

SME MOTOR PTE LTD

1 Kaki Bukit Ave 6, #02-15@ Kaki Bukit, Singapore 417883

TEL: 6747 6106 (6 lines) Fax: 6744 2368

Email: service@smemotor.com.sg Website: www.smemotor.com.sg

Co. & GST Reg. No: 201119451E

MS : MS FIRST Capital Insurance Ltd
16 Raffles Quay #42-01
Hong Leong Building
Singapore 048581

TEL: FAX:
ATTN: Motor Claim Department

ESTIMATE

No : 24120202

Date : 02/12/2024

Policy No : 5126134526-02

Veh Reg No : SBL5400J

Make / Model : HONDA CRV

Our Ref No.: 24/11/TP-230(12)

Claim Type : TP CLAIM

Accident Date : 30/11/2024

Discription	Quantity	List Price	Amount
LIST PRICE			S\$ S\$
1 REAR BUMPER / DD	1 PC		\$951.00
2 REAR BUMPER CLIPS / PC	10 PCS		\$65.00
3 REAR BUMPER LOWER SPOILER (SILVER) / DLF	1 PC		\$295.00
4 REAR BUMPER REINFORCEMENT / BT	1 PC		\$255.00
5 REVERSE SENSOR	1 PC		\$498.00
			\$2,064.00
	20.00%		\$412.80
			\$1,651.20

LABOUR:

1	WIRE CHECKING	\$30.00 /
2	LABOUR CHARGE	\$400.00
3	SPRAY PAINTING	\$400.00

TOTAL

\$830.00

Steve (LKK)

16/12/24, 1030 am

in IL

W/P

by AL

3 days

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:

For SME MOTOR PTE LTD

AUTHORISED SIGNATURE

Amount Before GST	\$2,481.20
Add GST @9%	\$223.31
Total Amount Payable	\$2,704.51



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	02/12/2024 10:07 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	30/11/2024 13:35 (SGT)
Exact Location of Accident	Serangoon Central, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBL5400J
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	ZHANG ZHIYUAN, CHRISTOPHER
NRIC No	SXXXX745H
Email Address	CHRIS_TEO@WINNER.COM.SG
Mobile Phone No	(Phone) +65-96660482
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Cr-v
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 Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5126134526-02

DRIVER



Name of Driver	ZHANG ZHIYUAN, CHRISTOPHER
NRIC No	SXXXX745H
Date Of Birth	10/04/1982
Occupation	Indoor
Driving Pass Date	08/12/2004
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	19 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96660482
Alt. Phone Number	-
Email Address	CHRIS_TEO@WINNER.COM.SG
Address	20 CASUARINA ROAD
Address complement	-
Postcode	579408
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)	4
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	RYAN
Gender	Male

PASSENGER 2

Name	MEGAN
Gender	Male

PASSENGER 3

Name	MEIFANG
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

Y VEHICLE TO
E'S REAR PORT
ACHMENT(S)
re accident photos availab
Was there any video c-

MY VEHICLE TO GIVE WAY TO TRAFFIC ON THE MAIN ROAD WHEN SUDDENLY VEHICLE B COLLIDED INTO MY
E'S REAR PORTION.

ACHMENT(S)

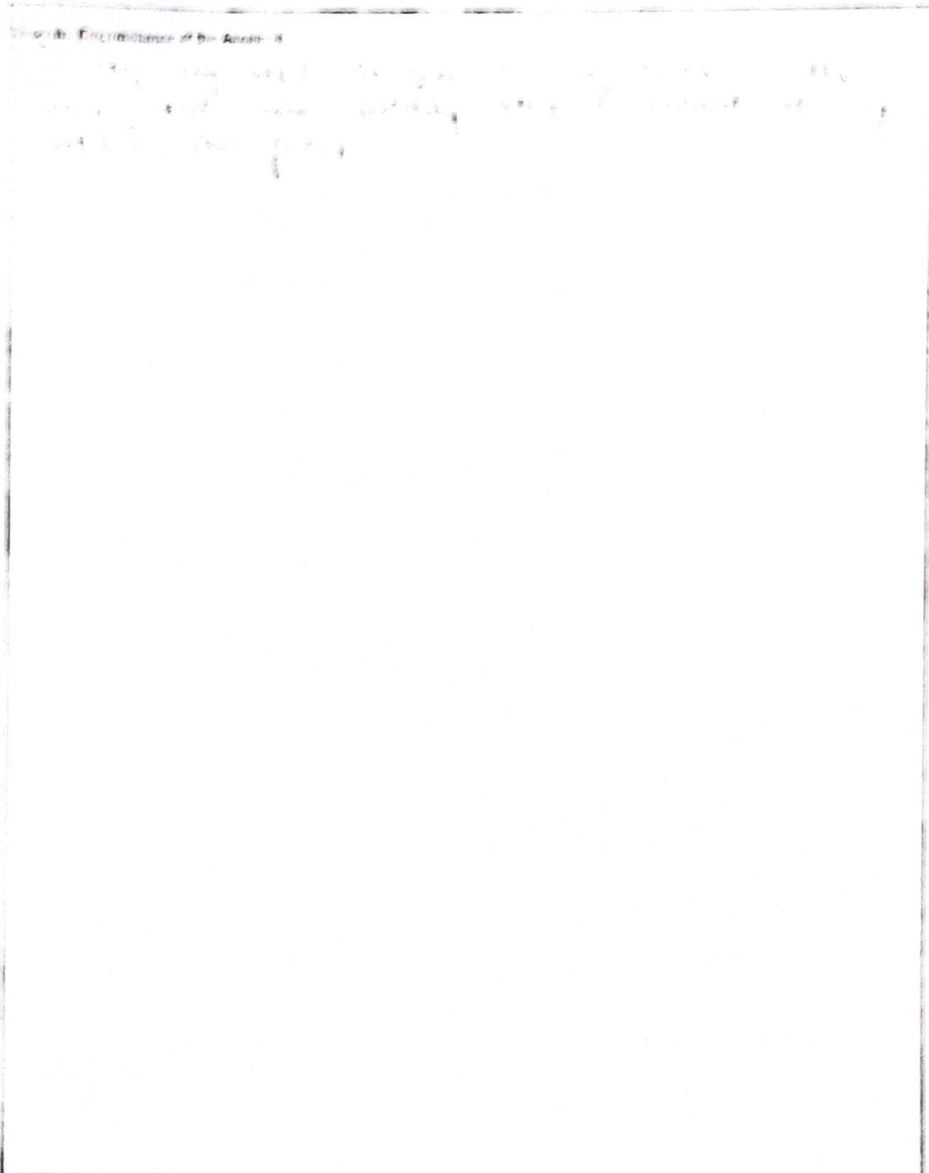
Are accident photos available for attachment?
Was there any video captured by Car Camera?

Yes
Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD4221L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEH B
No. Of Passenger (Including Driver)	-

SKETCH PLAN #2



Destination:
[Illegible text]

Accident report SS4824C20001

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