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CITY AUTO PTE LTD

One Stop Automotive Solution 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

CHINA TAIPING INSURANCE (S) PTE LTD

NO. 3 ANSON RD SPRINGLEAF TOWER SINGAPORE 079909

Contact: -

NOT Notharm Acrony B4 paint Fax No.: 62247175 4day,

Estimate : QUOT202204-000725(00)

Date: 21/04/2022

Vehicle No.: SGR2968S Make/Model: MAZDA MAZDA3 4DR 1.5 AT

M-HYBRID CLASSIC

Mileage (km): 0

Chassis No.: JM6BP2SAAM1107326 Accident Date: 18/04/2022 00:00:00

Claim No.: SLF9162H Reference: JO202204-0947 Policy No.: 5126405299

S/No	Particular	Quantity	Unit Price	Amount S\$
	LIST ITEMS :			416.00
1	RH front fender	1.0	416.00	410.00
2	RH front fender inner shield	1.0	74.00	14.00
3	RH front headlamp	1.0	Pn 2,076.00	2,076.00
4	RH front headlamp chrome	1.0	298.00	298.00
5	Front bumper	1.0	867.00	mg em 867.00 L
6	Front bumper retainer	1.0	28.00	DIY 28.00 -
7	Wiper spare tank	1.0	82.00	82.00
8	Radiator spare tank	1.0	86.00	86.00 7
9	Radiator spare tank bracket	1.0	21.00	21.00
	Support panel	1.0	1,021.00	1,021.00 7
ı	ist Total :			4,969.00
2	20% Discount S\$			993.80
				3,975.20
L	ABOUR :			400
	o knock jackout damaged parts, panel beating,welding, align, fix and to renew accident parts	1.0	450.00	450.00
- 3	Spray painting on affected & replace parts	1.0	650.00	650.00
				1,100.00

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 nodification(s) is allowed	Total S\$:	5,075.20
 Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company 	GST 7% S\$:	355.26
An An	ount Due S\$:	5,430.46
Acknowledged by Repairer	-	
Signature:		
Date:		

SINGAPORE ACCIDENT STATEMENT

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of Insured. Policy No. Claims No

IMPORTANT NOTICE

1. Please 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 3. Information provided must be as trunnul and accurate as position and 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	18/04/2022 16:20 (SGT) 18/04/2022 06:25 (SGT) Singapore 23 COCO PALMS CONDO EXIT NEAR SECURITY Singapore
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Vehicle Registration Number	SGR2968S
INSURED/POLICYHOLDER	
Is company?	
Is company? Name Of Registered Owner	
NRIC No	TAN LYE PENG (CHEN LAIPING)
Email Address	
Mobile Phone No	(C)
Alternative Phone No	
	+65-90693387
VEHICLE PARTICULARS	
Manufacturer	
Manufacturer	Mazda
Model Variant	3
Variant Exact purpose for which vehicle was being used at time of accident	-
our vehicle?	
enicle Category	No - Claiming third party
ransmission	Private car
С	Auto
	1496
NSURANCE COMPANY	Et hope o
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pe of Coverage	NTUC Income Insurance Co-operative Ltd Comprehensive
et Policy	No
cy Number	
er Note Number	5126405299

TAN LYE PENG (CHEN LAIPING)

SXXXX872E

Name of Driver

NRIC No

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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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)

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' 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, 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.

Policyholder's Signature / Date & Time

CITY AUTO PTE LTD
Blk 8 Sin Ming Road
#01-58/60/62 Sin Ming Ind Est
Singartive 575643
Tel: 6453 1233 Pix: 6453 7944
(Claims Section)
Witnessed by Reporting Centre
Personnel

Room A: SGR 29685