

# SME MOTOR PTE LTD

1 Kaki Bukit Ave 6, #02-15@ Kaki Bukit, Singapore 417883

TEL: 6747 6106 (6 lines) Fax: 6744 2368

Email: [service@smemotor.com.sg](mailto:service@smemotor.com.sg) Website: [www.smemotor.com.sg](http://www.smemotor.com.sg)

Co. & GST Reg. No: 201119451E

M/S : CHINA TAIPING INSURANCE (SINGAPORE) PTE  
3 ANSON ROAD #16-00  
SPRINGLEAF TOWER  
SINGAPORE 079909  
TEL: 63896111 FAX: 62247478  
ATTN: Motor Claim Department

## ESTIMATE

No : 22052601  
Date : 26/05/2022  
Policy No : P10245391R02  
Veh Reg No : SFL8138A  
Make / Model : TOYOTA WISH  
Your Ref No : 22/OAC/TP-099(05)  
Claim Type : Third Party  
Accident Date : 25/05/2022  
TP Veh Reg No : YN8843L

Discription	Quantity	List Price	Amount
<b>LIST PRICE:</b>			S\$ S\$
1 REAR WINDSCREEN MOULDING	1 SET		\$180.00
2 REAR GATE	1 PC		\$1,275.00
3 REAR GATE LOGO	1 PC		\$55.00
4 REAR GATE CHROME MOULDING	1 PC		\$359.00
5 REAR GATE LOCK	1 PC		\$443.00
6 RER BUMPER	1 PC		\$560.30
7 REAR BUMPER RETAINER	2 PCS	\$45.00	\$90.00
8 REAR BUMPER CLIPS	10 PCS	\$5.00	\$50.00
9 REAR BUMPER BRACKET RH	1 PC		\$55.00
10 REAR BUMPER REFLECTOR RH	1 PC		\$48.00
11 TAIL LAMP	2 PCS	\$415.00	\$930.00
12 REAR END PANEL	1 PC		\$515.00
			\$4,560.30
	-25.00%		\$1,140.08
			<b>\$3,420.23</b>
<b>Special Net</b>			
1 REVERSE SENSOR	1 PC		\$250.00
2 REAR GATE SEALANT	1 PC		\$60.00
3 REAR END PANELT SEALANT	1 PC		\$60.00
4 REAR WINDSCREEN GUM	1 PC		\$60.00
5 REVERSE CAMERA	1 PC		\$200.00
	TOTAL		<b>\$630.00</b>
<b>Labour</b>			
1 WIRE CHECKING			\$20.00
2 TRANSFER REAR GATE COMPONENT			\$100.00
3 REMOVE & REFIX REAR BOOT UPHOLSTERY			\$100.00
4 CAVITY PROTECTOR ON AFFECTED AREAS			\$100.00
5 REMOVE & REFIX REAR WINDSCREEN			\$120.00
6 REMOVE & REFIX REAR SENSOR & REVERSE CAMERA			\$120.00
7 LABOUR CHARGE			\$750.00
8 SPRAY PAINTING			\$750.00
	TOTAL		<b>\$2,060.00</b>

Amount Before Excess **\$6,110.23**  
Add GST @7% **\$427.72**  
Total Amount Payable **\$6,537.94**

For SME MOTOR PTE LTD

  
AUTHORISED SIGNATURE

## 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	26/05/2022 12:30 (SGT)
Date of Accident	25/05/2022 11:00 (SGT)
Exact Location of Accident	Pioneer Rd, Singapore
Additional Location Information	PIONEER ROAD NTH TURNING INTO LOK YANG WAY,
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFL8138A
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	ANG HOCK BENG JONATHAN
NRIC No	SXXXX421C
Email Address	JONATHAN@J2000.COM.SG
Mobile Phone No	(Phone) +65-90087747
Alternative Phone No	+65-90087747

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Wish
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	1800

### INSURANCE COMPANY

Name of Insurance Company	Auto & General Insurance (Singapore) Pte. Limited.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	P10245391R02
Cover Note Number	-

### DRIVER

Name of Driver	ANG SAMUEL
NRIC No	SXXXX848A

Date Of Birth	11/05/1989
Occupation	Indoor
Date Of Driving Pass	24/12/2009
Driving experience	12 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97721122
Alt. Phone Number	-
Email Address	SAMUEL@J2000.COM.SG
Address	70 HOUGANG AVE 7 #03-02 THE FLORIDA
Address complement	-
Postcode	538804
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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 to Rear
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

MY VEHICLE WAS STATIONARY AT THE JUNCTION, SUDDENLY VEHICLE B FROM MY REAR CAME AND HIT ONTO MY VEHICLE REAR PORTION.

