

YEW TEE AUTOMOBILE TECH PTE LTD

39 WOODLANDS CLOSE #01-12 MEGA@WOODLANDS S(737856)
25 KAKI BUKIT ROAD 4 #01-61 SYNERGY@KB S(417800)

To: ALLIED WORLD INSURANCE

DATE: 04.09.2024

Dear Sir / Madam:

RE: VEHICLE REPAIR ESTIMATE

Owner : MUHAMMAD AZHAR BIN ABDUL RAHIM

Model : TOYOTA CAMRY

Reg : SMS767S Chassis : JTNB23HK203052055 DOAccident : 02.09.2024

THIRD PARTY CLAIM AGAINST

We are please to submit our estimate of repairs to the above mention vehicle.

	Parts		Labour
1 FRONT BUMPER / <i>BR</i>	\$	950.00	<i>725</i>
2 FRONT BUMPER SIDE RETAINER RH / <i>BR</i>	\$	120.00	
3 FRONT BUMPER BRACKET RH X <i>AN</i>	\$	150.00	
4 FRONT FENDER RH X <i>R</i>	\$	585.00	
Total Parts :	\$	1,805.00	
Less 25%	\$	451.25	
	\$	1,353.75	
42 FRONT BUMPER CLIPS (SET)	nett	\$ 45.00	<i>30</i>
48 To remove, refix, realign, adjust and replace all damaged parts.		\$ 300.00	<i>200</i>
49 TO UNDERCOATING FOR RUST PROTECTION		\$ 20.00	<i>10</i>
50 To wrapping accident section.	<i>Oil</i>	\$ 600.00	<i>400</i>
	\$	965.00	
Grand Total :	<u>\$</u>	<u>2,318.75</u>	

The above estimates are base on visual inspection and it is possible that further materials and labour may be required upon dismantling. Should this occur, we will submit supplementary quotation for further approval.

Shaun : 97432262

Steve (LKK)
6/9/24, 10.00 am
m k
L/S
Lj H y
3 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 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. 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	04/09/2024 17:17 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	02/09/2024 18:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BKE KM 8 EXIT 8
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMS767S
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	MUHAMMAD AZHAR BIN ABDUL RAHIM
NRIC No	SXXXX269F
Email Address	RUMPSHAKER_23@HOTMAIL.COM
Mobile Phone No	(Phone) +65-98512326
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Camry
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	0
Vehicle Fuel	Petrol
First Registration Date	20/03/2020
Chassis no	JTNB23HK203052055
Effective Date/Time of Ownership	20/03/2020 00:00 (SGT)

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5116619576-04

DRIVER

Name of Driver	MUHAMMAD AZHAR BIN ABDUL RAHIM
NRIC No	SXXXX269F
Date Of Birth	14/02/1989
Occupation	Outdoor
Driving Pass Date	13/07/2007
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	17 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98512326
Alt. Phone Number	-
Email Address	RUMPSHAKER_23@HOTMAIL.COM
Address	15 SEMBAWANG CRESCENT #02-25
Address complement	-
Postcode	757060
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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 - Change/cross lane
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?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	EV9229Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 1

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Vehicle Category	NA / Unknown
Name of Driver	-
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Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

Describe Circumstances of the Accident

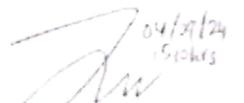
Vehicle 1 : SMS 7675
Vehicle 2 : EV 9229Z

Vehicle 1 was travelling straight towards Exit 8 at BRE on lane 3. Vehicle 2 from lane 2 ~~side~~ ~~so~~ changed lane abruptly causing side swipe to vehicle 1.

Vehicle 2 left without stopping.

Declaration

We declare the following particulars to be true in every respect


04/11/24
Sikes


Actual Driver's Signature (if driver is not the authorized person)
Date & Time

LOH
Witnessed by Reporting Officer Personnel
(Name as in NREG ID card)