HWA SENG SPRAY PAINTING PTE LTD

160 Sin Ming Drive #05-11 Sin Ming Autocity

SINGAPORE 575722

(COMPANY REGISTRATION NO.: 202017045G)

TEL:

64533100

FAX:

62669932

Parte of Accident: 03/05/2023 Your Inswed Vehicle No.: 5NF 21834

ESTIMATE REPAIR COSTS TO TOYOTA ESTIMA REG. NO.: SJJ 914 S

			S\$
1pc	Front Bumper		2727.40
1pc	Front Grille		677.60
1pc	Front Bumper Reinforcement		582.30
1pc	Front Bumper Sponge		85.90
2pcs	Headlamp Bracket	(\$22.30/pc)	44.60
1pc	Front Bumper Lower Grille		229.40
2pcs	Front Bumper Retainer	(\$124.30/pc)	248.60
1pc	Engine Lower Cover		236.60
1pc	Rear Bumper		1578.00
1pc	Rear Bumper Sponge		85.90
2pcs	Rear Bumper Retainer (Long)	(\$62.50/pc)	125.00
2pcs	Rear Bumper Retainer (Short)	(\$43.80/pc)	87.60
2pcs	Rear Bumper Reflector	(\$65.00/pc)	130.00
1pc	End Panel		817.00
1pc	Emblem Logo		72.20
1pc	Emblem 'ESTIMA'		53.20
1pc	Emblem 'AERAS'		62.00
1pc	Rear End Panel Top Garnish		378.90
1pc	Rear End Panel Lower Garnish		209.70
			8431.90
		Less : 25%	2107.98
			6323.92

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ESTIMATE REPAIR COSTS TO TOYOTA ESTIMA REG. NO.: SJJ 914 S

		s\$
Bal c/f		6323.92
LABOUR & MISC CHARGES		
Panel Knocking		700.00
Spray Painting		800.00
Wire Checking		80.00
1 Set Reverse Sensor		230.00
Labour to Install Reverse Sensor		100.00
Front Number Plate		50.00
		
	TOTAL	8283.92

HWA SENG SPRAY PAINTING PTE LTD

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SV1023540004 / Vin's Motor Pte Ltd [575722] ENTRY DATE & TIME: 04/05/2023 13:44 (SGT) SUBMITTED BY: KIARA TAN YUN XI VERSION: 1 (04/05/2023 13:44 (SGT))

© SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report <u>correctly</u> the details of the accident to speed up the claims process.

 2. This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>

 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 04/05/2023 13:44 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 03/05/2023 10:40 (SGT) Exact Location of Accident Singapore Additional Location Information **BUKIT BATOK EAST AVE 6** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJJ914S INSURED/POLICYHOLDER Is company? No Name Of Registered Owner SING HUEY ONG S7529547B Email Address KELVIN0649@YAHOO.COM.SG Mobile Phone No (Phone) +65-83839706 Alternative Phone No VEHICLE PARTICULARS Manufacturer Model ESTIMA AERAS 2.4 A SR Variant Exact purpose for which vehicle was being used at time of 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 2362 INSURANCE COMPANY Name of Insurance Company Direct Asia Insurance (Singapore) Pte Ltd Policy Number / Cover Note Number MT/00398702

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

VERONICA CHAND S8020313F 12/07/1980 Indoor

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Date Of Driving Pass	03/04/1999
Driving experience	24 YEARS AND 1 MONTH
Gender	Female
Mobile Number	(Phone) +65-97400185
Alt. Phone Number	•
Email Address	KELVIN0649@YAHOO.COM.SG
Address	BLK 141 SERANGOON NORTH AVE 2 #08-02
Address complement	BER 141 BEHANGOON NORTH AVE 2 #00-02
Postcode	550141
Is the driver the policyholder?	
If No, Relationship of the Driver with the Insured	No
Does Driver Own Other Vehicles?	Spouse
	No
Vehicle Registration Number of Other Vehicle Owned by Driver	
Insurance Company of Other Vehicle Owned by Driver	•
mourance company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Chain Collision
Weather Conditions	
Road Surface	Clear
noau Sunace	Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	Ma
Number of vehicles involved in the accident	No
	3
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	•
Was any other vehicle or property damaged?	No
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	SING HUEY ONG
Gender	Male
Gender	maie
DETAILS OF POLICE ACTION	
1	
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	NO
ii yes, against wildin:	-
CIRCUMSTANCES OF ACCIDENT	
REFER TO SKETCH PLAN	
HEI EIT TO ONE TOTT CAN	
ATTACHMENT(S)	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
read alone only hose captured by Cali Camera:	169



