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輝陽汽車有限公司 HUI YANG MOTOR PTE. LTD.

Contact Add : SIN MING AUTOCARE Blk 176 Sin Ming Drive #04-02 Singapore 575721
Tel: 64515752 (2 Lines) . Fax: 64514658
GST Reg No. 201629438M

14/03/2023

Owner: YOONG PUI MEI

ESTIMATE TO REPAIR HONDA VEZEL - SNH4265T

| | | | |
|------|--|--------|-------------|
| 1pc | rear tailgate | | \$ 1,300.20 |
| 1pc | rear tailgate outer garnish | | \$ 680.50 |
| 1pc | rear tailgate "VEZEL" emblem | | \$ 68.50 |
| 1pc | rear bumper | | \$ 1,280.70 |
| 1pc | rear bumper side retainer @\$38.00 | | \$ 76.00 |
| 1pc | rear bumper diffused | | \$ 458.20 |
| 2pcs | rear bumper reflector @\$75.00 | | \$ 150.00 |
| 1pc | rear bumper lower spoiler | | \$ 640.20 |
| 2pcs | rear bumper parking sensor @\$198.50 | | \$ 397.00 |
| 2pcs | rear bumper parking sensor rubber @\$25.00 | | \$ 50.00 |
| 1pc | rear windscreen moulding | | \$ 198.00 |
| | | | <hr/> |
| | | | \$ 5,299.30 |
| | less 20% | | \$ 1,059.86 |
| | | | <hr/> |
| | | | \$ 4,239.44 |
| 1set | rear number plate & casing | s.nett | \$ 50.00 |
| | remove & refit rear windscreen glass | | \$ 120.00 |
| | wiring | | \$ 60.00 |
| | tuffkote | | \$ 60.00 |
| | spray painting | | \$ 800.00 |
| | labour charges | | \$ 800.00 |
| | Total | | <hr/> <hr/> |
| | | | \$ 6,129.44 |



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 | 14/03/2023 14:12 (SGT) |
| Reported by | Driver |
| Date of Accident | 14/03/2023 08:30 (SGT) |
| Exact Location of Accident | Thomson Rd, Singapore |
| Additional Location Information | OUTSIDE THOMSON MEDICAL CENTRE |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|--------------------------|
| Vehicle Registration Number | SNH4265T |
| INSURED/POLICYHOLDER | |
| Is company? | No |
| Name Of Registered Owner | YOONG PUI MEI |
| NRIC No | SXXXX022C |
| Email Address | cherry_yoong@hotmail.com |
| Mobile Phone No | (Phone) +65-92321624 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Honda |
| Model | Vezel |
| 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 | Private hire |
| Transmission | Manual |
| CC | 1500 |

INSURANCE COMPANY

| | |
|-----------------------------------|--------------------------|
| Name of Insurance Company | Income Insurance Limited |
| Policy Number / Cover Note Number | 5131155180 |

DRIVER

| | |
|----------------|-------------------------------|
| Name of Driver | NEO TAY SIAN (LIANG TIECHENG) |
| NRIC No | SXXXX582H |
| Date Of Birth | 19/03/1977 |
| Occupation | Outdoor |

| | |
|--|-------------------------|
| Date Of Driving Pass | 26/12/2003 |
| Driving experience | 19 YEARS AND 3 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-93239928 |
| Alt. Phone Number | - |
| Email Address | ndneo@yahoo.com |
| Address | BLK 509 WOODLANDS DRIVE |
| Address complement | #02-21 |
| Postcode | 730509 |
| 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 | - |
| Insurance Company of Other Vehicle Owned by Driver | - |

GENERAL INFORMATION OF THE ACCIDENT

| | |
|--------------------|--------------------------|
| Type of Accident | Collision - Head to Rear |
| 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 SEE ATTACHED SKETCH PLANS.

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 | SLK4583H |
| Vehicle Manufacturer | Toyota |
| Vehicle Model | Corolla |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | - |
| Contact Number | (Phone) +65-96788007 |

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

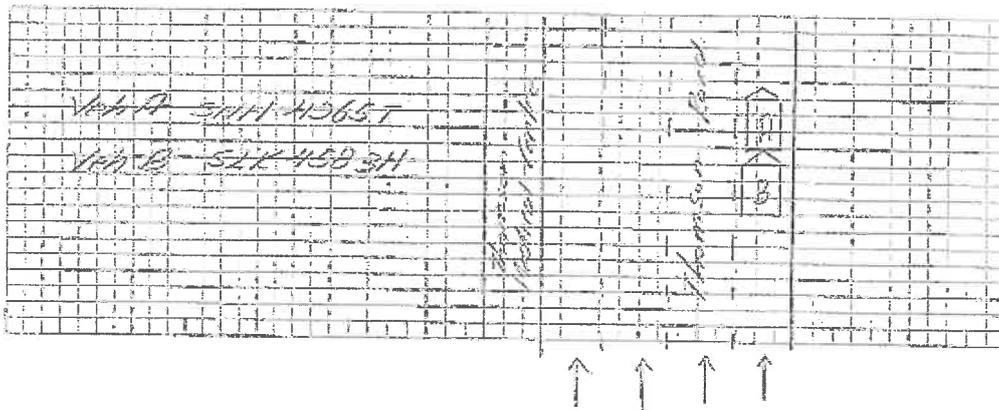
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or His Authorised Agent.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may 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 filed and 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 be 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 insurers(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' law firm/law firms, the Monetary Authority of Singapore and any relevant government agency/authorities (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 making of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to my usual delivery of the same as well as on the external cover of investigation 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 firm/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 firm/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



Describe Circumstances of the Accident

On 14/03/23 at 8:30am, my vehicle A (SMH 42657) was stationary along Thomson Road (Outside Thomson Medical Centre) as the traffic light was in Red. Suddenly I felt an impact vehicle B (SLK 45834) came from behind & hit onto the rear portion of my vehicle A.

- Claim OD
 Claim Third Party
 Claim-OD/TP at other workshop
 Reporting Only

Please forward a copy of my efile accident report to:

My workshop : Hui Yang Motor Pte Ltd

Email address : hui_yang_motor@hotmail.com

Myself email : ndrneo@yahoo.com

Note: Please take note that your Insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own Insurer for more information.

Declaration

I/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

