

Steve (LKK) 20/11/24, 3.00/m

Nurhadi Bin Anuar

116A, Plantation Crescent, 08-505

Description

Singapore 691116

J BOL W

Attention: Owner

Contact: 91260629

ESTIMATE

Date Vehicle Number

COMPLETE VMS PTE LTD

Make / Model

Engine Number

Chassis Number Accident Date

Policy Number

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

ES 012548

20/11/2024 SNJ2007A

HONDA VEZEL 1.5G CVT

L15Z1009466

RV31008024 17 Nov 2024

liev Number

Qty

Unit Price

Amount

Parts

	items

Tailgate / 00	1288/1	S\$1,351.40	S\$1,081.12	
Tailgate Outer Garnish / ʃʃ͡k͡	801/1	S\$911.00	S\$728.80	
Tailgate Lock 🠧 x nn	1	S\$271.10	S\$216.88	
Tailgate Lamp LII & RII X nn	2	S\$481.40	S\$770.24	
Tailgate " Vezel " emblem / //	1	S\$66.10 /	S\$52.88	
Tailgate Inner Board / (KV	1	S\$225.40 /	S\$180.32	
Tailgate Weatherstrip 🎉 / Tŋ	1	S\$128.70 /	S\$102.96	
Tail Lamp LH & RH X nn	2	S\$423.10	S\$676.96	
Rear Bumper / BR	1	S\$807.60 🖊	S\$646.08	
Rear Bumper Lower / CR (Rlack)	1	S\$825.10 /	S\$660.08	
Rear Bumper Spoiler / BR (Silva)	1	S\$196.70 /	S\$157.36	
Rear Bumper Side Retainer LH & RH 1 x nn	2	S\$38.20	S\$61.12	
Rear Bumper Reflector (LH)& RH	12	S\$69.20 /	S\$110.72	
Rear Reverse Sensor / (J1	668.7012 X	S\$334.10	S\$1,069.12	
Rear Under Cover / BR	1	S\$396.20 /	S\$316.96	
End Panel / 00	1	S\$593.20 /	S\$474.56	
End Panei Top Garnish / CRY	1	S\$96.20 /	S\$76.96	
Rear Fender Inner Board (H) & RH / CKV	12	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 / //C	1	S\$153.20 /	S\$122.56	

Discount

20%

applied

\$9,039.28

Pages

1/2

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

7889.60 -20% 6311.68





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

Attention: Owner Contact: 91260629 **ESTIMATE** ES 012548 Date 20/11/2024 Vehicle Number **SNJ2007A**

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COMPLETE VMS PTE LTD

Make / Model HONDA VEZEL 1.5G CVT **Engine Number** L15Z1009466 **Chassis Number** RV31008024 Accident Date 17 Nov 2024 **Policy Number**

Total

Description	Qty	Unit Price	Amount	
Special Nett Items				
Rear Burmper Clip / //	10	S\$6.50 30	S\$65.00	
Tailgate Inner Board clip / //	8	S\$6.50 20	S\$52.00	
Rear Number Plate & Casing / ()k	1	S\$65.00 45	S\$65.00	
Rear Windscreen Sealant	1	S\$80.0047	S\$80.00	
	135		\$262.00	

Labour

1908	0			
To Remove And Refit Damage Parts To Facilitate Repair	1200	1	S\$1,800.00	S\$1,800.00
Spray Paint All Affected Area	1000	1 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	M	150	, 5\$180.00	S\$180.00
			2530	\$3,620.00

Add parts -- Spare fore foam / CP1 \$234.70
Fender inner hoard (Small Cover) L, rew / CRY \$156.70

Burk / BR \$87.80 Agrenny / BR \$77.90

Fender inner seal L, sear In \$187.80 while arch gernih L, ser IR \$144.60

Tally pan1, LH - 01 \$176.90

= \$1066.40 -20%

COMPLETE VMS PTE LTD = \$853.12 This is only an estimate base on our preliminary inspec may be require after the work has begin

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:

2/2

\$12,921.28

time which

SN0724Bi0000 / Income Insurance Limited ENTRY DATE & TIME: 18/11/2024 13:19 (SGT) SUBMITTED BY: Tien Toh Klat Henry VERSION: 1 (18/11/2024 13:19 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

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

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

Information provided misst be as dutiful and accurate as possible. Any wind misrepresentation of windowing or indicating of misstance companies to repeated policy liability.
 The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
 Any false reporting may be referred to the Police for Investigation.
 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.
 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

Reported by

Date of Accident

Country/State of Loss

Exact Location of Accident Additional Location Information 18/11/2024 13:19 (SGT)

Actual Driver

17/11/2024 13:20 (SGT)