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SKETCH PLAN

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 Actual Driver.
- Information provided must be as <u>toutiful and apparate as possible</u>. Any wiful misrupresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- This report will be forwarded by the insurers to 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 portion.
- By the fodgement 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 evaliable storesaid.

8. Consent under the Personal Data Protection Act (PDPA)

I understand, ocknowledge, agree and consent that:

(a) My insurer, my workshop and the General Insurance Association of Singapore ("GA") 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 transfer in 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 defins including the settlement of the define and any necessary investigations relating to the claims:

- (ii) investigating the accident and/or my daims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by ne;
- (iv) administering my claims (including the mailing of correspondence, statements, invoces, 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 occident and the insurers lawyers liaw firms, maylare permitted to collect, USO, disclose and/or process my Personal Information for one or more of the above Purposes; and

(c) my Personal Information maylean be displayed by any of the Insurers and/or GIA to their third-pony service providers or agents (including their lawyers/law firms), which may be sited outside of Signapore, for one compre of the above Purposes.

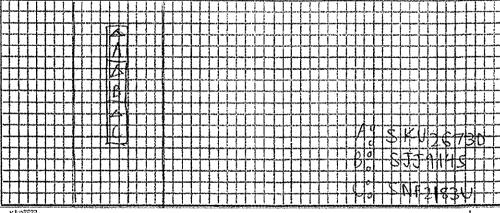
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centro Personnel (Name as in NRIC(D card)

Kan





v30:2027

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SKETCH PLAN#2

Describe Circumstance of the Accident							
On 3/5/2023 at 10.40 am, I was driving my vehicle (SJJ9/45) glong							
Bukit Batok East Ave 6. The car in front of me (SKU2673D)							
On 3/5/2023 at 10.40 am, I was driving my vehicle (SJJ914S) along Bukit Batok East Ave 6. The car in front of me (SKU2673D) suddenly goved down to a Stop. I tried to broke but I did not							
manage to Stop in time and collided into its rear. The vehicle behind me also did not manage to Stop in time (SNF2183U) and its front portion collided into the rear portion of							
behind me also did not manage to Stop in time (SNF2/83U)							
and its front portion collided into the rear portion of							
my vehicle. The rear collision was with much force.							
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** *** *** *** *** *** *** *** *** ***							
THE STATE OF THE PROPERTY OF T							
AND							
The second secon							
AND AND THE RESERVE AND A SECOND STREET, AND A SECO							
Declaration							

Policyholder's Signature / Data & Time Actual Diver's Signature (if driver is not the policyholder) Witnessed by Reporting Centre Personnel (Name as in NRICAD card)

vAm2022

> Back to OneMotoring



Land Transport Authority 10 Sin Ming Drive Singapore 575701

GST Registration No.: M4-0006529-2

Print Date/Time : 05 May 2023 / 10:07:15

Receipt Date/Time: 05 May 2023 / 10:07:15

Tax Invoice/Receipt

Receipt No.: ITNET-00000-230505-000716

Previous Receipt No.:

S/N Item Description/ Business Transaction Reference No.		Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Result of Insurance Enquiry - SNF2183U As at 04 May 2023/13:44:00 Insurance Co: ALLIANZ INSURANCE SING	APORE PTE. LTD.			
1 Insurance Enquiry - SNF2183U Enquiry Fee 20230505100536882521		24.77	1.98	26.75
	Sub-Total	24,77	1.98	26.75
	Total Before Rounding	24.77	1.98	26.75
	Rounding Difference			0.00
	Total Amount Payable			26.75
	Paid By			
	400682XXXXXX8782	eNETS Credit Card		26.75
	Total			26.75
	Cash Change			0.00
	Tendered Amount			26.75
	Excess Refundable Amount			0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.