E.S. RECEY: Tought REF. US GHI 2201	1746/Twy5.
ASSIC	GNMENT
rom: Date:	Veh No. SMG 8264L. Yr Regn: 2018 , Dec.
stimate Clost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
DITHINST PRESIOD RESIEVAINVINV	Truck/Traller or
o Inspect/ehide No:	Make: Manda 6 c.c 1998
f Workship m/s	Colour Red A/C: Insured / Std / NI / NA
f	Sp.Reading 42672. T/Radio: Insured / Std / NI / NA
rsured:	Eng/No:
Policy No.	C/No: 8m69L/072K03/1105
Claims No	Gen. Cond: Good   Fair   Poor   Burnt
Sum Insted: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Cilenf'sRecord)	Brake: inprogr / Jammed / Leaked / Burnt or
viake of Veh:	Modi: Nil / S/Righ / STD A/Rim or
	Tyre Size: F: 225/55/97
(Policy Condition)	7 ~
Remark: The veh had commenced its N/S 0/S	BE DUN / EXNOVA / GY /FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO / YOKO or
Sal. or Warket Value:	Front Rear
DAC Accident Room: Consistent? : Yes or No	R/Bal. 6 mm R/Bal. 6 mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. L/Bal. to mm
Est. Repairs: days Res.: Yes of No	D.O.A. D.O.I. 23 11 22
Lum Sum: % 3 Val.: Yes or No	Survey held at ARC Thin Gran
CA / REV / REP. / 24 HRS W	Des. of Damages : Frt Reat I OIS I NIS I UIC I Rooftop or
Vehicle: IN/OU	
Date:Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time   Action / Instruction	
1	1
Date/Tine, File Pass 10? : Preli. Report	Days Of Repair:
; Final Report	Resurvey No. of Trip: Survey Fee:
Date/Time, File Refurn to?	Transportation:
Add F	Fee:   Site Insp (\$ )s+Rssi
16.7	10.1
,	:Interview (\$ ) Photos
Report ormer:	: Teuh, mys (% ) Others

# Automotive Repair Centre Pte Ltd

CO. Reg. No.: 201312913C

**Estimate** 

48 Toh Guan Road East (Enterprise Hub)

#02-146, Singapore 608586

Tel: 64688834 Fax: 67228585

E-mail: info@automotiverepaircentre.com.sg

ESTIMATE NO.: EST2211-627-TG

DATE: 21-Nov-2022

POLICY NO.:

VEHICLE REG. NO.: SMG8264L

VEHICLE MAKE: MAZDA6 SEDAN 2.0 AT STANDARD 2WD

JM6GL1072K0311105

Motor Claim Department

QBE INSURANCE ( SINGAPORE ) PTE LTD

1 Wallich St, #35-01 Guoco Tower, Singapore 078881

Tel: +65 6224 6633

FOR	SU	R٧	E١	OR.