Singapore

PIE

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SNJ2007A

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No

Email Address

Mobile Phone No

Alternative Phone No

NURUL HADIRAH BINTE MOHAMED SOHIR

S9708643E

nurhadianuar09@gmail.com

(Phone) +65-97376438

VEHICLE PARTICULARS

Manufacturer

iviociei

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

Honda vezel

Private use

No - Claiming third party

Private car

Auto 1500

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

Income Insurance Limited

5140828258

DRIVER



Accident report SN0724BI0000

CS CamScanner

NURHADI BIN ANUAK Name of Driver S9508200I NRIC No 09/03/1995 **Date Of Birth** Indoor Occupation 18/05/2018 **Driving Pass Date** 3 **Driving License Pass Class** Valid **Driving License Validity** 6 YEARS AND 6 MUNIHS **Driving experience** Male Gender (Phone) +65-91260629 **Mobile Number** Alt. Phone Number nurhadianuar09@gmail.com **Email Address** 116A PLANTATION CRESCENT #08-505 Address Address complement 691116 Postcode No Is the driver the policyholder? Spouse If No, Relationship of the Driver with the Insured No Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Collision - Head to Rear Type of Accident Raining **Weather Conditions** Wet Road Surface OTHER INFORMATION No Was any foreign vehicle involved in the accident? 2 Number of vehicles involved in the accident No Was anybody injured in the Accident? 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) No soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 **Nurul Hadirah Binte Mohamed Sohir** Name Gender **Female** PASSENGER 2 Name Nur Aqilah Yasmin Binte Nurhadi Gender **Female** DASSENGED 3 Name Nur Nalia Melissa Binte Nurhadi Gender Comale 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?

Accident report SN0724BI0000



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? Was there any video captured by Car Camera? Reasons for not uploading a video of the accident

Yes Yes

ADV TO EMAIL TO MOTORVIDEO@INCOME.COM.SG

DETAILS OF OTHER VEHICLE PROPERTY 1

Address - Address complement - Postcode - Insurance Company Name - Nature Of Damage - Details of property damaged in accident -

PASSENGER 1

No. Of Passenger (Including Driver)

Name -

Gender Female



SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the approach 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 <u>truthful and accurate as passible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>reput ate policy habitity</u>.
- 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.
- Compare it is for architect with a sources to the G.A.Records Management Centre distribution by the General Institution Association of Surgapore (G.A.) for architect goal that cooles of this report will for a fee be made available upon application by interested parties.
- 7 By the locgement 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 everable aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)
- I understand, acknowledge, agree and consent that.
- ia) My insurer, my workshop and the General Insurance Association of Singapure ("GIA") may/are particiled to culted, use, disclose antior process my personal enterior social information and in this (com) and any other personal information provided by my insurer (cotectively 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 is lawyers/law firms, the Monatary Authority of Singapore and any relevant government agency/authority (such as the police). (or the purposers) of
- (ii) processing, handling and/or dealing with my claims including the settlement of the palms and any necessary investigations relating to the parms.
- is) invostigating the accident anclor my claims;
- iii; carrying out enc/or dealing with my instructions or responding to any enquiries by mo
- re/, administering my claims (including the mailing of correspondence, atchements, invoices, reports or notices to the which could invoive disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopesimal participants.
- complying with applicable law in administering, processing, handling and/or dealing with my claims (or include the "Burnoses")
- ib) all insureris) who have insured vehicle(s) into ved in this accident and the Insurers' lawyers law times, maybare permit! The collect, use disclose ancier process my Personal Information for one or more of the above Purposes; and
- ic) my Personal Information may/can be disclosed by any of the Insurers and/or SIA to their third-party service providers of adjects inducting their tanyers/faw firms), which may be sited outside of Singapore, for one or more of the above Pages 2.

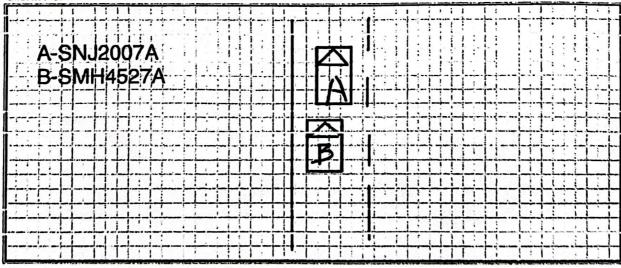
1310hrs

TIEN TO KIAT HENRY

Policyno'der's Signature / Dale & Time

Erwa's Signature (if crivat is not the policyho der; / Date & Teno Witnessed by Reporting Cardre Personnel

Sketch Plan



1

Accident report SN0724BI0000

Page 4 of 16



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121)/(N	V/
	18/11/2024 1310HRS	TIEN TOH KIAT HENR
Policyholder's Signature / Date & Time Driver's Signature (II driver is not the policy) & Time	holder) / Cate Witnessed by Reportin (Name as in NRIO/ID	ng Contro Personnol

Accident report SN0724BI0000

Page 5 of 16



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The Premier One Stop Vehicle Accident Claims Centre

SUPPLEMENTARY ES 012548-1

Date 22/11/2024

venicie number SNJ2UU/A

Make / Model HONDA VEZEL 1.5G CVT

Engine Number L15Z1009466 Chassis Number RV31008024 Accident_Date 17 Nov 2024

Policy Number

Description Unit Price Qty Amount

Parts List Items

Rear Fender Air Duct LH CA

Rear Bumper Lower Stiffener Bracket

1 Discount 20% applied

\$177.20

Total

\$68.30

\$153.20

1

\$177.20

\$54.64

\$122.56