





# CITY AUTO PTE LTD

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 :-

Fax No. : 62247175

*Not Authorized*  
*1/ Sing &*  
*Meeting After Rain*  
*5 days*

Estimate : QUOT202208-000526(00)

Date : 12/08/2022

Vehicle No. : GBD8639K

Make/Model : TOYOTA TOYOTA DYNA150  
MANUAL

Mileage (km) : 0

Chassis No. : JTFAT35Y40K204498

Accident Date : 10/08/2022 00:00:00

Claim No. : EB205G

Reference : JO202208-0667

Policy No. : DMCG22007547

S/No	Particular	Quantity	Unit Price	Amount S\$
<b>LIST ITEMS :</b>				
1	RH front door	1.0	1,902.20	RH 1,902.20 ✓
2	RH front door outer channel	1.0	258.40	258.40 ?
3	RH front door regulator	1.0	377.50	RH 377.50 ✓
4	RH front door lock	1.0	334.80	R 334.80 X
5	RH front door sticker	1.0	41.70	R 41.70 X
6	RH front door weatherstrip	1.0	217.30	GM 217.30 500ln
7	RH front door trimboard	1.0	508.80	508.80 ?
8	RH front door hinges	2.0	99.00	RH 198.00 ✓
9	RH front door outer handle	1.0	216.40	R 216.40 X
10	RH step board	1.0	282.40	GM 282.40 ✓
11	RH wheel arch panel	1.0	433.90	R 433.90 ?
12	RH wheel arch garnish	1.0	321.10	Diy 321.10 ✓
13	RH front corner panel	1.0	343.20	RH 343.20 ✓
14	RH front headlamp	1.0	882.60	my no 882.60 ✓
15	RH front headlamp moulding	1.0	28.90	mi 28.90 ✓
16	Front grille	1.0	545.00	545.00 ?
17	Front bumper	1.0	468.20	RH 468.20 ✓
18	Front bumper bracket	1.0	118.20	118.20 ?
19	Front bumper reinforcement	1.0	196.60	196.60 ?
20	Front RH tyre	1.0	215.00	Sm 215.00 X
21	RH front wheel bearing	1.0	166.90	nn 166.90 X
22	RH front absorber	1.0	114.40	Sm 114.40 X
23	RH front knuckle	1.0	846.30	Sm 846.30 X
List Total :				9,017.80
25% Discount S\$				2,254.41
				6,763.39

### SPECIAL NET :

1	Body lettering	1.0	25.00	RH 25.00 ✓
SPECIAL NET Total S\$:				25.00

### LABOUR :

- To remove and install door glass	1.0	120.00	120.00 60l
- To change under carriage	1.0	200.00	nn 200.00 X

CONTINUE NEXT PAGE



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MANUAL

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Chassis No. : JTFAT35Y40K204498

Accident Date : 10/08/2022 00:00:00

Claim No. : EB205G

Reference : JO202208-0667

Policy No. : DMCG22007547

S/No	Particular	Quantity	Unit Price	Amount S\$
-	To check alignment	1.0	60.00	60.00 <i>na</i>
-	To knock jackout damaged parts, panel beating, welding, align, refix and to renew accident parts	1.0	750.00	750.00 <i>Good</i>
-	Spray painting on affected & replace parts	1.0	800.00	800.00 <i>Food</i>
				1,930.00

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

Acknowledged by Repairer

Signature:

Date:

E. & O.E.

Total S\$: 8,718.39

GST 7% S\$: 610.29

Amount Due S\$: 9,328.68

for CITY AUTO PTE LTD

# 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 ..... 11/08/2022 15:33 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 10/08/2022 11:00 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... ALONG KITCHENER ROAD  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBD8639K

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... UNITED SINGAPORE BUILDERS PTE. LTD.  
Company Reg No ..... ~~SXXXX513G~~ 201322156L  
Email Address ..... IRENE\_TAN@UNITEDBUILDERS.COM.SG  
Mobile Phone No ..... (Phone) +65-94892588  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Dyna  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... -  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Commercial vehicle  
Transmission ..... Manual  
CC ..... 2988

### INSURANCE COMPANY

Name of Insurance Company ..... ERGO Insurance Pte. Ltd.  
Policy Number / Cover Note Number ..... DMCG22007547

### DRIVER

Name of Driver ..... MOHAMAD YAZID BIN ROKANI  
NRIC No ..... SXXXX513G  
Date Of Birth ..... 15/05/1971  
Occupation ..... Outdoor

