTION
 HAS THE STOP LINE AS WELL.

Declaration

We declare the foregoing particulars are true in every respect.


 Policyholder's Signature / Date &
 Time

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

 
 Witnessed by Reporting Centre
 Personnel