





FALCON - AIR

FALCON - AIR AUTO SERVICES PTE LTD

Co. Reg. No. : 199501140D  
GST Reg. No. : 199501140D

TAN NAN YANG GABRIEL  
C/O 176 SIN MING DRIVE #01-06/07  
SIN MING AUTOCARE 575721

Attention : Motor Claim Department

Contact : 94557400

Estimate : ES012579

Date : 18/02/2023

Vehicle Num. : SJP 836C

Make/Model : HONDA FIT 1.3 GF CVT-2018/2019

Chassis/Eng# : L13B1452544

Accident Date : 10/02/2023

Claim No. :

Reference : TP - INCOME AGT MS FIRST CAP

Policy No. : 5116174830-02

*Not Withheld  
Punary B4pain  
3days*

S/N	Quantity	Particular	Unit Price	Amount S\$
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- |    |      |                         |  |  |
|----|------|-------------------------|--|--|
| 1. | 1 PC | LIST ITEMS :            |  |  |
| 2. | 1 PC | REAR BUMPER             |  |  |
|    |      | LH REAR BUMPER RETAINER |  |  |

List Total S\$ :  
20.00% Discount S\$ :

723.30

178.00

901.30

180.26

721.04

- |    |       |                      |  |  |
|----|-------|----------------------|--|--|
| 1. | 1 SET | SPECIAL NETT ITEMS : |  |  |
|    |       | REAR BUMPER CLIP     |  |  |

Special Nett Total S\$ :

60.00

60.00

LABOUR :

TO REMOVE/REFIX REVERSE SENSOR

TO REPAIR LH REAR FENDER INCLUDING REPLACEMENT OF PARTS

TO SPRAY PAINT LH REAR FENDER, REAR BUMPER

50.00

480.00

600.00

Labour Total S\$ :

1,130.00

E. & O.E.

Total S\$ :

1,911.04

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for FALCON AIR AUTO SERVICES PTE LTD

The quotation was prepared from visual inspection. Further materials and labour charges may be required. Please notify the Repaire 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 Repaire

Signature:

Date:

FALCON - AIR AUTO SERVICES PTE LTD  
(a subsidiary of Falcon-Air Holdings Pte Ltd)

Head Office : Blk 176 Sin Ming Drive #01-06/07/13, #05-17 Sin Ming Autocare S(575721) Tel: 6452-0880 / 6458-0880 Fax: 6454-7862

Branches : Tampines St 93 Blk 9006 #01-200 S(528840) Tel: 6789-7997 Fax: 6788-7997 • No 8 Pandan Loop (Blk 1/Blk K) S(128226) Tel: 6779-5665 Fax: 6779-1110  
Website: www.falconair.com.sg Email: email@falconair.com.sg



# 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 GlA Records Management Centre established by the General Insurance Association of Singapore (GlA) 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 ..... 11/02/2023 11:03 (SGT)  
Reported by ..... Both Policyholder and Actual Driver  
Date of Accident ..... 10/02/2023 18:20 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... ANG MO KIO AVE 6 TO AVE 3  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SJP836C  
INSURED/POLICYHOLDER .....  
Is company? ..... No  
Name Of Registered Owner ..... TAN NAN YANG GABRIEL  
NRIC No ..... SXXXX522I  
Email Address ..... silly89@gmail.com  
Mobile Phone No ..... (Phone) +65-94557400  
Alternative Phone No ..... -

## VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... Fit  
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 ..... 1300

## INSURANCE COMPANY

Name of Insurance Company ..... Income Insurance Limited  
Policy Number / Cover Note Number ..... 5116174830-02

## DRIVER

Name of Driver ..... TAN NAN YANG GABRIEL  
NRIC No ..... SXXXX522I  
Date Of Birth ..... 14/02/1989  
Occupation ..... Indoor

## SKETCH PLAN

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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. 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 yers/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 yers/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 yers/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

