

ALAN'S UNITED AUTO PTE. LTD.

Block 7, Sin Ming Industrial Estate, #01-76, Singapore 575642.

Tel: 6453 8686 (3 Lines) Fax: 6459 6550

Company Reg. No.: 201113667N

GST Reg. No.: 201113667N

Vehicle Insured : SLC2453E
Accident Date : 08-Oct-2024

No. : 07208

Date : 16-Nov-2024

Our Ref : 024225 (AUTO & GEN) / CHAN

PAGE : 1

LEE CHONG HOW
BLK 802A KEAT HONG CLOSE
#11-93
Singapore 681802

ESTIMATED COST OF REPAIR FOR HYUNDAI AVANTE SMX2308U

1 pc	Rear bumper fascia	471.00
1 pc	Rear bumper lower spoiler	341.00
1 pc	Rear bumper reinforcement	295.00
2 pcs	Bumper reinforcement top bkt @ S\$ 18.00	36.00
3 pcs	Bumper reinforcement low bkt @ S\$ 18.00	54.00
2 pcs	Rear bumper reflector @ S\$151.00	302.00
2 pcs	Rear bumper license plate lamp @ S\$ 30.00	60.00
2 pcs	Rear centre parking sensor @ S\$170.00	340.00
1 pc	Boot lid	2,025.00
1 pc	Boot lid "AVANTE" emblem	32.00
1 pc	Boot lid "S" emblem	42.00
1 pc	Boot lid centre reflector	1,028.00

		5,026.00
Less 20% :		1,005.20

4,020.80

To rewiring rear parking sensor
wire

30.00

To putty and spray replaced parts

600.00

To remove, cut-out damaged parts,
panel beating, welding, align,
refix and to renew above parts

500.00

Total : S\$ 5,150.80

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Singapore Dollars Five Thousand One Hundred and
Fifty and Cents Eighty Only



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	14/11/2024 16:53 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	08/10/2024 17:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JURONG WEST AVENUE 5
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMX2308U
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEE CHONG HOW
NRIC No	S8525566E
Email Address	leechonghow85@gmail.com
Mobile Phone No	(Phone) +65-98178256
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Avante
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?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1598
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

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

DRIVER



Name of Driver	LEE CHONG HOW
NRIC No	S8525566E
Date Of Birth	06/08/1985
Occupation	Indoor
Driving Pass Date	24/01/2007
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	17 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98178256
Alt. Phone Number	-
Email Address	leechonghow85@gmail.com
Address	BLK 802A KEAT HONG CLOSE #11-93
Address complement	-
Postcode	-
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

VEHICLE A WAS DRIVING ALONG JURONG WEST AVENUE 5 TOWARDS JALAN BAHAR WHEN ANOTHER VEHICLE B FROM BEHIND HIT THE REAR OF VEHICLE.

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	SLC2453E
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Vehicle Manufacturer	-
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

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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 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 insurers 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.

[Signature]

Policyholder's Signature / Date & Time

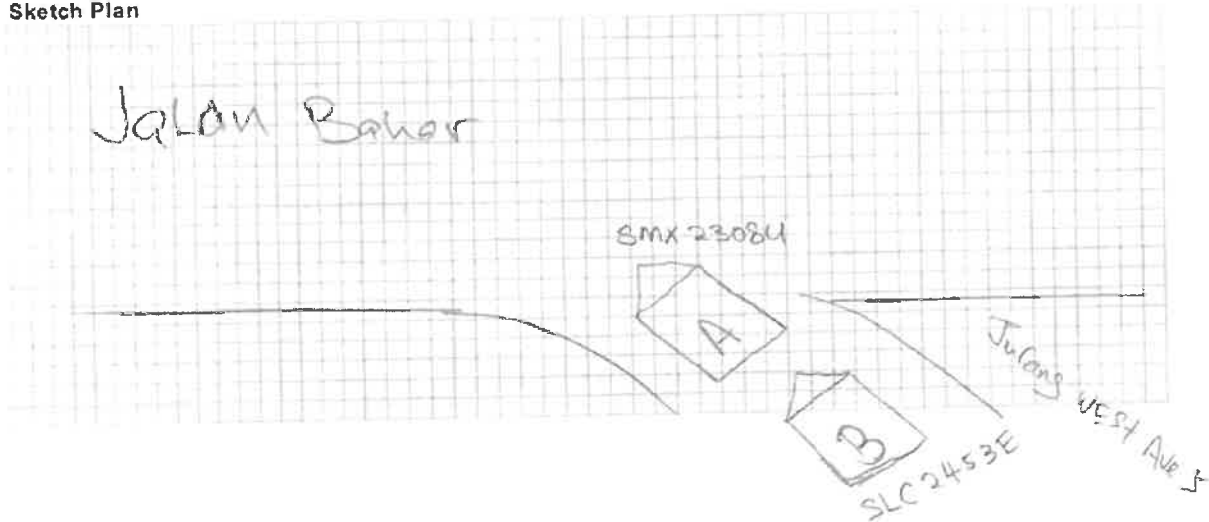
[Signature]

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

[Signature]

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

[illegible]

Declaration

We declare the foregoing particulars are true in every respect.

Chad

Policyholder's Signature / Date & Time:

[Signature]

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

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Witnessed by Reporting Centre
Personnel