Date Of Driving Pass .....	08/03/1994
Driving experience .....	28 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96447735
Alt. Phone Number .....	-
Email Address .....	IRENE_TAN@UNITEDBUILDERS.COM.SG
Address .....	224, YISHUN ST 21, #05-487
Address complement .....	-
Postcode .....	760224
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
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) .....	2
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 .....	-

PASSENGER 1

Name .....	PASSENGER
Gender .....	Male

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

REFER SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	EB205G
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

**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)**

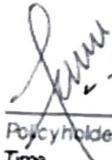
I understand, acknowledge, agree and consent that:

(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")

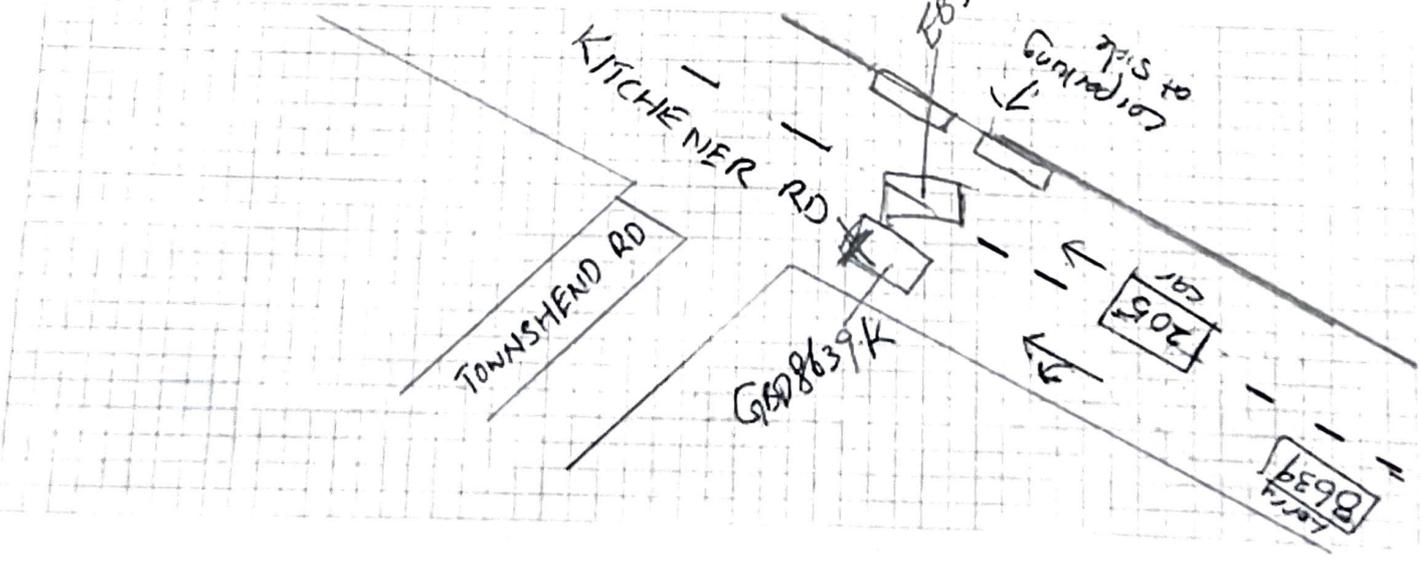
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the 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.

X  
  
  
 Policyholder's Signature / Date & Time

 11/8/2022  
 Driver's Signature (If driver is not the policyholder) / Date & Time

**CITY AUTO PTE LTD**  
 Blk 8 Sin Ming Road  
 #01-55/60/62 Sin Ming Ind Est  
 Singapore 575643  
 Tel: 6453 1235 Fax: 6453 7914  
 Witnessed by Reporting Centre Personnel

**Sketch Plan**



**Describe Circumstances of the Accident**

On 10/8/2022 about 11am, I was driving along Kitchener road on the left lane.

Vehicle (EB205G) was traveling the same road as me first on the dotted line then slowly on the right lane.

Seeing vehicle (EB205G) took the right lane, I continue moving straight when suddenly I heard a bang sound coming from my right side and shock me for a while.

When I stop my vehicle, I saw vehicle (EB205G) has bang my right side. Cause damage of my driver side door & corner of my front headlight.

At first Mr Tan Yew Hue had ask for private settlement. But the next day around 1130am he decided to make report to insurance instead.

**Declaration**

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

*[Signature]* 11/8/2022

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

**CITY AUTO PTE LTD**  
811 8 Sin Ming Road  
#01-58/60/62 Sin Ming Ind Est  
Singapore 575643  
Tel: 6453 1235 Fax: 6453 7944  
(Claims Section)

Witnessed by Reporting Centre Personnel