## **ESTIMATE REPAIR COST**

NO.	NO. DESCRIPTION		QUANTIT	Y U	NIT COST	TO	TAL COST	
	SPARE PARTS			1				
1	Rear Bumper		1	\$	1,185.00	\$	1,185.00	ינו
2	Rear Bumper Side Retainer LH/RH		2	\$.	62.50	\$		ک
3	Rear Bumper Reinforcement		1	\$	525.80	\$	525.80	7
4	Rear Bumper Towin	g Cover LH/RH	2	\$	66.00	\$	132.00	le
5	Rear Boot		1	\$	970.50	\$	970.50	46
6	Rear Boot Emblem		1	\$	75.80	\$	75.80	US
7	Rear Boot Lock		1	\$	235.10	\$	235.10	ァ
8	Rear Boot Weathers	strip	1	\$	185.20	\$	185.20	1
9	Rear Boot Logo (Mazda)  Rear Boot Logo (6)  Rear Boot Logo (Skyactive)		1	\$	54.70	\$	-54.70	ne
10			1	\$	39.50	\$	39.50	NH
11			1	\$	106.80	\$_	106.80	
12	Rear Boot Hinge LH	/RH	2	\$	310.50	\$	621.00	RN
13	Rear End Panel		1	\$	725.80	\$	725.80	R
14	Rear End Panel Top	Garnick Auto Consultants hence notify	++7	\$	358.30	\$		7
		the Repairer of the following:		Parts	Less 20%	\$	(1,068.10)	ì
		To resurvey before/after spray painting     To display damaged and/order		Total !	Spare Parts	\$	4,272.40	
	SPECIAL NETT	To display damaged part(s) during resurvey     Parts prices are subject to confirmation						l
15	Rear Bumper Clips	<ul> <li>Third party survey is on a "Without Prejudice".</li> </ul>	basis 10	\$	5.00	\$	50.00	3,
16	Rear Reverse Sensor	No illegal modification(s) is allowed     Supplementary items.)	1	\$	200.00	\$	200.00	n
	Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Compa		d noany	Total :	Special Nett	\$	250.00	
	LABOUR	Acknowledged by Repairer	T					
17	Remove, Refit and	epairnaffected Accident Parts	1	\$	800.00	\$	800.00	6
18		mpere:Rear Boot, Rear End Panel)	1	\$	800.00	\$		B
19	Remove & Refit Rear	Reverse Sensor	++	\$	80.00	\$	80.00	3
20	Apply Rust Proofing of	on Replaced/Repaired Panel	1	\$	100,00	\$	100.00	3
21	Check and rectify electrical wiring		1 1	\$	50.00	\$	50.00	2
L	ate prepared by: IAMES TAN				Cotal Labour	è	1 920 00	1

Estimate prepared by: JAMES TAN

The above is an estimate based on our inspection and does not cover any additional parts or labour which may be required after work has been started. Occasionally, worn or damaged parts are discovered which may not be evident on the first inspection. Because of this, the above price are not guaranteed. Quotation on parts and labour are current and subject to change.

Total Labour 1,830.00 **Amount Before Excess** 6,352.40 Add GST @ 7% 444.67 Total Amount Payable \$ 6,797.07

Tangilla 97495749

We 23/11/218 1250

taufilla @ lbhantown

5 days

Plp Resurvey before point

Page 1 of 1

SA1T22BH0004 / Automotive Repair Centre Pte Ltd ENTRY DATE & TIME: 17/11/2022 10:34 (SGT) SUBMITTED BY: TAN WEI KIAT VERSION: 1 (17/11/2022 10:34 (SGT))

# 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 witholding 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 Reported by Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss	17/11/2022 10:34 (SGT) Driver 16/11/2022 18:57 (SGT) Near Opp SIM HQ, Singapore ALONG CLEMENTI ROAD TOWARDS JALAN ANAK BUKIT Singapore
DETAILS OF	OWN VEHICLE: 3.28 3.23 100 200 200 200 200 200 200 200 200 200
Vehicle Registration Number	SMG8264L
INSURED/POLICYHOLDER	
Is company? Name Of Registered Owner NRIC No Email Address Mobile Phone No Alternative Phone No	No TAM PET FANG SXXXXSSJ PETFANGTAN@YAHOO.COM (Phone) +65-96465554
VEHICLE PARTICULARS	
Manufacturer  Model  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?  Vehicle Category  Transmission  CC  INSURANCE COMPANY	Mazda 6 No - Claiming third party Private car Auto 2000
Name of Insurance Company Policy Number / Cover Note Number	Auto & General Insurance (Singapore) Pte, Limited. P10495718R01
DRIVER	
Name of Driver NRIC No Date Of Birth Occupation	NG YEW HIEN SXXXX434H 02/05/1988 Indoor

