

MY CAR CONSULTANT PTE LTD
(Co Reg. No. 201605878Z)
60 JALAN LAM HUAT CARROS CENTRE
#05-68 (S737869)
Tel: 93911482

TO :	DATE : 28-Oct-24
ATTENTION : MOTOR CLAIMS DEPT	JOB TYPE : T/P CLAIM
<u>VEHICLE DETAILS</u>	
:	VEHICLE NO : SMN3708U
:	MODEL : KIA CERATO

QUOTATION SUMMARY

CLAIM DETAIL : PARTS

S/N	DESCRIPTION	QTY	UNIT LIST PRICE	TOTAL LIST PRICE
1	BOOT LID / <i>DD</i>	1	\$ 985.20	\$ 985.20 ✓
2	BOOT LID LOCK X <i>nn</i>	1	\$ 174.00	\$ 174.00
3	BOOT LID DETECTOR X <i>nn</i>	1	\$ 312.00	\$ 312.00
4	BOOT LID EMBLEM 'CERATO' / <i>nc</i>	1	\$ 52.00	\$ 52.00 ✓
5	BOOT LID EMBLEM 'CYCLE' / <i>nc</i>	1	\$ 35.00	\$ 35.00 ✓
6	REAR BUMPER / <i>BR</i>	1	\$ 851.00	\$ 851.00 698 ✓
7	REAR BUMPER LOWER LIP / <i>BR</i>	1	\$ 712.00	\$ 712.00 264 ✓
8	REAR BUMPER SIDE RETAINER RH / <i>BR</i>	1	\$ 16.00	\$ 16.00 ✓
9	REAR BUMPER REINFORCEMENT / <i>BR</i>	1	\$ 448.00	\$ 448.00 318 ✓
10	REAR BUMPER SPONGE X <i>nn</i>	1	\$ 188.00	\$ 188.00
11	REAR BUMPER REFLECTOR COVER RH / <i>nn</i>	1	\$ 159.00	\$ 318.00 159 ✓
12	REAR BUMPER REFLECTOR RH X <i>nn</i>	1	\$ 212.00	\$ 424.00
13	REAR REVERSE SENSOR / <i>shaded</i>	24	\$ 354.00	\$ 1,416.00 200 ✓
14	REAR END PANEL / <i>DD</i>	1	\$ 845.00	\$ 845.00 455 ✓
15	REAR END PANEL TOP GARNISH / <i>BR</i>	1	\$ 143.00	\$ 143.00 ✓

TOTAL PRICE \$ 6,919.20
LESS 10% \$ 691.92
SUB TOTAL PRICE \$ 6,227.28

S/N	DESCRIPTION	QTY	UNIT S/NETT	TOTAL S/NETT
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1	REAR NUMBER PLATE <i>X</i> <i>PR</i>	1	\$ 50.00	\$ 50.00	
2	REAR BUMPER CLIPS <i>/</i> <i>PR</i>	10	\$ 6.50	\$ 65.00	30
3	REAR END PANEL TOP GARNISH CLIP <i>/</i> <i>PR</i>	4	\$ 6.50	\$ 26.00	15
TOTAL			\$	141.00	

CLAIM DETAILS: REAR LABOUR AND SPRAY PAINTING

S/N	JOB DESCRIPTION	PRICE	ADJUSTED COST	APPROVED
1	PANEL BEATING, WELDING GRAZING, CUT, JOIN, STRAIGHTEN ALL AFFECTED PARTS	\$ 800.00	<i>/</i>	
2	TO PUTTY, POLISH, SPRAY PAINT, WAX ALL AFFECTED PANELS	\$ 800.00	<i>600</i>	
3	TUFF COAT	\$ 100.00	<i>20</i>	
4	WIRING CHECK	\$ 120.00	<i>30</i>	
5	REMOVE AND REFIX REVERSE SENSOR AND DISTANCE SETTING	\$ 80.00	<i>30</i>	
6	TRANFER BOOTLID MECHANISM	\$ 80.00	<i>50</i>	
7	TO CHECK DIAGNOSTICS OF VEHICLE MANAGEMENT/CONTROL UNITS, RESET MEMORIES TO SPECIFICATION ETC.	\$ 180.00	<i>X</i>	

