



KOMODO MOTORS PTE. LTD.

225 Avenue Road, Singapore 139594
Tel: 65 6475 3888 Fax: 65 6475 1613
www.komodomotors.com.sg

(GST REGISTRATION NO: MR-8500364-4)

Date : 28/10/2024

India International Insurance

Attn: Motor Claims Department

Vehicle number : **SNH6928B**

Make and model : AVANTE 1.6 AUTO ELITE (S/R)

Registration Date : 21/11/2022

Chassis number : KMHLN41ETNU322492

Engine number : G4FMNU511098

ESTIMATE

Claim Officer : NORDIN

Job No.

Owner name : ZULAIHA BINTE HAJ

Date of Acc : 26/10/2024

Policy number : A300739396AHM

Claim Type : **TP**

Items :

1	BUMPER CLIP X10	86595-2T500
2	COVER-FR BUMPER	86510AA010
3	COVER-RADIATOR GRILLE,RR	86366AA010CA
4	GRILLE-RADIATOR	86351AA030
5	MOULDING-FRT BPR LICENSE PLATE	86519AA000
6	LIP-FRONT BUMPER	86591AA000
7	COVER-RADIATOR GRILLE UPR	86391AA000
8	MOLDING ASSY-BUMPER,LWR	86569AA010
9	MOULDING-FRONT BUMPER,RH	86596AA010
10	MOULDING-FRONT BUMPER,LH	86595AA010
11	GRILLE-FRONT BUMPER	86531AA010
12	EMBLEM-HYUNDAI	86311AA001
13	CAP-FRONT HOOK	86517AA000
14	BRACKET-FR BUMPER SIDE,RH	86552AA000
15	BRACKET-FR BUMPER SIDE,LH	86551AA000
16	PANEL ASSY-HOOD	66400AA000
17	LAMP ASSY-HEAD,RH	92102AA230

2nd	Estimate
	\$ 20.00 <i>all</i>
	\$ 605.00 <i>de</i>
	\$ 235.00 <i>cut</i>
	\$ 897.00 <i>cut</i>
	\$ 22.00 <i>cut</i>
	\$ 53.00 <i>?</i>
	\$ 125.00 <i>x</i>
	\$ 122.00 <i>?</i>
	\$ 117.00 <i>?</i>
	\$ 117.00 <i>x</i>
	\$ 132.00 <i>?</i>
	\$ 45.00 <i>all</i>
	\$ 12.00 <i>x</i>
	\$ 28.00 <i>x</i>
	\$ 28.00 <i>x</i>
	\$ 2,288.00 <i>x</i>
	\$ 3,642.00 <i>x</i>

Less 20% Discount

Material total

\$	8,488.00	\$	-
\$	1,697.60	\$	-
\$	6,790.40	\$	-

Vehicle number : **SNH6928B**

Job No.

Body, Paint & Labour Items :

		<i>Estimate</i>
1 To carry out accident body repair - FRT BUMPER / HOOD (PER DAY \$460)	\$	1,380.00 460
2 Complete putty and spray paint all affected areas - FRT BUMPER/ SKID FRT BUMPER/ HOOD/ (PER DAY \$380)	\$	1,520.00 380

Labour Charges:

	<i>2nd</i>	<i>Estimate</i>
3 TO RE ALIGN HEADLAMP (S.NETT)	\$	40.00 X
4 TO SUPPLY FRONT PLATE NUMBER (S.NETT)	\$	40.00 b7
5 TO CALIBRATE RADAR SENSOR (S.NETT)	\$	460.00 ✓
6 TO REPROGRAMME AFTER THE ACCIDENT REPAIR (S.NETT)	\$	180.00 ✓
7 SUNDRIES (S.NETT)	\$	40.00 20

Total Labour	\$	3,660.00	\$	-
Total Parts	\$	6,790.40	\$	-
	\$	10,450.40	\$	-
Excess				
	\$	10,450.40	\$	-
Add GST 9%	\$	940.54	\$	-
Grand Total	\$	11,390.94	\$	-

Taufik 97495749
wp 30/10/24 e kha 11am
3 days
Resurvey before paint
taufik e kha auto.com

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	28/10/2024 13:29 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	26/10/2024 15:38 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	278 TAMPINES ST 22
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNH6928B
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	ZULAIHA BINTE HARON
NRIC No	SXXXX325B
Email Address	MRSIDAMOHD@GMAIL.COM
Mobile Phone No	(Phone) +65-82881970
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Avante
Variant	AVANTE 1.6 AUTO ELITE (S/R)
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	1600
Vehicle Fuel	Petrol
First Registration Date	21/11/2022
Chassis no	KMHLN41ETNU322492
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	A300739396AHM

DRIVER



Name of Driver	ZULAIHA BINTE HARON
NRIC No	SXXXX325B
Date Of Birth	05/07/1970
Occupation	Indoor
Driving Pass Date	04/10/2002
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	22 YEARS
Gender	Female
Mobile Number	(Phone) +65-82881970
Alt. Phone Number	-
Email Address	MRSIDAMOHD@GMAIL.COM
Address	APT BLK 278 TAMPINES ST 22 #02-204
Address complement	-
Postcode	520278
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)	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

REFER TO THE SKETCH PLAN

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number	SLP9154D
Vehicle Manufacturer	Nissan

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

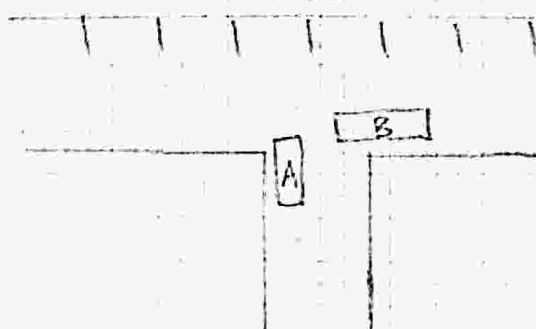
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may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

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

Witnessed by Reporting Centre Personnel

Sketch Plan



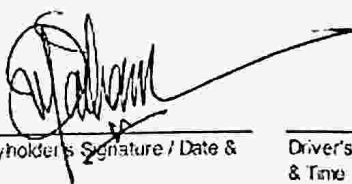
A-SNH6928B
B-SLP9154D

Describe Circumstances of the Accident

I was driving out of the parking lot, moving towards the junction. ~~Suddenly~~ I stop at the junction coz I saw a car reversing. Within a few second, the car hit my car.

Declaration

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


Witnessed by Reporting Centre Personnel