

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 : GBC87K
Accident Date : 19-Nov-2024

No. : 07210

Date : 20-Nov-2024

Our Ref : 024227 (CHINA) / CHAN

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SOH SWEE KIM
BLK 107 BUKIT BATOK WEST AVE 6
#06-102
Singapore 650107

ESTIMATED COST OF REPAIR FOR HYUNDAI ELANTRA SDH5573R

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1 pc	Bonnet		1,125.00
1 pc	Bonnet stand		32.00
1 pc	Bonnet insulator		175.00
1 pc	Bonnet inner lock		105.00
1 pc	Bonnet front rubber		35.00
1 pc	Front grille		128.00
1 pc	Front bumper fascia		445.00
2 pcs	Front bumper side top bracket	@ S\$ 25.00	50.00
1 pc	Front bumper sponge		105.00
1 pc	Front bumper reinforcement		516.00
1 pc	Front bumper lower beam		140.00
1 pc	Front bumper lower grille		165.00
2 pcs	Front bumper side retainer	@ S\$ 20.00	40.00
2 pcs	Headlamp	@ S\$880.00	1,760.00
1 pc	Front support panel		975.00
1 pc	Air con condenser		895.00
2 pcs	Air con condenser side guide	@ S\$ 26.00	52.00
1 pc	Radiator assy		520.00
1 pc	Radiator top hose		32.00
1 pc	Radiator adaptor		48.00
1 pc	Radiator adaptor hose		32.00
1 pc	Radiator fan assy		568.00

7,943.00

Less 20% : 1,588.60

1 pc Front no.plate with box

6,354.40

50.00 sn

Con't Page 2 ...

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1 pc Radiator coolant	30.00 sn
1 pc Front bumper clip (set)	30.00 sn
To towing	60.00
To rewire damaged parts and refocus headlamp beam.	20.00
To remove air con condenser, pipes and drier, vacuum and to recharge gas	120.00
To putty and spray replaced parts	900.00
To remove, cut-out damaged parts, panel beating, welding, align, refix and to renew above parts	1,000.00
Total :	<div>----- S\$ 8,564.40 =====</div>

Singapore Dollars Eight Thousand Five Hundred
and Sixty Four and Cents Forty 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	20/11/2024 11:35 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	19/11/2024 20:00 (SGT)
Exact Location of Accident	Bukit Batok West Ave 9, Singapore
Additional Location Information	BLK 449A SERVICE ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDH5573R
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SOH SWEE KIM
NRIC No	SXXXX695J
Email Address	DESMOND_0808@HOTMAIL.COM
Mobile Phone No	(Phone) +65-97365573
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	ELANTRA 1.6 AT ABS D/AB 2WD 4DR
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	1591
Vehicle Fuel	Petrol
First Registration Date	30/09/2015
Chassis no	KMHDH41CMGU641483
Effective Date/Time of Ownership	30/09/2015 09:09 (SGT)

INSURANCE COMPANY

Name of Insurance Company	ECICS Limited
Policy Number / Cover Note Number	MPC24A00415401

DRIVER

Name of Driver	SOH SWEE KIM
NRIC No	SXXXX695J
Date Of Birth	06/11/1951
Occupation	Indoor
Driving Pass Date	27/02/1978
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	46 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97365573
Alt. Phone Number	-
Email Address	DESMOND_0808@HOTMAIL.COM
Address	BLK 107 BUKIT BATOK WEST AVENUE 6 06-102 SINGAPORE 650107
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	Hit and run / Vandalism / Damaged whilst parked
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)	0
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

REFER TO SKETCH PLAN

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	GBC87K
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Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	KOH TAI YONG
NRIC No	SXXXX980H
Contact Number	(Phone) +65-83523936
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	0

SKETCH PLAN

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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 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:

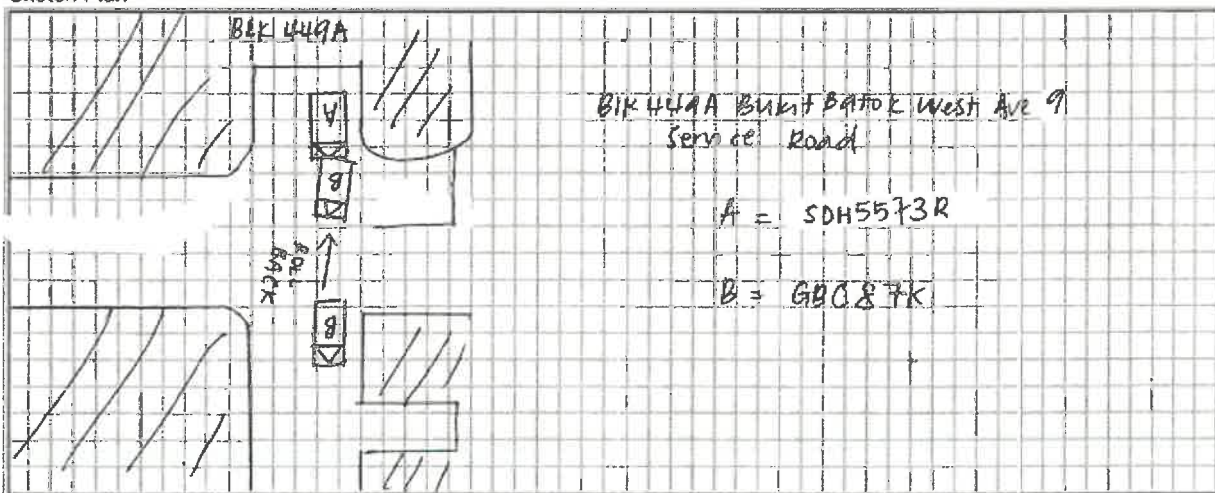
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

 20/11/24
Policyholder's Signature / Date & Time

 20/11/24
Actual 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

On 19.11.2024 at about 8pm my vehicle was stationary at the service road along BIK 441A Bukit Batok west. I was seated in my vehicle. Suddenly I saw vehicle B rolling backwards towards my direction. I honked a few times to alert the lorry but there was no reaction.

I quickly exited my vehicle. The lorry then collided onto my vehicle. I realised that there was actually no driver in the lorry. The driver later ran over to his lorry. We then exchanged particulars for insurance claim. My vehicle was badly damaged and was towed to my workshop.

Declaration

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

 20/11/24
Policyholder's Signature / Date & Time

 20/11/24
Actual Driver's Signature (If driver is not the policyholder)
/ Date & Time


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

