

# MY CAR CONSULTANT PTE LTD

Reg no.: 201605878Z

Address: NO:60 JALAN LAM HUAT CARROS CENTRE #05-68 5737869

HP: 98888885

## Estimation

Date:

28/10/2024

Vehicle:

SNP5580J

Make / Model:

HYUNDAI KONA OS

No.	Description	Unit	Unit Price	Amount
Parts Replacement:				
1	FRONT WIPER WASHER TANK	1	\$ 412.00	\$ 412.00
2	FRONT BUMPER	1	\$ 1,258.00	\$ 1,258.00
3	FRONT BUMPER LOWER	1	\$ 812.00	\$ 812.00
4	FRONT BUMPER SIDE RETAINER	2	\$ 72.00	\$ 144.00
5	FRONT BUMPER SPONGE	1	\$ 215.00	\$ 215.00
6	HEADLAMP RH	1	\$ 2,798.00	\$ 2,798.00
7	FRONT FENDER RH	1	\$ 1,125.00	\$ 1,125.00
8	FRONT FENDER EMBLEM	1	\$ 52.00	\$ 104.00
9	FRONT FENDER WHEEL ARCH RH	1	\$ 398.00	\$ 398.00
				\$ 7,266.00
			Less 20%	\$ 1,453.20
			Total	\$ 5,812.80
S/Nett items:				
1	FRONT BUMPER CLIPS	1	\$ 50.00	\$ 50.00
2	FRONT SUPPORT TOP GARNISH CLIP	1	\$ 50.00	\$ 50.00
3	FRONT FENDER COWLING CLIPS	1	\$ 50.00	\$ 50.00
				\$ 150.00
Labour to: FRONT				
1	TO CHECK ELECTRICAL WIRING	1	\$ 150.00	\$ 150.00
2	CONDUCT WHEEL ALIGNMENT	1	\$ 150.00	\$ 150.00
3	REALIGN HEADLAMP	1	\$ 100.00	\$ 100.00
4	RESET TROUBLE CODE	1	\$ 300.00	\$ 300.00
5	SPRAY PAINTING ON AFFECTED AREAS	1	\$ 500.00	\$ 500.00
6	PANEL BEATING ON AFFECTED AREAS	1	\$ 500.00	\$ 500.00
				\$ 1,700.00
Parts Replacement Amount				\$ 5,962.80
Total Amount for Labour				\$ 1,700.00
Total Amount				\$ 7,662.80

Steve CLKK)

28/10/24, 11.30am

W P/P

My BL sky

3 days (+1 day if fml suppl delayed)

- 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	25/10/2024 14:09 (SGT)
Reported by	Actual Driver
Date of Accident	25/10/2024 10:20 (SGT)
Exact Location of Accident	The Riverwalk, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNP5580J
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	LUMENS PTE LTD
Company Reg No	2XXXXX961K
Email Address	accident@lumens.sg
Mobile Phone No	(Phone) +65-87781765
Alternative Phone No	(Office) +65-87781765

#### VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	SX2 KONA 1.6 GDI HEV
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	1580
Vehicle Fuel	Petrol-Electric
First Registration Date	-
Chassis no	KMHBB811VRU037070
Effective Date/Time of Ownership	-

#### INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	24-MAB00576-R00

#### DRIVER



Name of Driver	TAN HAI CHOON,PETER
NRIC No	SXXXX363E
Date Of Birth	27/04/1966
Occupation	Outdoor
Driving Pass Date	25/10/1983
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	41 YEARS
Gender	Male
Mobile Number	(Phone) +65-84270882
Alt. Phone Number	-
Email Address	accident@lumens.sg
Address	127A KIM TIAN ROAD #05-537
Address complement	-
Postcode	161127
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	Side Swipe
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

ON THE 25102024 AROUND 1020HRS I WAS DRIVING VEHICLE (A) BEARING REGISTRATION NUMBER (SNP5580J) ALONG 20 RIVERWALK RD. THERE WAS A VEHICLE INFRONT ME IN A STATIONARY POSITION AND I HAVE TO TURN RIGHT SIDE TO PICK UP MY PASSENGER SO I SLOWED DOWN TURN ON MY INDICATOR TO TURN RIGHT FOR MY PICKUP PURPOSE. THEN THE LANE WAS CLEAR SO I PROCEED SLOWLY SUDDENLY VEHICLE (B) BEARING REGISTRATION NUMBER (SNF5880X) TRY OVERTAKE MY VEHICLE (A) UNFORTUNATELY VEHICLE (B) FAILED AND COLLIDED ONTO MY FRONTAL RIGHT PORTION OF THE VEHICLE (A). HE WAS TWO VEHICLE BEHIND AND TRY TO OVERTAKE ON THE SAME LANE WHICH IS HE SHOULDN'T DO. THERE WERE NO INJURIES WERE PRESENTED DURING THIS INCIDENT HAPPENED.

#### ATTACHMENT(S)

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

**SKETCH PLAN**

**IMPORTANT NOTICE**

1. Please correctly report the details of the accident to speed up the claims process
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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]*



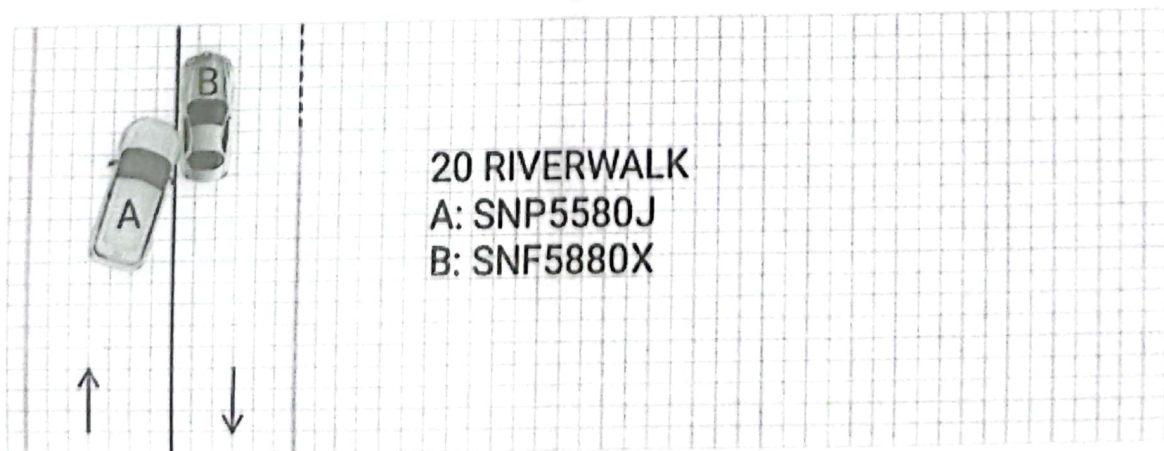
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

25102024--1300HRS





## Describe Circumstances of the Accident

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## Declaration

I/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 25102024-1300HRS



Witnessed by Reporting Centre Personnel