



Champion Motors

Inchcape

Co. Reg No. : 195000068E
GST Reg No. : MR-8500000-9
No. 2 Pandan Crescent
Singapore 128462 Tel: 66311855



SUZUKI

10/8/22 @ 8.30AM

ACTIS

Chen's

ESTIMATE

Account Details		Account No.	Customer Details				
Service Retail Cash Sales Body & Paint		c0199882 / SERVCASH	Mdm Savadi Gauri Prakash				
Service Retail Cash Sales		Document No.	132 Tanjong Rhu Road				
Body & Paint		0	#16-12				
		Document Date	Singapore 436919				
		02/08/2022	Mobile: 90067508				
Year	Model	Variant	Reg. Date	Reg. No.	Kilometers	Wip No.	Order No. / Remarks
2019	JIMNY	6GG1BHH35	16/08/2019	SMN5375H	0	12189	65DS/SMN5375H
Chassis No.		Engine No.	Terms	SA / Counter	Vehicle In		Collected On
JSAGJB74V00116713		K15B1028692	00	Francis Cher T S	--/--/----		0.00 --/--/---- 0.00
L	Cd	Job/Parts Description	Qty	Unit Price	Disc %	Amount	
1	Z	BP-SUNDRY SUNDRIES T/P INS. : <i>ELIC Ltd</i> T/P VEH. : SJC9472C ACC DATE : 27.07.22 BY : <i>LKK (Steve)</i>		100.00		50	100.00
2	S	S-EURO-001 SUPPLY NUMBER PLATE		80.00			80.00
3	S	S-BMS RESET AND REPROGRAMME ECU.		146.50			146.50
4	S	S-BMS REPLACE AND REFOCUS HEADLAMP.		293.00			293.00
5	S	S-BMS REMOVE ALL NECESSARY DAMAGED PARTS TO REPLACE, REPAIR, STRAIGHTEN FRT BUMPER, R/F FENDER, FRT SUPPORT PANEL, R/F DOOR AND AFFECTED PORTION OF CAR.	586 x 3	2344.00	1758		2344.00
6	S	S-BMS SPRAY PAINT ON DAMAGED AFFECTED PORTION OF CAR.	2 x 484	2420.00	968		2420.00
7	1	S35100-77RA0-000 HEADLAMP ASSY,R / <i>CRA</i>	1.00	1242.15			1242.15
8	2	S35500-54P00-000 LAMP ASSY,FOG AND DRL / <i>CAT</i>	1.00	216.55			216.55
9	3	S35526-78R00-000 BRACKET,FOG LAMP,R / <i>?</i>	1.00	36.30			36.30
10	4	S58200-78R00-000 PANEL,FR OUTER / <i>DD</i>	1.00	505.65			505.65
11	5	S72381-78R00-000 SHROUD,RADIATOR UPR / <i>?</i>	1.00	60.50			60.50
12	6	S58110-78R00-000 MEMBER COMP,1ST MOUNT / <i>?</i>	1.00	55.00			55.00
For & on behalf of		Customer's Signature	Charge Summary		Total		
Champion Motors (1975) Pte Ltd							
		Please acknowledge receipt of vehicle	Parts		Less		
			Labour				
			Sublet				
			Lubrication/Fluid				
			Others				
					Amount Due		

Company Copy



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JSAGJB74V00116713	K15B1028692	00	Francis Cher T S	--/--/----	0.00 --/--/---- 0.00

L	Cd	Job/Parts Description	Qty	Unit Price	Disc %	Amount
13	7	S58171-78R00-000 MEMBER,LAMP SUPPORT,R	1.00	23.10		23.10
14	8	S58130-78R00-000 PANEL COMP,1ST MOUNT,R	1.00	98.95		98.95
15	9	S58611-78R00-000 PANEL,FR FENDER,R	1.00	142.95		142.95
16	0	S72320-78R00-000 LINING COMP,FRONT FENDER,R	1.00	60.50		60.50
17	1	S71711-78R10-5PK BUMPER,FRONT	1.00	450.70		450.70
18	2	S72110-78R01-C48 GRILLE,RADIATOR	1.00	313.30		313.30
19	3	S71721-78R00-5PK NET,FRONT BUMPER	1.00	34.65		34.65
20	4	S71713-78R00-5PK GARNISH,FR BPR LICENSE(BLACK)	1.00	39.60		39.60
21	5	S71741-78R00-000 SKIRT,FR AIR DAM	1.00	26.40		26.40
22	6	S77511-78R00-5PK GUARD,FR FNDR SPLASH,R(BLACK)	1.00	107.20		107.20
23	7	S77512-78R00-000 PROTECTOR,FR FENDER SPLASH	1.00	20.35		20.35

Steve (LKK)
10/8/22, 10.10
m R
S Lp
PIP
My Rly

For & on behalf of Champion Motors (1975) Pte Ltd	Customer's Signature	Charge Summary	Total	8,817.35
<ul style="list-style-type: none"> 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 	Please acknowledge receipt of vehicle	Parts 3,433.85 Labour 100.00 Sublet 5,283.50 Lubrication/Fluid 0.00 Others 0.00	GST 7.00% 617.21 Less 0.00 Amount Due 9,434.56	

Acknowledged by Repairer
Signature:
Date:

Company Copy

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 Actual 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. 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	28/07/2022 15:33 (SGT)
Reported by	Both
Date of Accident	27/07/2022 14:07 (SGT)
Exact Location of Accident	Near Stadium Stn, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMN5375H
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	SAVADI GAURI PRAKASH
NRIC No	S7778033E
Email Address	p_savadi@hotmail.com
Mobile Phone No	(Phone) +65-90067508
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	JIMNY 1.5 GLX
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	1462


INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D22MTPV01010180

DRIVER

Name of Driver	SAVADI GAURI PRAKASH
NRIC No	S7778033E
Date Of Birth	15/05/1977
Occupation	Indoor

Page 1 of 15

 Accident report SC1R227S0004

Date Of Driving Pass 29/04/2002
 Driving experience 20 YEARS AND 3 MONTHS
 Gender Female
 Mobile Number (Phone) +65-90067508
 Alt. Phone Number
 Email Address p_savadi@hotmail.com
 Address 132 TANJONG RHU ROAD #16-12
 Address complement
 Postcode 436919
 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 Collision - Cross Junction
 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
 Translator's name -
 Translator's ID -
 Translator's phone number -
 Translator's email -
 Original language used in the statement -

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

PLEASE REFER TO ATTACHED

ATTACHMENT(S)

Are accident photos available for attachment? Yes
 Was there any video captured by Car Camera? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJC9472C
 Vehicle Manufacturer Honda
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour Private car
 Vehicle Category -
 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

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 renege on 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' law firms/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 firms/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 firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &
Time 28/7/22
Sketch Plan

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

Witnessed by Reporting Centre
Personnel

A- SMN 5375H
B- SJC 9472C


A
B

Describe Circumstances of the Accident

At 2:10 PM on 10/17/2022, I was driving my vehicle northbound on I-205 near Station 100. I was traveling at approximately 55 mph. I was in the right lane of travel. I was struck by another vehicle from the rear. The vehicle was a white sedan. The driver of the vehicle was not identified. The vehicle was damaged. The driver of the vehicle was not injured. The vehicle was towed to a nearby repair shop. The driver of the vehicle was not identified. The vehicle was damaged. The driver of the vehicle was not injured. The vehicle was towed to a nearby repair shop.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

 10/17/22

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

Witnessed by Reporting Centre Personnel

