# J-MART MOTOR PTE LTD

Block 5, Defu Lane 10, #01-578, Defu Industrial Park C, Singapore 539186 Tel: 6343-0934 Fax: 6343-0921

Email: jmartauto@gmail.com Registration No: 201400246D GST Reg. No: 201400246D

## RE: Estimate cost for vehicle no: SLD 8156T

Bal brought forward:	\$	11,311.04
Transfer 2 door parts.		200.00 80.00
Alignment.		11,591.04
Plus	7% GST	811.37
		12,402.41

SD: twelve thousand four hundrec two & cents forty-one only.

## J-MART MOTOR PTE LTD

Block 5, Defu Lane 10, #01-578, Defu Industrial Park C, Singapore 539186 Tel: 6343-0934 Fax: 6343-0921

Email: jmartauto@gmail.com Registration No: 201400246D GST Reg. No: 201400246D

17-Feb-22

Our ref: TP/5091/22

Kow Teck Chiang Michael

### RE: Estimate cost for vehicle no: SLD 8156T

1 pc	frt lh fender \$	421.10
1 pc	frt lh fender quarter garnish	93.10
1 pc	frt lh wing mirror	896.80
1 pc	frt lh rim	769.60
1 pc	frt lh door	889.20
1 pc	frt lh door sticker	<b>28.70</b>
1 pc	frt lh door outer moulding	97.90
1 pc	frt lh door speaker	209.10
1 pc	frt lh door rubber	153.90
1 pc	frt lh door lock	255.80
1 pc	frt lh door regulator gear w/motor	516.50
1 pc	frt lh door trimboard	741.70
2 pcs	frt lh door hinges	117.00
1 pc	rear lh door	1,060.60
2 pcs	rear lh door hinges	117.00
1 pc	rear lh door lock	216.60
1 pc	rear lh door regulator gear w/motor	493.10
1 pc	rear lh door rubber	88.80
1 pc	rear lh door rubber stand	86.60
1 pc	rear lh door trimboard	540.50
1 pc	rear lh door outer moulding	147.80
1 pc	rear lh door speaker	209.10
1 pc	lh rocker garnish	425.90
15 pcs	lh rocker garnish clips	58.50
1 pc	rear lh fender wheel garnish garnish	158.90
1 pc	rear lh rim	769.60
1 pc	lh centre lock pillar	825.40
r pe	m out of the second	10,388.80
	less 20%	2,077.76
		8,311.04
1 pc	frt lh tyre	300.00 snett
1 pc	rear lh tyre	300.00
Panel beati		1,000.00
Spray pain		1,400.00
Spray pain	uiig.	11,311.04

cribe	Gircum	stances of the	e Accide	111	./ . /			1 0	
I	)ac_	driving	$-\alpha  u$	thu	<u>cipad</u>	5 15	indotedly	veh B	
and the second second						· · · · ·		1 200	
came	<u> </u>	t from	thi.	parto	ne la	+ 0	SUB OLD	y arm	-rig
				. \	<u> </u>			1	
<i>yeh</i>	LH	action							
		\			AND THE PERSON NAMED IN COLUMN				A STATE OF THE STA
						make to the same of the same o		The second secon	
	Nillian Ingelia								- All and the second se
- NORTH	AND THE PROPERTY OF THE PARTY O	- A Company of the Co					AND DESCRIPTION OF THE PARTY OF		
					Land Control of the C				
	MANAGER OF THE PARTY OF THE PAR								
	Jaken Service		and the same of th						
								CONTRACTOR OF THE PARTY OF THE	
								A CONTRACTOR OF THE PARTY OF TH	
	NO-LIPECTOR PROPERTY AND ADDRESS OF THE PERTY ADDRE			The State of the State of the State of					
					And the second second		MANAGEMENT OF THE PARTY OF THE	Account to the least of the lea	
		2,000,000							
				MODA MADERICA CO.	The second section of the second section secti		word and control of the state o	65	An are the second secon
							No secure property and secure		
								and the second of the second o	and the second s
				MANAGE CALCULATION OF THE STATE					CONTRACTOR OF THE PARTY OF THE
		CONTRACTOR OF THE PARTY OF THE	A CONTRACTOR OF THE PROPERTY O						oklanick industrial organization of the second
			A			1990-			
		and at 10 (10 (1) to 10 (1	The state of the s	Non-House Market		and the second s			
						-	Aleks to the second sec		
							and the same of th	AND THE RESIDENCE OF THE PERSON OF THE PERSO	
American Action Control of the Contr	Marie Commission -			ericania anciena de la composición del composición de la composici			MANUFACTURE OF THE PARTY OF THE		
		The state of the s		unionisticido (Treferencia)					
	manufacture (F18		and the second s		A STATE OF S				
t and the second	Number of Street, Stre		- 2000 per entre per		A CONTRACTOR OF THE PARTY OF TH		ALLOCATION TO PROPERTY OF THE PARTY OF THE P		
	CONTRACTOR CONTRACTOR						Charles and the Control of the Contr		
						and the same of th	A STATE OF THE STA		
								A STATE OF THE PARTY OF THE PAR	
- CONTRACTOR OF THE PARTY	Allowane and the same	The second secon			Carried Control of the Control of th				н