Date Of Driving Pass	01/08/2017
Driving experience	5 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98077945
Alt. Phone Number	-
Email Address	NYEWHIEN88@GMAIL,COM
Address	52 BUKIT BATOK EAST AVE 5
Address complement	-
Postcode	19-08
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	110
(	
Insurance Company of Other Vehicle Owned by Driver	•
GENERAL INFORMATION OF THE ACCIDENT	
Towns of Assistant	
Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Wet
and the second s	
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	Al-
Number of vehicles involved in the accident	No
Was anybody injured in the Accident?	2
Was any injured conveyed to begrital by ambulance?	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)	31
soliciting/offering accident claims assistance? Translator's name	No
	si .
Translator's ID	<b>a</b> :
Translator's phone number	к
Translator's email	*
Original language used in the statement	*
PASSENGER 1	
Name.	
Name	SON
Gender	Male
DETAILS OF POLICE ACTION	
M. d	
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
f yes, against whom?	<b>-</b> ,
CIRCUMSTANCES OF ACCIDENT	
DEEED TO CHETCH BLAN	
REFER TO SKETCH PLAN	
ATTACHMENT(S)	
Are accident photos available for attachment?	Yes
Vas there any video captured by Car Camera?	No
tao alolo ally video suprator by Oal Oalliolo!	NO
COLOR TO BE SERVICE OF THE SERVICE O	
DETAILS OF OTHER	VEHICLE PROPERTY 1
ehicle Registration Number	SMA7759P
/ehicle Manufacturer	-
/ehicle Model	
enicle Woder	
SOURCE CONTRACTOR OF THE SECOND SECON	

Vehicle Colour	
Vehicle Colour Vehicle Category	
Name of the	Private car
NRIC No	LIU SHAO XIONG
Contact Number Address	SXXXX696J
Address Address complement	(Phone) +65-96756744
Address complement Postcode	-
Postcode	-
Insurance Company Name Nature Of Damage	
Nature Of Damage Details of property damaged in accident	-
Details of property damaged in accident  No. Of Passenger (Including Principle)	₽.
No. Of Passenger (Including Driver)	-,

### SKETCH PLAN

## IMPORTANT NOTICE

- 1. Please report correctly the delete of the accident to speed up the claims process.
- 2. This Form must be comeleded by the Policyholder and/or the Actual Driver.
- 3. Information provided must be as jouthful and according an acceptable. Any whitel misrepresentation or withholding of material facts may allow insurance companies to repudiate policy hability-
- 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 Traffic Police Department for investigation.
- 6. This report will be forwarded by the insurers to the GIA Records Management Centre established by the General Insurance Association of Singapore (GtA) 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 consont that:

- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") maylare permitted to collect, use, disclose and/or process my personal dista/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 Moretary Authority of Singapore and any relevant government agency/authority (such as the posce), 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;
- (li) investigating the accident and/or my claims:
- (ia) 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
- (v) complying with applicable law in administering, processing, handling anxior 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.

Policyho'dor's Signature / Date & Time Dibera Stor (if driver is not the policyholder) / Date by Reporting Centre Personnal (Name as in NRICAD card) & Типо Sketch Plan Sm6826

Accident report SA1T22BH0004

1

ribe Circumstance of the A		-
6/	16/11/2022 @ 1857 HRS I WAS DRIVING ALONG.	_
Cu	MENTI ROMD. THE TRAFFIC WAS HEAVY. MY VEHICLE	_)
ON 16/11/2022 @ 1857 HRS , I WAS DRIVING ALONG.  CLEMENTI ROND. THE TRAFFIC WAS HEAVY. MY VEHICLE  WAS STATIONARY. SUDDENLY, VEHICLE (B) HIT ONTO THE REAR  OF MY VEHICLE. NOBORY WERE MYURIED.	_	
OF	MY VEHICLE. NOBARY WERE INJURIED.	
		_
- Julie		
		1
		_
		_
		-
		_
(1		
Declaration  We declare the foregoing par	cutars are two in every respect.	
Ha.	fri James	
Portmoldère Signature / Date à	Driver's Signaphire it driver is not the policyholder) / Date  8. Time  Driver's Signaphire it driver is not the policyholder) / Date (Name as in NRICID care)	

2