Steve (LKK)
20/11/24, 3.17pm

COMPLETE VMS PTE LTD
5, Soon Lee Street, #01-54, , Singapore 627607
(Tel) 6555 6111 (Fax) 6554 0012 (Web) www.completevms.com.sg
The Premier One Stop Vehicle Accident Claims Centre

Nurhadi Bin Anuar
116A, Plantation Crescent, 08-505
Singapore 691116

PIP
by BPL SM
12 days

Attention: Owner
Contact: 91260629

ESTIMATE ES 012548

Date	20/11/2024
Vehicle Number	SNJ2007A
Make / Model	HONDA VEZEL 1.5G CVT
Engine Number	L15Z1009466
Chassis Number	RV31008024
Accident_Date	17 Nov 2024
Policy Number	

Description		Qty	Unit Price	Amount
Parts				
List items				
Tailgate / OD	1288 /	1	S$1,351.40	S$1,081.12
Tailgate Outer Garnish / BR	801 /	1	S$911.00	S$728.80
Tailgate Lock ?		1	S$271.10	S$216.88
~~Tailgate Lamp LH & RH~~ X		2	~~S$481.40~~	~~S$770.24~~
Tailgate " Vezel " emblem / BR		1	S$66.10 /	S$52.88
Tailgate Inner Board / CRV		1	S$225.40 /	S$180.32
Tailgate Weatherstrip ~~X~~ / TM		1	S$128.70 /	S$102.96
Tail Lamp LH & RH X		2	S$423.10	S$676.96
Rear Bumper / BR		1	S$807.60 /	S$646.08
Rear Bumper Lower / BR (Black)		1	S$825.10 /	S$660.08
Rear Bumper Spoiler / BR (Silver)		1	S$196.70 /	S$157.36
Rear Bumper Side Retainer LH & RH ?		2	S$38.20	S$61.12
Rear Bumper Reflector (LH) & RH / BR		~~2~~ 1	S$69.20 /	S$110.72
Rear Reverse Sensor / CUT	668.20 / 2	~~4~~ 2	S$334.10	S$1,069.12
Rear Under Cover / BR		1	S$396.20 /	S$316.96
End Panel / OD		1	S$593.20 /	S$474.56
~~End Panel Top Garnish~~ / CRV		1	~~S$96.20~~ /	~~S$76.96~~
Rear Fender Inner Board (LH) & RH / CRV		~~2~~ 1	S$342.20 /	S$547.52
Spare Tyre Tank / OD		1	S$986.30 /	S$789.04
Spare Tyre Board / BR		1	S$246.30 /	S$197.04
Rear Windscreen Moulding / PC		1	S$153.20 /	S$122.56
	Discount 20% applied			$9,039.28

COMPLETE VMS PTE LTD
This is only an estimate base on our preliminary inspection and does not cover additional parts and labour time which may be require after the work has begin

COMPLETE VMS PTE LTD
5, Soon Lee Street, #01-54, , Singapore 627607
(Tel) 6555 6111 (Fax) 6554 0012 (Web) www.completevms.com.sg
The Premier One Stop Vehicle Accident Claims Centre

Nurhadi Bin Anuar
116A, Plantation Crescent, 08-505
Singapore 691116

Attention: Owner
Contact: 91260629

ESTIMATE ES 012548

Date	20/11/2024
Vehicle Number	SNJ2007A
Make / Model	HONDA VEZEL 1.5G CVT
Engine Number	L15Z1009466
Chassis Number	RV31008024
Accident_Date	17 Nov 2024
Policy Number	

Description	Qty	Unit Price	Amount
Special Nett Items			
Rear Bumper Clip / RR	10	S$6.50 30	S$65.00
Tailgate Inner Board clip / RR	8	S$6.50 20	S$52.00
Rear Number Plate & Casing / BR	1	S$65.00 45	S$65.00
Rear Windscreen Sealant / RR	1	S$80.00 47	S$80.00
			$262.00
Labour			
To Remove And Refit Damage Parts To Facilitate Repair 1800	1	S$1,800.00	S$1,800.00
Spray Paint All Affected Area 1000	1	S$1,200.00	S$1,200.00
To Check Wiring	1 30	S$80.00	S$80.00
Rust Proofing Treatment	1 30	S$180.00	S$180.00
Remove And Reinstall Rear Windscreen 120	1	S$180.00	S$180.00
To Remove And Refit Tailgate Mechanism To Facilitate Repair	1 50	S$180.00	S$180.00
			$3,620.00

Total **$12,921.28**

Spare tyre foam / CRY
Fender inner board (small cover) L, rear / CRY
Buzzle / BR
Antenna / BR
Fender inner seal L, rear / TN
Wheel arch garnish L, rear / BR
Tailgate panel, LH / OO