#### Declaration

VWe declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust 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.
- 8. 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.
- 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)

Lunderstand, 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' law yers/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 firms), which may be sited outside of Singapore, for one or more of the above Purposes.

No x

Policyholder's Signature / Date & Time

(W)

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

) jui

Witnessed by Reporting Centre Personnel

Sketch Plan

Henderson Ind Park cloark

> A: 91081567 B: SKZ2343E.

	NRIC No Contact Number	S1215652I (Phone) +65-97467868
,	Address	-
	Address complement	-
	Postcode	-
	Insurance Company Name	-
	Nature Of Damage	-
	Details of property damaged in accident	-
	No. Of Passenger (Including Driver)	_

#### INJURED PERSONS DETAILS

#### INJURED 1

KOW TECK CHIANG, MICHAEL Name of injured person Gender Male (Phone) +65-92974548 Phone No APT BLK 120 SIMEI STREET 1 #08-460 Address Address Complement 520120 Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? SLD8156T Were seat belts worn? Was this injured conveyed to hospital by ambulance?

NRIC No S7216797Z Date Of Birth 12/05/1972 Occupation Indoor Date Of Driving Pass 23/06/1994

Driving experience 27 YEARS AND 8 MONTHS Male

Gender

Mobile Number (Phone) +65-92974548 Alt. Phone Number +65-92974548

**Email Address** MICHAELKOW28@GMAIL.COM

Address APT BLK 120 SIMEI STREET 1 #08-460

Address complement

Postcode 520120 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 - Head on collision 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? Yes

Was any injured conveyed to hospital by ambulance? No Was any other vehicle or property damaged? Yes

Number of Passengers (Including Driver) 1 Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance? No

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 ATTACHED STATEMENT RECORDED BY ANNIE - PROGRESSIVE CAR CARE PTE LTD TEL 67415336

ATTACHMENT(S)

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

#### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SKZ2343E Vehicle Manufacturer Vehicle Model Vehicle Variant

Vehicle Colour

Vehicle Category Private car Name of Driver WONG KEE MIN

# 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 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

Date of Accident

**Exact Location of Accident** 

Additional Location Information

Country/State of Loss

17/02/2022 14:39 (SGT) 17/02/2022 12:40 (SGT)

205 henderson ind park, #05-01A, Singapore 159549

HENDERSON IND PARK CARPARK BETWEEN BLOCK 213 AND

215

Singapore

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

**SLD8156T** 

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No

**Email Address** 

Mobile Phone No

Alternative Phone No

No

KOW TECK CHIANG, MICHAEL

S7216797Z

MICHAELKOW28@GMAIL.COM

(Phone) +65-92974548

+65-92974548

VEHICLE PARTICULARS

Manufacturer

Model

Honda

Vezel

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? Vehicle Category

Transmission

CC

Private use

No - Claiming third party

Private car

Auto

1496

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

Cover Note Number

Fleet Policy

Policy Number

Auto & General Insurance (Singapore) Pte. Limited.

Comprehensive

No

P10181538R02

DRIVER

Name of Driver

KOW TECK CHIANG, MICHAEL