

Sin Sheng Auto Workshop Pte Ltd

No 5 Tuas Ave 3, Singapore 639405

Tel : 6416 1996, Fax : 6863 1944, Email : enquiry@sinsheng.com.sg

Registration no. 202019500G

First Capital Insurance Limited

36 Robinson Road,

#16-01 City House,

Singapore 068877

Attn: Motor Claims Department

Quotation : Q/24/10109/08

Date : 05/11/2024

Vehicle No : YP5617H

Make : UDTrucks

Model : PKC8ELN5EP

Ref : SG5429C/First Capital

S/n	Description	Qty	(S\$) Unit Price	(S\$) Total Amount
Cost of lump sum repairs inclusive labour				
Parts :				
1	Side Glass LH / BR	1	\$ 385.50 =	\$ 385.50
Sub Total amount =				\$ 385.50
Less 10% =				\$ (38.55)
Total of Parts cost after less 10% =				\$ 346.95
Labour :				
1	To remove and change Side glass	1	\$ 100.00 =	\$ 80 100.00
1	Lost of Use - 1 day (\$200/day)			
Grand Total amount SGD				\$ 446.95

Thank you.

Your faithfully,

Quek Beng Hoe / 9139 7277
Sin Sheng Auto Workshop Pte Ltd

Steve (LKK)

20/11/24, 4.30pm

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P/P

by AL sy
1 day**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	28/05/2024 10:44 (SGT)
Reported by	Actual Driver
Date of Accident	15/05/2024 07:12 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	St Andrew Village Bus Stop
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP5617H
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	C & P Leasing Pte Ltd
Company Reg No	1XXXXX050G
Email Address	yanny@cnp.sg
Mobile Phone No	(Phone) +65-67366666
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	UDTrucks
Model	UD TRUCKS / PKC8ELN5EP
Variant	UD TRUCKS / PKC8ELN5EP
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	7013
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	-

DRIVER

Name of Driver	NOOR FAIDHI BIN ABDULLAH
NRIC No	SXXXX920C
Date Of Birth	20/12/1996
Occupation	Outdoor
Driving Pass Date	25/08/2020
Driving License Pass Class	-
Driving License Validity	-
Driving experience	3 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96798690
Alt. Phone Number	-
Email Address	yanny@cnp.sg
Address	825 WOODLANDS STREET 81
Address complement	#10-34
Postcode	730825
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

Happend at St Andrew Village Bus Stop. Buses are exiting the bus stop one after another. After giving way to the bus, right side rear of the bus made contact with my lorry left side mirror. Damage both my side mirror and the bus glass window. No injuries to my individuals.

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	SG5429C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
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

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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 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.

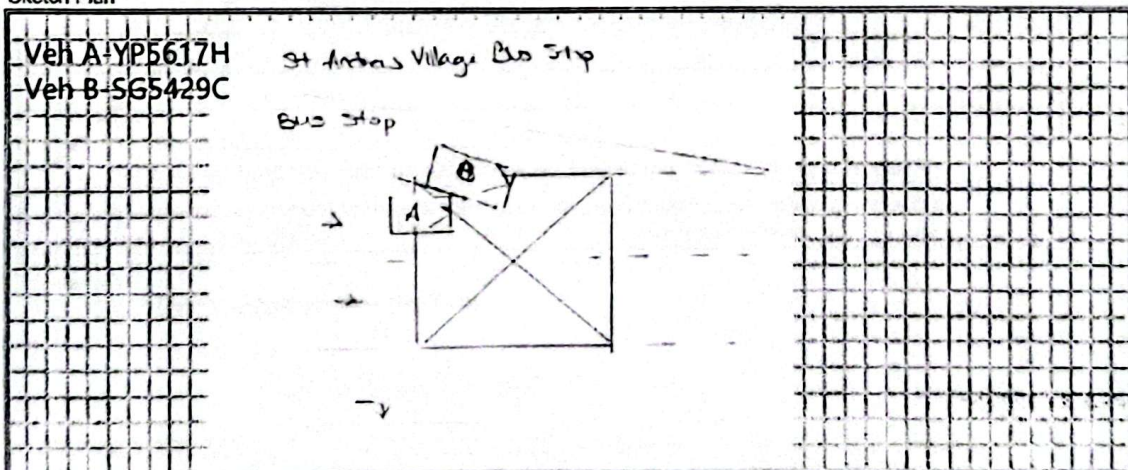
Fadhli

Policyholder's Signature / Date & Time

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	
VEHICLE NO: YP 5617H	ACCIDENT DATE & TIME: 15 May 2024 0712
CONTACT NUMBER: 96799690	E-MAIL: afa.2012@hotmail.com
LOCATION: St Andrew Village Bus Stop	
<p>Happened at St Andrew village bus stop. Buses are exiting the bus stop one after another. After giving way to the bus, the right side rear of the bus made contact with my lorry left side mirror. Damage both my side mirror and the bus glass window. No injuries to any individuals.</p>	
<p>NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE A 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.</p>	
<p>PLEASE STATE: <input type="checkbox"/> CLAIM OWN POLICY <input type="checkbox"/> CLAIM THIRD PARTY <input type="checkbox"/> CLAIM OD/TP AT OTHER WORKSHOP <input type="checkbox"/> REPORTING ONLY</p>	

Declaration

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

Fadhil: H

Policyholder's Signature / Date & Time

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

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