



# 輝陽汽車有限公司 HUI YANG MOTOR PTE. LTD.

ALG  
10/19/2024

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

03/09/2024

Owner: LIM HUNG TONG

*NOT Authorised*  
*6/1 hour @*  
*Resurvey After Paint*  
*4-5 days*

**ESTIMATE TO REPAIR HONDA SHUTTLE - SMR1270G**

1pc	rear tailgate		M \$ 1,193.70	✓
1pc	rear tailgate "H" logo		M \$ 58.00	✓
1pc	rear tailgate "SHUTTLE" emblem		M \$ 55.00	✓
1pc	rear tailgate outer garnish		P \$ 480.50	X
1pc	rear tailgate RH reflector		P \$ 380.20	X
1pc	rear tailgate windscreen moulding		M \$ 195.00	✓
1pc	rear tailgate inner rubber		\$ 188.50	?
1pc	rear tailgate inner lock		\$ 385.20	X
1pc	rear RH taillamp		P \$ 581.50	X
1pc	rear bumper		\$ 1,150.60	?
1pc	rear bumper centre chrome		M \$ 195.50	✓
1pc	rear bumper RH side reflector		P \$ 125.50	X
1pc	rear bumper RH side retainer		P \$ 58.20	X
10pcs	rear bumper clip @\$5.00		M \$ 50.00	✓
1pc	rear end panel		\$ 685.00	?
1pc	rear end panel inner garnish		\$ 285.50	?

less 20%

\$ 6,067.90
\$ 1,213.58
\$ 4,854.32

1set	rear parking sensor		s.nett \$ 280.00	?
1set	rear number plate & casing		s.nett \$ 50.00	X

remove & refit rear windscreen glass		\$ 120.00	✓
sealant		\$ 80.00	405N
wiring		\$ 100.00	201
tuffkote		\$ 100.00	?
spray painting		\$ 1,000.00	400
labour charges		\$ 1,000.00	400
<b>Total</b>		<b>\$ 7,584.32</b>	

**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 approved and is subject to final approval from Insurance Company

Acknowledged by Repairer  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

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## 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 ..... 04/09/2024 13:47 (SGT)  
Reported by ..... Both Policyholder and Actual Driver  
Date of Accident ..... 03/09/2024 21:25 (SGT)  
Exact Location of Accident ..... AYE, Singapore  
Additional Location Information ..... slip road from AYE towards Portsdown flyover  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMR1270G

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... Lim Hung Tong  
NRIC No ..... SXXXX896D  
Email Address ..... nakairo74@yahoo.com.sg  
Mobile Phone No ..... (Phone) +65-91087474  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... Shuttle  
Variant ..... -  
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 ..... 1500  
Vehicle Fuel ..... -  
First Registration Date ..... -  
Chassis no ..... -  
Effective Date/Time of Ownership ..... -

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Policy Number / Cover Note Number ..... DMHCSNW00028052303

### DRIVER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SMM3612S
Vehicle Manufacturer .....	-
Vehicle Model .....	-
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**

**IMPORTANT NOTICE**

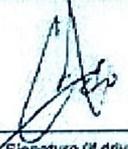
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow 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.

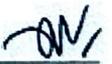
**8. Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

