

# 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

21-Jun-22

Our ref : TP/5132/22

Yong Kit Leong

## RE : estimate cost for vehicle no : SJU 7815R

1 pc	bootlid	\$	766.70	
1 pc	E emblem		40.00	
1 pc	logo emblem		50.80	
1 pc	Vios emblem		48.00	
1 pc	bootlid lock		100.00	
1 pc	bootlid w/strip		200.00	
1 pc	bootlid outer garnish		270.00	
2 pcs	bootlid hinges		170.00	
2 pcs	taillamp		620.00	
2 pcs	taillamp seal		56.00	
2 pcs	taillamp clips		21.60	
1 pc	rear bumper		595.70	
1 pc	rear bumper rh reflector		125.50	
2 pcs	rear bumper retainer big		200.00	
2 pcs	rear bumper retainer small		120.00	
6 pcs	rear bumper clips		30.00	
2 pcs	rear bumper bracket		140.00	
1 pc	end panel		745.00	
1 pc	end panel inner garnish		235.00	
1 pc	spare tyre panel		655.00	
1 pc	spare tyre cardboard centre		145.00	
2 pcs	spare tyre cardboard rh lh		106.00	
1 pc	exhaust pipe		635.00	
			<hr/>	
			6,075.30	
		less 25%	<hr/>	
			1,518.83	
			<hr/>	
			4,556.47	
1 pc	reverse sensor		250.00	snett
1 pc	rear no plate		40.00	
	Panel beating.		1,200.00	
	Spray painting.		1,200.00	
	Remove & refit exhaust pipe.		80.00	
	Rust proofing.		80.00	
			<hr/>	
			7,406.47	
		Plus 7% GST	<hr/>	
			518.45	
			<hr/>	
			7,924.92	

Describe Circumstances of the Accident

While waiting for the main road to be clear,  
suddenly my veh rear portion being collided by  
veh 3.

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

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 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:

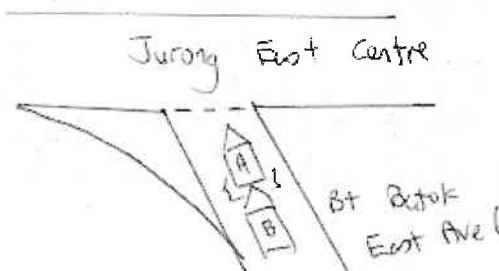
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 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

Witnessed by Reporting Centre Personnel

Sketch Plan



DoA: 18/6/22  
A: SJU 7815 R  
B: SFS 9020U

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)	2

PASSENGER 1

Name	SON
Gender	Male

## INJURED PERSONS DETAILS

INJURED 1

Name of injured person	GOH FONG
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK AND BACK
Injured person in which vehicle?	SJU7815R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No