

# 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

28-Mar-22

Our ref : TP/5103/22

Ng Wee Tiong

**RE : estimate cost for vehicle no : SGC 3399G**

1 pc	frt bumper	\$	803.00
1 pc	frt bumper lh retainer		26.00
1 pc	frt bumper top chrome		186.00
1 pc	frt bumper lower chrome		181.00
1 pc	frt bumper cnetre grille		264.00
1 pc	frt grille		697.00
1 pc	lh headlamp		2,087.00
1 pc	frt bumper lh fog lamp cover		64.00
			<hr/> 4,308.00
	less 10%		<hr/> 430.80
			<hr/> 3,877.20
	Panel beating.		600.00
	Spray painting.		600.00
	Wiring.		30.00
			<hr/> 5,107.20
	Plus 7% GST		<hr/> 357.50
			<hr/> 5,464.70

SD : Five thousand four hundred sixty-four & cents seventy only.

## Describe Circumstances of the Accident


Veh B reversed & hit onto my veh for portion.


Driver of Veh B admitted his fault & ask me to go to his workshop (Groomwerke). The workshop people only willing to spray paint. I refused and wanted to claim his insurance.

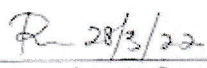
## Declaration

We 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

 28/3/22  
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 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 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

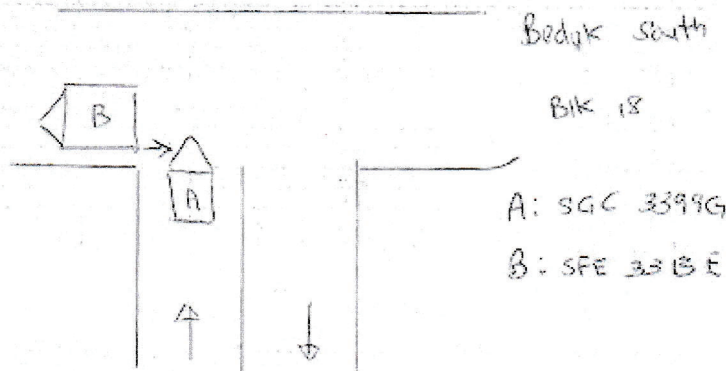
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

  
Policyholder's Signature / Date & Time

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

 28/3/22  
Witnessed by Reporting Centre Personnel

## Sketch Plan



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



Date Of Birth	13/06/1967
Occupation	Indoor
Date Of Driving Pass	02/04/1990
Driving experience	31 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98764533
Alt. Phone Number	+65-98764533
Email Address	jmartauto@gmail.com
Address	BLK 136 BEDOK RESERVOIR ROAD
Address complement	#06-1431
Postcode	470136
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	Side Swipe
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)	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

PLS REFER TO THE ATTACHED STATEMENT.

#### 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	SFE3313E
Vehicle Manufacturer	Mercedes
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TONY TAN KIM CHIN
NRIC No	S1523352D
Contact Number	-
Address	-

## 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
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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.
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### ACCIDENT STATEMENT

Date of Submission	28/03/2022 13:19 (SGT)
Date of Accident	27/03/2022 11:10 (SGT)
Exact Location of Accident	18 Bedok S Rd, Block 18, Singapore 460018
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGC3399G
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	NG WEE TIONG
NRIC No	S1789316E
Email Address	jmartaauto@gmail.com
Mobile Phone No	(Phone) +65-98764533
Alternative Phone No	+65-98764533

### VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Attrage
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	1193

### INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	-
Cover Note Number	7210004136

### DRIVER

Name of Driver	NG WEE TIONG
NRIC No	S1789316E