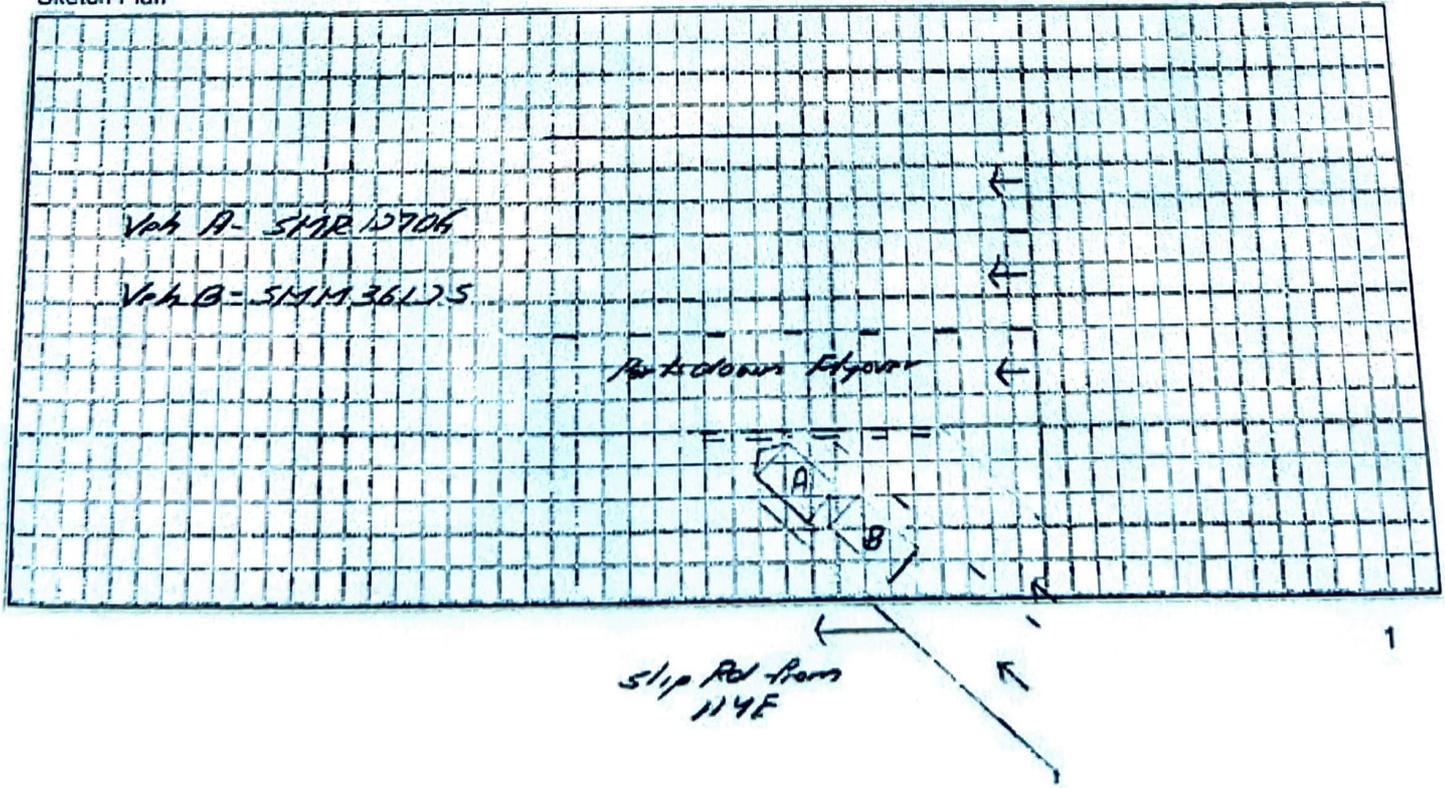
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

  
Policyholder's Signature / Date & Time  
- 4 SEP 2024

  
Driver's Signature (if driver is not the policyholder) / Date & Time  
- 4 SEP 2024

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

**Sketch Plan**



Describe Circumstance of the Accident

On 03/09/24 at 9.25pm, my vehicle A (SMR12706) was travelling along AVE towards Parkdown Flats. My vehicle A was stationary to check for oncoming vehicles, suddenly I felt an impact, vehicle B (SMM36125) came from behind & hit onto the rear portion of my vehicle A.

Declaration

We declare the foregoing particulars are true in every respect.

  
Policyholder's Signature / Date & Time  
- 4 SEP 2024

  
Driver's Signature (if driver is not the policyholder) / Date & Time  
- 4 SEP 2024

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