TOTAL \$ 2,160.00

ESTIMATE REPORT

TOTAL PARTS COST : \$ 6,368.28
TOTAL LABOUR COST : \$ 2,160.00
TOTAL REPAIR COST : \$ 8,528.28

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: _____

Stew (LKK)
28/10/24, 12.00pm
W IL
L/S
W AL SM
6 days

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 10:48 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	24/10/2024 19:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	KPE TO TAMPINES
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMN3708U

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	POH KAI KOK
NRIC No	S1550655E
Email Address	REPORTING@MYCAR.SG
Mobile Phone No	(Phone) +65-96188057
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Cerato
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	0
Vehicle Fuel	Petrol
First Registration Date	02/08/2019
Chassis no	KNAF1416MK5032394
Effective Date/Time of Ownership	02/08/2019 00:00 (SGT)

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5147970148

DRIVER

Name of Driver	POH KAI KOK
NRIC No	S1550655E
Date Of Birth	07/01/1962
Occupation	Outdoor
Driving Pass Date	13/01/1982
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	42 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96188057
Alt. Phone Number	-
Email Address	REPORTING@MYCAR.SG
Address	APT BLK 362 YISHUN RING ROAD #05-1600
Address complement	-
Postcode	760362
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 - Head to Rear
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)	2
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	-

PASSENGER 1

Name	UNKNOWN
Gender	Female

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

REFER TO ATTACHED

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLK8062T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
Name of Driver	B UTHAYACHANRAN
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

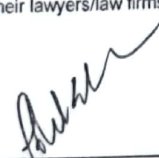
IMPORTANT NOTICE

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:

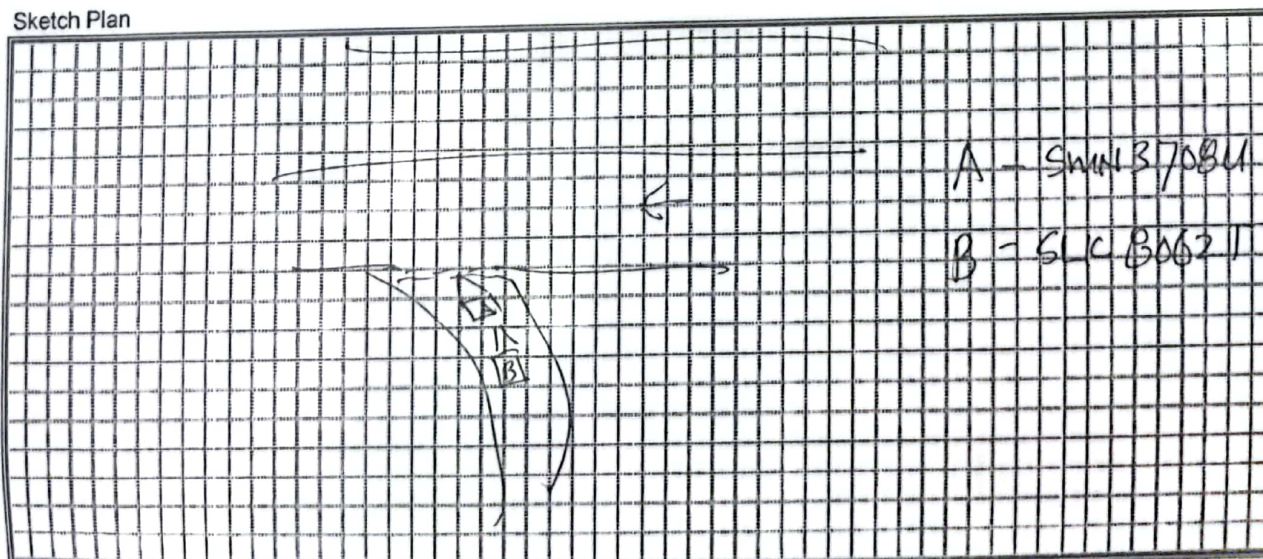
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

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

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

Sketch Plan



Describe Circumstance of the Accident

My car was stationary to give way to major road suddenly I felt an impact from the rear I came out and discovered a car bearing SLR 6062T have hit onto my rear bumper of my vehicle.

Declaration

I/We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time

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

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