REF: 1-02/ ASS. REC. BY Kenneth ASSIGNMENT Veh No: SND 4845 R Yr Regn: 12, 21

Type: M.Car'l M.Cycle / Bus / Van / Lorry / Taxl / Prime Mover / Estimated Cost: OD VIP WS ITP RES / OD RES / EVA / INV / MV To Inspect Vehicle No: Marda Make: at Workshop m/s Colour Sp.Reading T/Radio: Insured / Std / N1 / NA Insured: Eng/No: Policy No. JM6611073M 0456885 C/No: Claims No. Gen. Cond: Good / Fair / Poor / Burnt Sum Insured: Excess: Steering: Inorder / Jammed / Leaked / Burnt or (Client's Record) Brake: Inorder / Jammed / Leaked / Burnt or Make of Veh: Modi: Nil /SIRIM / STD A/RIM or 225/55R17 Tyre Size: (Policy Condition) Remark: The veh had commenced its N/S O/S BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUM! / repair at the time of inspection. TOYO / YOKO or (cotiunal Bal. or Market Value: \$ 110k Front Rear IDAC Accident Rport: Consistent? : Yes or No R/Bal R/Ba! GIA / PR Seen: Consistent?: Yes or No L/Bal. \$ days Est. Repairs: Res.: Yes or No D.O.A. 2/11/24 D.O.I. 20/11 1-13:1% i Lum Sum: 3 Val.: Yes or No Survey held at Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or CA / REV / REP. / 24 HRS Vehicle: IN / OUT Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision. Date / Time Action / Instruction Date/Time, File Pass to? : Prell. Report Days Of Repair: : Final Report Resurvey No. of Trip: Survey Fee: Transportation Add Fee: : Site Insp Interview (\$ Tech Invs (\$ 1. Others

Report Format:

Lump Sum / I.B.I: (S

Weekend (\$

CAL



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6453 4730

6457 1931

quiry@sh-motor.com

160 Sin Ming Drive #07-02 Sin Ming AutoCity Singapore 575722

S&H Motor Pte Ltd

Co, Reg. No.: 198701322K GST Reg. No.: M2-0076269-0

M/s First Capital Insurance Ltd 36 Robinson Road #16-01

City House

Singapore 068877

File No: Date :

SH/2024/0178/TP

5/11/2024

				•	2/11/2024	
accident involving vehicle no:	SND4845R	&	SH7941X	On	List Pri	
Description			Quantity		List Fr	ce
Front bumper					s Bu	350.00
Front bumper side retainer lh			1			D17 22.00 -
Front bumper side grille lh			1		\$	8L 32.00 X
Front bumper sponge			1		\$	75.00
Head lamp lh			1		s mon	5,140.00
Front fender lh			1			By 373.00 -
Front fender inner shield lh			1		\$	21V 125.00 -
Center grille			1		s MLCCA	673.00 X
Center grille base			1		\$	Pm 165.00 X
Center gille chrome trimming lh			1		\$	300.00
Center grille "Mazda Logo" emblem			1		\$	nn 68.00 X
Center grille top garnish			1		\$	520.00 X
Front rim lh			1		\$	Der 1,225.00 ·
			1		\$	468.17
Front knuckle lh			1		\$	166.50
Front kunckle bearing lh			1		\$	769.93
Front knuckle bearing hub lh					\$	10,472.60
			LESS 10%		\$	1,047.26
			LESS 10%		\$	
					2	9,425.34
Special Nett						ne
Front bumper clip			set		\$	40.00
Front fender inner shield clip lh			set		\$	Mec 30.00

Labour

To dismantle, replace, cut, weld, knock out dents to straighten accident damaged parts.

To conduct wheel alignment

Remove & refix/replace front undercarriage work lh

Wiring /bulb checking/focusing

To putty & spray paint accident damaged parts and adjacent panel

\$	
LKK Auto Consultants hen e notify	
the Repairer of the following:	

4001

500.00

60.00

200.00

0,895.34

40.00 201

600.00 400

· 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:

E24B40001-01 / S & H Motor Pte Ltd NTRY DATE & TIME: 04/11/2024 14:18 (SGT) SUBMITTED BY: Goh You Qing VERSION: 2 (09/11/2024 10:37 (SGT))



# SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

IMPORTANT NOTICE

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

2. This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>

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.

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 04/11/2024 14:18 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 02/11/2024 12:04 (SGT) **Exact Location of Accident** Singapore Additional Location Information ALONG WOODLAND RD TOWARDS WOODLAND NEAR

MINDER

Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SND4845R

#### INSURED/POLICYHOLDER

Is company? Name Of Registered Owner **CHAN WAI MENG** SXXXX658F **NRIC No** WMCHAN1973@GMAIL.COM **Email Address** (Phone) +65-96958421 Mobile Phone No Alternative Phone No

#### 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

#### Mazda

No - Claiming third party

Private car

Auto 1998

#### INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number Great Eastern General Insurance Limited V5021251

DRIVER



## SKETCH PLAN

- Please report <u>correctly</u> the details of the accident to speed up the claims process. IMPORTANT NOTICE

- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow 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.

hors 04/11/24 Chans 04/1

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

Sketch Plan A = Q N D 4 8 4 5 P R = 3H 7941X towards Woodland Near Woodland