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OPTIMAIJERHZ SINGAPORE

OPTIMA WERKZ PTE LTD co. Reg. No. 201212455W

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Date:

4/10/2024

Not Nothwith Third Party Insurer:

AUTO & GENERAL

Vehicle No: SNK2993Y

HONDA SHUTTLE ELLY

Third Party Veh No: Date of Accident:

SJK3898E

Model: Chassis:

GK81103534

Estimator:

28/8/2024 **JONATHAN**

Reg.Year:

herwy After Paint Surveyor:

ESTIMATE Surve

NO.	DESCRIPTION	QTY	UNIT S\$	AM	OUNT S	\$\$	
-	RR BOOTLID			\$	Ry	1,250.00	1
IN ANY	RR WEATHERSTRIP			\$		180.00	7
	RR BOOT INNER TRIM BOARD			\$		280.00	7
	RR END PANEL			\$		560.00	1
	RR END PANEL TOP GARNISH			\$		170.00	1
A SI	RR BUMPER			\$	Bn	980.00	7
	RR EMBLEM (SHUTTLE)			\$	N	110.00	4
			SUB TOTAL	\$		3,530.00	7
			Less 20%	-\$		706.00	5
			PARTS TOTAL	\$		2,824.00	0

NO.	SPECIAL NETT	QTY	Y UNIT S\$ AMOUNT		OUNT S	\$	
	RR BUMPER CLIPS			\$	Ma	50.00	
	RR BOOT INNER TRIM BOARD CLIPS			\$	40	50.00	×
	RR W/SCREEN SEALANT	and a second	The second secon	\$	M	100.00	801
			S/N TOTAL	\$		200.00	

LABOUR CHARGES:	
To remove, replace, repair, readjust & refix RR affected areas	\$ 800.00
To perform wiring checks on electrical systems	\$ 30.00 24
To remove, putty, repair, sand and respray affected areas	\$ 600.00
To remove, replace & refix bumper sensors	\$ 30.00
To remove, replace & reinstall Bootlid inner mechansim	\$ 30.00
thanks beneg potify	

To remove, replace	& reinstall Bootlid inner mechansim	7	\$ 30.00
	LKK Auto Consultants hence notify the Repairer of the following: To resurvey before/after spray painting To display damaged part(s) during resurvey	LABOUR TOTAL	\$ 1,490.00
JONATHAN	 Parts prices are subject to confirmation. Trird party survey is on a "Without Prejudice" hasis No illegal modification(s) is allowed Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company 		\$ 4,514.00
	Acknowledged by Repairer Signature:		

Head office 6 Kung Chong Road Singapore 159143

9A Serangoon North Ave 5 Singapore 554500 Tel: (-65) 8472 1313 | Fax: (-85) 6472 2112 | Tel: (-65) 8484 9919 | Fax: (-85) 6481 1993

Branch (Motor Insurance Claims) Blk 10 Ang Mo Kio Ind. Park 2A #01-05 Singapore 568047 Tel: (-65) 6481 1522 | Fax: (-65) 6481 1011



SL0P248T0003 / Lee Sheng Auto Pte Ltd ENTRY DATE & TIME: 29/08/2024 16:58 (SGT) SUBMITTED BY: SHAMIM DANISHA D/O ABDUL RASHEED VERSION: 1 (29/08/2024 16:58 (SGT))



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 witholding of material facts may allow insurance companies to repudiate policy liability.

3. Information provided must be as trutinul and accurate as possession 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 Reported by **Date of Accident Exact Location of Accident** Additional Location Information Country/State of Loss

29/08/2024 16:58 (SGT) **Actual Driver** 28/08/2024 10:30 (SGT) Jurong Town Hall Rd, Singapore TOWARDS WEST COAST ROAD Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SNK2993Y

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No **Email Address**

Mobile Phone No Alternative Phone No No

IRENE OOI CAI LING

S9529747A

SOTIRENE0825@GMAIL.COM

(Phone) +65-98629231

VEHICLE PARTICULARS

Manufacturer

Model

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? Vehicle Category

Transmission

CC

Vehicle Fuel

First Regisration Date

Chassis no

Effective Date/Time of Ownership

Honda Shuttle

Private use

No - Claiming third party

Private car

Auto

1496

Petrol

GK81103534

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

Income Insurance Limited 5135920058-01

DRIVER

SKETCH PLAN

APORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 2 This Form must be completed by the Policyholder add/or the Adual Driver
- 3 Information provided must be as <u>Includid and accurate as possible</u>. Any wife interceptusentation or withholding of material facts may allow insurance companies to repurchate points, inability.
- 4. The issue and acceptance of this florm 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 cookes of this report will fer a fee be made available upon application by interested parties.
- 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.

S Consent under the Personal Data Protection Act (PDPA)

Lunderstand, acknowledge, agree and consent that

(a) My insurer my workshop and the General insurance Association of Singippore (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 "Porsonal 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:

(6 processing, hand) ng and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to

(ii) investigating the accident and/or my claims.

(ai) carrying out and/or dealing with my instructions or responding to any enguines by me,

(w) administering my claims (including the making 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 we'll as on the external cover of envelopes/mail backages); ancier

(v) complying with applicable law in administering, processing thandling and/or dealing with my dams

(collectively the Purposes)

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers havyers have firms, may are permitted to collect, use idisclose and/or process my Personal Information for one or more of the above Porposes, 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 Apripages

June

Policyholder's Signature / Date & Time

Actual Oriver's Signature (if driver is not the porcyholder) / Date A Time

Witnessed by Reporting Centre Personnel (Name as in NRIC4D pard)

Sketch Plan

