

HWA SENG SPRAY PAINTING PTE LD

160 Sin Ming Drive
#05-11 Sin Ming Autocity
SINGAPORE 575722

(COMPANY REGISTRATION NO.: 202017045G)
TEL : 64533100
FAX : 62669932

Date of Accident: 17/10/2022

Your Insured
Vehicle No.: GBE 911X

*Not Authorized
Permy Bepasm 4 days*

ESTIMATE REPAIR COSTS TO TOYOTA RAIZE REG. NO. : SNF 5793 P

	S\$
1pc O/S Headlamp	Grt 3579.80 ✓
1pc O/S/F Fender	Bu 691.70 ✓
1pc O/S/F Fender Garnish	Ort 105.70 ✓
1pc O/S/F Fender Inner Shield	Su 281.50 X
1pc Front Bumper	Tr 1148.50 ✓
1pc Front Bumper Right Retainer	Ort 67.90 ✓
1pc Front Bumper Right Fog Lamp Cover	Mrt 129.30 ✓
1pc Front Bumper Grille	Grt 422.60 ✓
1pc Front Bumper Outer Moulding	Su 237.80 X
1pc Front Bumper Right Sensor	Mrt 340.10 ✓
1pc Bonnet	R 1294.10 X
1pc Front Bumper Reinforcement	R 855.00 X
1pc Front Bumper Lower Spoiler	Ort 436.30 ✓

	9590.30
Less : 25%	2397.58

	7192.72

LABOUR & MISC CHARGES

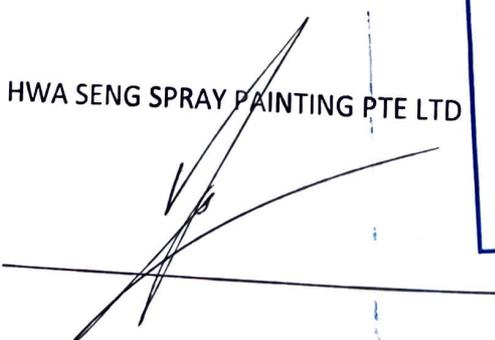
Panel Knocking	750.00	<i>450</i>
Spray Painting	800.00	<i>600</i>
Wire Checking	80.00	<i>20</i>

8822.72

- LKK Auto Consultants** hence notify the Repairer of the following:
- To resurvey before/after spray painting
 - To display damaged parts, pending 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:

HWA SENG SPRAY PAINTING 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 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	18/10/2022 12:26 (SGT)
Reported by	Driver
Date of Accident	17/10/2022 23:10 (SGT)
Exact Location of Accident	266 Yishun Street 22, Singapore 760266
Additional Location Information	CAR PARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SNF5793P

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	THE CAR REGENCY PTE. LTD.
Company Reg No	200703745Z
Email Address	steve@thongleeauto.com
Mobile Phone No	(Phone) +65-96919911
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	RAIZE
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 hire
Transmission	Auto
CC	1200

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5121815884-01

DRIVER

Name of Driver	TAN KIM CHUAN
NRIC No	S1371508D
Date Of Birth	23/09/1959
Occupation	Outdoor

Date Of Driving Pass	06/01/1977
Driving experience	45 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86917908
Alt. Phone Number	-
Email Address	steve@thongleeauto.com
Address	BLK 266 YISHUN STREET 22
Address complement	#05-172
Postcode	760266
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	Collided into Parked Vehicle
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)	0
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?	Yes
Police Station Name	Yishun North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008529999
Alt. Police Station Phone No	(Fax) +65-68522299
Police Station Address	31 Yishun Central Singapore 768827
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO THE ATTACHED SKETCH & POLICE REPORT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	Video SD Card With Traffic Police

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBE911X
Vehicle Manufacturer	-
Vehicle Model	-

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.

B. 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 enquires 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.



[Handwritten signature]

[Handwritten signature]

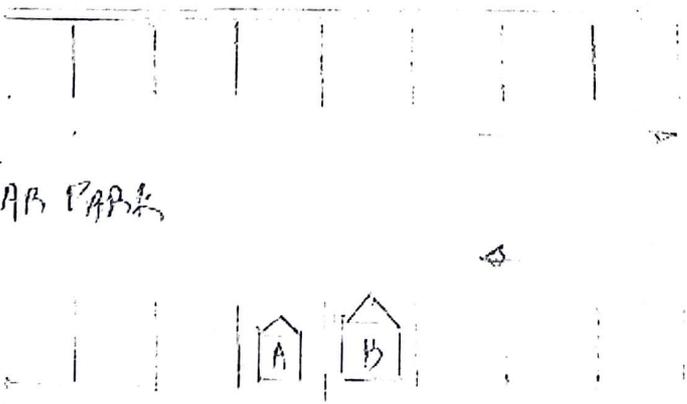
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

VISION RT 22
OPEN SPACE CAR PARK



A = SMC 6793 P
B = EBE 911 X

Describe Circumstances of the Accident

UPON HEARING A LOUD CAR ACCIDENT BANG FROM MY
LIFE FLAT, I RUSHED TO LOOK OUT OF MY WINDOW AND
SAW A REVERSING BOX VAN LOBBY HITTING MY PARKED
CAR FROM RIGHT BASTY, OBVIOUSLY MISTAKEN IN A
VALEANT PARKING LOT.

BY THE TIME I RUSHED DOWN TO THE SCENE, LOBBY
WAS ALREADY MOVED AND PARKED ASIDE. DRIVER WAS
NOT AROUND, HIT AND RUN.

NO ONE WAS INJURED.

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 Centre Personnel