



MY CAR CONSULTANT PTE LTD

Reg no.: 201605878Z

Address: 60 JALAN LAM HUAT, CARROS CENTRE #05-68 S737896

HP: 93911482

Estimation

Date: 12/3/2023

Vehicle: SNC5099B

Make / Model: TOYOTA ALTIS

INS:

| No. | Description | Unit | Unit Price | Amount |
|-----|--------------------------------|------|-------------|-------------|
| | Parts Replacement: | | | |
| 1 | BOOTLID | 1 | \$ 1,125.00 | \$ 1,125.00 |
| 2 | BOOTLID TOP LOCK | 1 | \$ 398.00 | \$ 398.00 |
| 4 | BOOTLID WEATHER STRIP | 1 | \$ 220.00 | \$ 220.00 |
| 5 | BOOTLID LOGO | 1 | \$ 74.00 | \$ 74.00 |
| 6 | BOOTLID EMBLEM 'ALTIS' | 1 | \$ 65.00 | \$ 65.00 |
| 7 | BOOTLID SENSOR | 1 | \$ 312.00 | \$ 312.00 |
| 8 | BOOTLID EMBLEM 'COROLLA' | 1 | \$ 65.00 | \$ 65.00 |
| 9 | BOOTLID EMBLEM 'LUMEN EDITION' | 1 | \$ 112.00 | \$ 112.00 |
| 10 | TAILAMP C/W CHROME | 1 | \$ 612.00 | \$ 612.00 |
| 11 | REAR BUMPER | 1 | \$ 698.00 | \$ 698.00 |
| 12 | REAR BUMPER SIDE RETAINER LH | 1 | \$ 112.00 | \$ 224.00 |
| 13 | REAR BUMPER BRACKET | 1 | \$ 168.00 | \$ 168.00 |
| 14 | REAR BUMPER SENSOR | 2 | \$ 381.00 | \$ 762.00 |
| 15 | REAR BUMPER REINFORCEMENT | 1 | \$ 395.00 | \$ 395.00 |
| 16 | REAR BUMPER UNDERCOVER | 1 | \$ 259.00 | \$ 259.00 |
| 17 | REAR END PANEL | 1 | \$ 695.00 | \$ 695.00 |
| 18 | END PANEL TOP GARNISH | 1 | \$ 278.00 | \$ 278.00 |
| | | | | \$ 6,462.00 |
| | | | Less 25% | \$ 1,615.50 |
| | | | Total | \$ 4,846.50 |

| | | | | |
|---|---|---|-----------|-------------|
| | S/Nett items: | | | |
| 1 | REAR NUMBER PLATE | 1 | \$ 50.00 | \$ 50.00 |
| 2 | BOOTLID INSULATOR CLIPS | 1 | \$ 30.00 | \$ 30.00 |
| 3 | REAR END PANEL TOP GARNISH CLIPS | 1 | \$ 30.00 | \$ 30.00 |
| 4 | REAR END PANEL SEALANT | 1 | \$ 120.00 | \$ 120.00 |
| | | | | \$ 3,060.00 |
| | Labour to | | | |
| 1 | SPRAY PAINTING ON AFFECTED AREAS | 1 | \$ 800.00 | \$ 800.00 |
| 2 | PANEL BEATING ON AFFECTED AREAS | 1 | \$ 800.00 | \$ 800.00 |
| 3 | REMOVE AND REFIT UPHOLSTERY, SEAT | 1 | \$ 200.00 | \$ 200.00 |
| 4 | REMOVE AND REFIR REAR BOOTLID MECHANISM | 1 | \$ 100.00 | \$ 100.00 |
| 5 | TO CHECK ELECTRICAL WIRING | 1 | \$ 100.00 | \$ 100.00 |
| 6 | APPLY ANTI RUST ON AFFECTED AREAS | 1 | \$ 50.00 | \$ 50.00 |
| | | | | \$ 2,050.00 |
| | Parts Replacement Amount | | | \$ 7,906.50 |
| | Total Amount for Labour | | | \$ 2,050.00 |

| | | |
|--|---------------------|--------------------|
| | | |
| | Total Amount | \$ 9,956.50 |

Tanphun' 97415749/62563561
 'WP' 13/7/23 @ 1240
 L/S Resurvey after repair
 Tanphun @ (Khankh-wan
 - 4 days

LKK Auto Consultants hence notify
 the Repairer 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 Repairer

Signature:

Date:

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 | 06/07/2023 09:47 (SGT) |
| Reported by | Actual Driver |
| Date of Accident | 05/07/2023 18:20 (SGT) |
| Exact Location of Accident | Paya Lebar Rd, Singapore |
| Additional Location Information | - |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------------|
| Vehicle Registration Number | SNC5099B |
| INSURED/POLICYHOLDER | |
| Is company? | Yes |
| Name Of Registered Owner | FOCUS RENTALS PTE LTD |
| Company Reg No | 2XXXXX450G |
| Email Address | operations@focusrentals.sg |
| Mobile Phone No | (Phone) +65-92399665 |
| Alternative Phone No | (Office) +65-98875600 |

VEHICLE PARTICULARS

| | |
|--|----------------------------------|
| Manufacturer | Toyota |
| Model | Corolla |
| Variant | ALTIS HYBRID ELEGANCE(AUTO)(2WD) |
| Exact purpose for which vehicle was being used at time of accident | Private hire |
| Are you claiming under your own insurance policy for repair to your vehicle? | No - Claiming third party |
| Vehicle Category | Private hire |
| Transmission | Auto |
| CC | 1798 |

INSURANCE COMPANY

| | |
|-----------------------------------|---------------------------------------|
| Name of Insurance Company | India International Insurance Pte Ltd |
| Policy Number / Cover Note Number | D20MFL0007747 |

DRIVER

| | |
|----------------|----------------|
| Name of Driver | TAN JIAN SHOON |
| NRIC No | SXXXX313J |
| Date Of Birth | 29/09/1980 |
| Occupation | Outdoor |

| | |
|--|------------------------------|
| Date Of Driving Pass | 05/03/2003 |
| Driving experience | 20 YEARS AND 4 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-92399665 |
| Alt. Phone Number | - |
| Email Address | operations@focusrentals.sg |
| Address | 11 TAMPINES STREET 86 #04-32 |
| Address complement | - |
| Postcode | 528588 |
| 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 | 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) | 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 | UNKNOWN |
| Gender | Female |

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

ON 05/07/2023 AT AROUND 1820HRS, I WAS DRIVING VEHICLE A (SNC5099B) ALONG PAYA LEBAR ROAD. SHORTLY AFTER STOPPING AT A RED TRAFFIC LIGHT, VEHICLE B (SJJ3398L) COLLIDED ONTO THE REAR OF VEHICLE A.

NOBODY WAS INJURED AND NO OTHER VEHICLES INVOLVED.

ATTACHMENT(S)

| | |
|---|-----|
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera? | No |

DETAILS OF OTHER VEHICLE PROPERTY 11

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SJJ3398L |
|-----------------------------|----------|

| | |
|---|-------------|
| Vehicle Manufacturer | Honda |
| Vehicle Model | JAZZ 1.4A |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | - |
| Contact Number | - |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | - |

SKETCH PLAN

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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 lodgment of this report to the insurers, you hereby consent to the archiving of this report at the center 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' 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 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' 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]



Policyholder's Signature / Date & Time

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

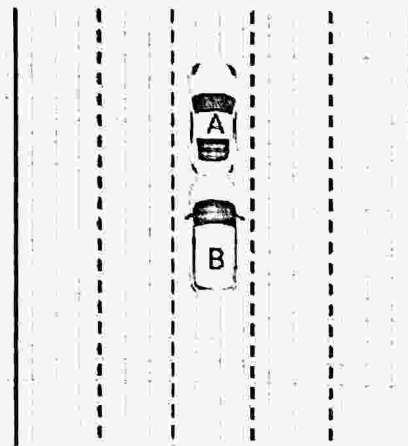
Witnessed by Reporting Centre Personnel

Sketch Plan

06/07/2023 0000HRS

A - SNC5099B
B - SJJ3398L

PAYA LEBAR ROAD



Describe Circumstances of the Accident

ON 05/07/2023 AT AROUND 1820HRS, I WAS DRIVING VEHICLE A (SNC5099B) ALONG PAYA LEBAR ROAD. SHORTLY AFTER STOPPING AT A RED TRAFFIC LIGHT, VEHICLE B (SJJ3398L) COLLIDED ONTO THE REAR OF VEHICLE A.

NOBODY WAS INJURED AND NO OTHER VEHICLES INVOLVED.

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

06/07/2023 0000HRS

FLASH ACCIDENT
REPORTING OFFICER
FRO SUFIYAN



Witnessed by Reporting Centre Personnel