#### 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	YN8843L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	-

**SKETCH PLAN**

**IMPORTANT NOTICE**

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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**.
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 making 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.

*A.*

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**



Describe Circumstances of the Accident

My vehicle was stationary at the junction, suddenly  
 vehicle @ took my rear corner and hit onto  
 my vehicle rear portion.

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 Control  
 Personnel

> Back to OneMotoring



Land Transport Authority  
10 Sin Ming Drive  
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 26 May 2022 / 14:00:02

Receipt Date/Time : 26 May 2022 / 14:00:02

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-220526-002130

Previous Receipt No. :

**S/N Item Description/**

**Business Transaction Reference**

**No.**

<b>Amount Before GST (S\$)</b>	<b>GST Amount (S\$)</b>	<b>Amount After GST (S\$)</b>
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Result of Insurance Enquiry - YN8843L

As at 25 May 2022/11:00:00

Insurance Co: CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

1 Insurance Enquiry - YN8843L

Enquiry Fee

20220526135848810155

7.00	0.49	7.49
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**Sub-Total**

7.00	0.49	7.49
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**Total Before Rounding**

7.00	0.49	7.49
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**Rounding Difference**

0.04

**Total Amount Payable**

7.45

**Paid By**

542550XXXXXX4086

eNETS Credit Card

7.45

**Total**

7.45

**Cash Change**

0.00

**Tendered Amount**

7.45

**Excess Refundable Amount**

0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.

Your Policy Summary, Certificate of Insurance, Policy Schedule and Product Disclosure Document will form an insurance contract with us for your policy. Do let us know straightaway if any of the details shown here need to be amended.

**Period of Insurance**

Policy Number : P10245391R02 Policy Issued On : 25/10/2021  
Policy Start Date : 22/11/2021 (00:00) Policy End Date : 21/11/2022 (23:59)

**Cover**

Type of Cover : Comprehensive / Named Driver Plan  
Optional Cover(s) : Please refer to Policy Summary for any optional cover(s) selected.

**Excess** (All excess amounts are subject to GST, if applicable)

Policy : S\$ 600.00

**Additional Excess** (All excess amounts are subject to GST, if applicable)

Windscreen : S\$ 100.00  
Named Driver below 25 years old : S\$ 500.00  
Named Driver with less than 2 years' valid driving licence : S\$ 500.00

**Premiums**

Gross Premium : S\$ 752.90  
7% GST : S\$ 52.71  
Total Premium Payable : S\$ 805.61

**Policyholder**

Name : Ang Hock Beng Jonathan  
Address : 70 Hougang Avenue 7 #03-02 The Florida Singapore 538804  
Email Address : jonathan@j2000.com.sg  
Mobile Number : 90087747

**Main Driver**

Name : Ang Hock Beng Jonathan  
Date of Birth : 27/04/1958  
Gender / Marital Status : Male / Married  
Occupation : Others/ Non-Working  
Certificate of Merit : Yes  
Licence Held For : More than 5 years

**Vehicle Insured**

Vehicle Registration Number : SFL8138A  
Chassis Number : ZNE100370021  
Make & Model : Toyota Wish 1.8  
Vehicle Colour : Grey  
Year of First Registration : 2007  
Sum Insured : Market Value  
Off-Peak Car : No  
NCD : 50%  
Vehicle Usage : Private and Occasional Business  
Modifications Declared : Yes, Solar Film

**Driver Plan**

Named Driver Plan. Only drivers named as a Main / Named Driver in the policy will be covered. The Excess amount(s) described above may apply, in accordance with the Product Disclosure Document.

**Named Driver(s)**

<u>Driver(s)</u>	<u>Date of Birth</u>	<u>Licence Held For</u>
Samuel Ang	11/05/1989	More than 5 years