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:

COMPLETE VMS PTE LTD
This is only an estimate base on our preliminary inspec ' time which may be require after the work has begin

SN0724BI000O / Income Insurance Limited
ENTRY DATE & TIME: 18/11/2024 13:19 (SGT)
SUBMITTED BY: Tien Toh Kiat Henry
VERSION: 1 (18/11/2024 13:19 (SGT))

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	18/11/2024 13:19 (SGT)
Reported by	Actual Driver
Date of Accident	17/11/2024 13:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNJ2007A

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NURUL HADIRAH BINTE MOHAMED SOHIR
NRIC No	S9708643E
Email Address	nurhadianuar09@gmail.com
Mobile Phone No	(Phone) +65-97376438
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
Variant	-
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	1500
Vehicle Fuel	-
First Regisration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5140828258

DRIVER

Name of Driver	NURHADI BIN ANUAR
NRIC No	S9508200I
Date Of Birth	09/03/1995
Occupation	Indoor
Driving Pass Date	18/05/2018
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	6 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91260629
Alt. Phone Number	-
Email Address	nurhadianuar09@gmail.com
Address	116A PLANTATION CRESCENT #08-505
Address complement	-
Postcode	691116
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	Raining
Road Surface	Wet

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)	5
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	Nurul Hadirah Binte Mohamed Sohir
Gender	Female

PASSENGER 2

Name	Nur Aqilah Yasmin Binte Nurhadi
Gender	Female

PASSENGER 3

Name	Nur Nalia Melissa Binte Nurhadi
Gender	Female

PASSENGER 4

Name	Siti Aisyah
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

I was on the extreme left lane. I brake due to traffic and suddenly felt an impact on my rear. Vehicle b collided onto my rear.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	ADV TO EMAIL TO MOTORVIDEO@INCOME.COM.SG

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMH4527A
Vehicle Manufacturer	Honda
Vehicle Model	Freed
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
Name of Driver	LAU LEONG WEE
NRIC No	S6971654G
Contact Number	(Phone) +65-89162403
Address	-
Address compliement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

PASSENGER 1

Name	-
Gender	Female

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 Accident 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/particulars which is 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.

10/11/2024
1310hrs

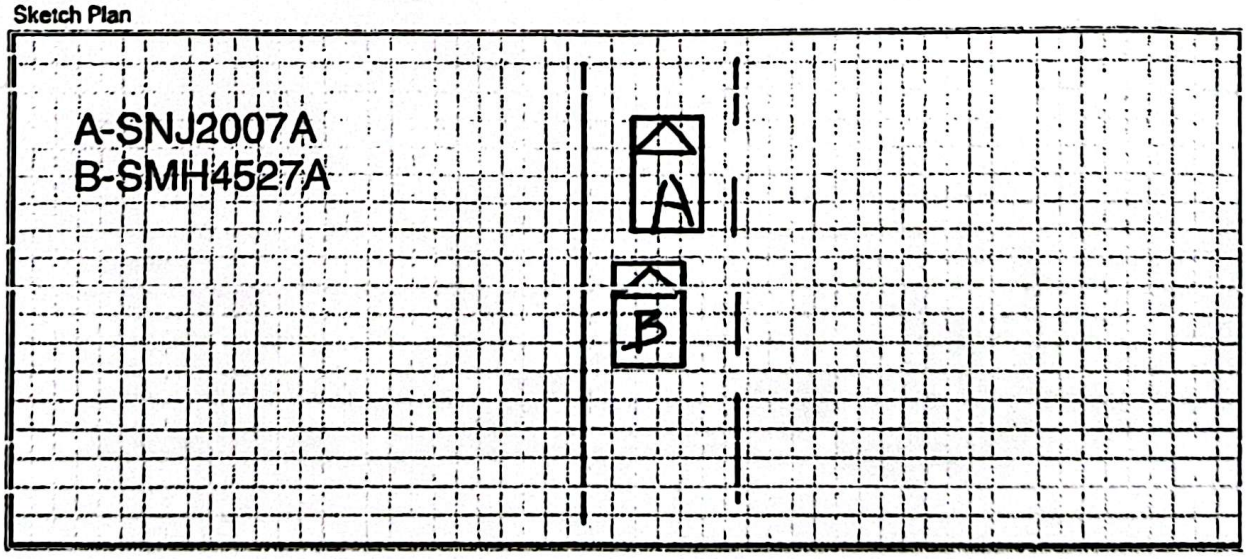
TIEN TOH KIAT HENRY

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



1

SKETCH PLAN #2

2 of 2

Describe Circumstance of the Accident

REFER TO GEARS

Declaration

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

18/11/2024
1310HRS

TIEN TOH KIAT HENRY

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)

2