





*Not Authorized*

6453 4730  
6457 1931  
enquiry@sh-motor.com

**WORKSHOP**  
160 Sin Ming Drive  
#07-02 Sin Ming AutoCity  
Singapore 575722

**S&H Motor Pte Ltd**  
Co. Reg. No. : 198701322K  
GST Reg. No.: M2-0076269-0

M/s First Capital Insurance Ltd  
36 Robinson Road #16-01  
City House  
Singapore 068877

File No : SH/2024/0119  
Date : 20/8/2024

Estimated cost of repair for vehicle no: SNF8166E		Hyundai Avante	
Accident involving vehicle no: SNF8166E		&	SHC2080U
		On	19/8/2024
Description	Quantity		List Price
Rear bumper	1	\$	<i>nc</i> 755.00 <i>?</i>
Rear bumper side retainer rh	1	\$	<i>nc</i> 36.90 <i>✓</i>
Rear bumper reverse sensor	1	\$	<i>nc</i> 202.00 <i>x</i>
Rear lamp rh	1	\$	788.00 <i>?</i>
		\$	1,781.90
	LESS 10% <i>20%</i>	\$	178.19
		\$	1,603.71

**Special Nett**

Rear bumper clip	1	\$	<i>nc</i> 40.00 <i>✓</i>
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**Labour**

To dismantle, replace, cut, weld, knock out dents to straighten accident damaged parts.	\$	300.00	<i>200</i>
Remove & refix/replace rear bumper reverse sensor & conduct distance safety setting	\$	70.00	<i>?</i>
Wiring /bulb checking/focusing	\$	30.00	<i>150</i>
To putty & spray paint accident damaged parts and adjacent panels	\$	400.00	<i>220</i>
	\$	2,443.71	

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*11 hp &*  
*Repair After Paint*  
*2 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 First Submission .....	20/08/2024 16:53 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	19/08/2024 21:45 (SGT)
Exact Location of Accident .....	Bukit Panjang, Singapore
Additional Location Information .....	-
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SNF8166E
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	PROGRESSIVE LEASING PTE. LTD.
Company Reg No .....	2XXXXX057M
Email Address .....	SHAREATL@HOTMAIL.COM
Mobile Phone No .....	(Phone) +65-83396986
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Hyundai
Model .....	Avante
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 .....	Auto
CC .....	1598
Vehicle Fuel .....	-
First Registration Date .....	-
Chassis no .....	-
Effective Date/Time of Ownership .....	-

### INSURANCE COMPANY

Name of Insurance Company .....	Income Insurance Limited
Policy Number / Cover Note Number .....	5133005683-01

### DRIVER

**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 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 (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' 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.

**SKETCH PLAN**



Policyholder's Signature / Date & Time

*[Handwritten Signature]*

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



Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

**Sketch Plan**

