



# FALCON AIR AUTO SERVICES PTE LTD

Tel No. :

CHINA TAIPING INSURANCE (S) PTE LTD  
3 ANSON ROAD  
#16-00 SPRINGLEAF TOWER S(079909)

Attention : Motor Claim Department

Contact : 63896111 Fax No. : 62221033

Estimate : ES708361

Date : 08/06/2022

Vehicle Num. : SMU 8325X

Make/Model : HYUNDAI AVANTE

Chassis/Eng# :

Accident Date : 31/05/2022

Claim No. :

Reference :

Policy No. :

S/N	Quantity	Particular	Unit Price	Amount S\$
LIST ITEMS :				
1.	1PC	O/S REAR FENDER	2,701.51	X
2.	1PC	O/S TAILLAMP	784.23	X
3.	1PC	REAR WINDSCREEN GLASS MOULDING	151.32	X
4.	1PC	O/S REAR DOOR	1,846.98	X
5.	1PC	O/S REAR DOOR RUBBER	265.31	X
6.	1PC	O/S REAR DOOR OUTER HANDLE	285.75	X
7.	1SET	O/S REAR DOOR BLACK STICKER	84.65	X
List TotalS\$ :				6,119.75
20.00% Discount S\$ :				1,223.95
				4,895.80
SPECIAL NETT ITEMS :				
1.	1SET	O/S REAR FENDER INNER SHIELD CLIPS	50.00	X
2.	1SET	O/S REAR FENDER INNER TRIM CLIPS	50.00	X
3.	1PC	REAR WINDSCREEN GLASS SEALANT	45.00	X
4.	1PC	O/S REAR DOOR BODY SEALANT	80.00	SO
5.	1SET	O/S REAR DOOR TRIM BOARD CLIP	50.00	X
6.	1PC	O/S REAR RIM	650.00	X
7.	1PC	TYRE	180.00	X
8.	1SET	O/S REAR DOOR INNER PLASTIC FILM AND SEALANT	80.00	X
Special Nett Total S\$ :				1,185.00

CONTINUE / ...

not Authorised  
LKK  
9/6/22  
1/5 3100  
the pho 17th 9-2  
4 days

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 modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:



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S/N	Quantity	Particular	Unit Price	Amount S\$
		LABOUR :		
		TO CHECK LIGHT AND WIRING		
		ANTI-RUST	20	50.00
		TO APPLY BODY SEALANT ON BODY JOINTS	30	100.00
		COMPUTERIZED WHEEL ALIGNMENT	70	100.00 X
		TRANSFER DOOR PARTS	60	120.00
		TRANSFER REAR WINDSCREEN GLASS	60	100.00
		TO REPROGRAM AND RESET DOOR MEMORY	11	120.00 X
			50	280.00
		LABOUR/PANEL BEATING	580	900.00
		SPRAY PAINTING		
		1)RR BUMPER 2)OS RR FENDER 3)OS RR DOOR 4)OS ROCKER PANEL	600	900.00
		Labour Total S\$ :		2,670.00

E. &amp; O.E.

Total S\$ : 8,750.80

for FALCON AIR AUTO SERVICES PTE LTD

TAMPINES BRANCH



219684  
207  
1757.55  
750  
1400  
3907.55  
207  
3100

## 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	02/06/2022 00:51 (SGT)
Date of Accident	31/05/2022 16:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Loyang Ave
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMU8325X
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MUHAMMAD NAZMI BIN ASRAPUDIN
-	S9723431J
Email Address	fourthsanc97@gmail.com
Mobile Phone No	(Phone) +65-81125949
Alternative Phone No	+65-811259549

#### VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Avante
Variant	1.6 GLS (A) S
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	0

#### INSURANCE COMPANY

Name of Insurance Company	Singapore Life Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	11084922
Cover Note Number	-

#### DRIVER

Name of Driver	MUHAMMAD NAZMI BIN ASRAPUDIN
-	S9723431J



Date Of Birth	14/07/1997
Occupation	Indoor
Date Of Driving Pass	06/07/2018
Driving experience	3 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81125949
Alt. Phone Number	+65-811259549
Email Address	fourthsanc97@gmail.com
Address	178
Address complement	04-234
Postcode	820178
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

I was driving on my lane, making a right turn towards loyang ave. As I was negotiating with the turn, vehicle B cut into my lane and knock against my right rear portion.my rear right portion was damaged. No injury involved.

#### 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	GBC767G
Vehicle Manufacturer	Nissan
Vehicle Model	Nv350
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	MARY TAN
NRIC No	S1319766J

Contact Number	(Phone) +65-90253488
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

PASSENGER 1

Name	PASSENGER 1
Gender	Male



SKETCH PLANIMPORTANT 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 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature  
Date & Time:

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

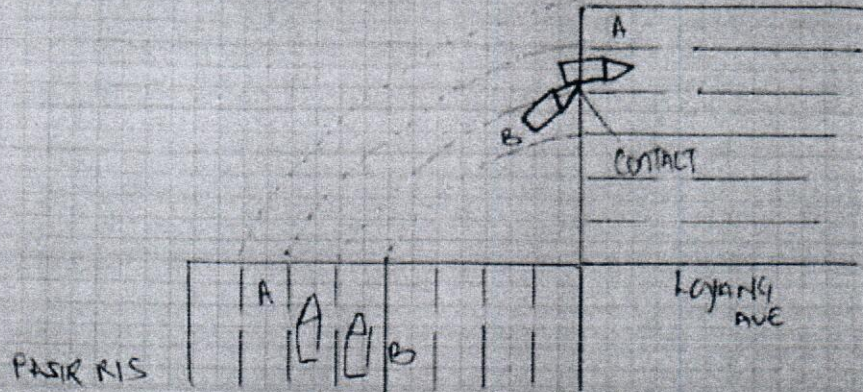
**VERIFY BY AJAX MARS (ARC)**  
**REPORTING OFFICER**  
**MOHAMED SHARIL BIN SATAR**

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

GIA/ARC SketchPlanForm\_V3



B-98C-7674



REFER TO ATTACHED STATEMENT.

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ca

VERIFY BY AJAX MARS (ARC)  
REPORTING OFFICER  
MOHAMED SHARIL BIN SATAR

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



**SKETCH PLAN**


REFER TO ATTACHED ACCIDENT DIAGRAM

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

I was driving on my lane, making a right turn towards loyang ave. As I was negotiating with the turn, vehicle B cut into my lane and knock against my right rear portion. my rear right portion was damaged. No injury involved.

**DECLARATION**

I/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:

**VERIFY BY AJAX MARS (ARC)  
 REPORTING OFFICER  
 MOHAMED SHARIL BIN SATAR**

Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.: