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

M/S :

MS FIRST Capital Insurance Ltd

16 Raffles Quay #42-01 Hong Leong Building Singapore 048581

TEL: 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/班/TP-230(12)

Claim Type : TP[†]CLAIM Accident Date: 30/11/2024

	Discription LIST PRCE	Quantity	List Price	Amount	
				S\$	S\$
1	REAR BUMPER / DV	1 PC			\$951.00
2	REAR BUMPER CLIPS / //C	10 PCS		30	\$65.00
3	REAR BUMPER LOWER SPOILER (SILVER) / OLF	1 PC			\$295.00
4	REAR BUMPER REINFORCEMENT 1 / BT	1 PC			\$255.00
5	REVERSE SENSOR ()	1 PC			\$498.00
					\$2,064.00
		20	.00%		\$412.80
				4 100	1,651.20

	LABOUR:			
1	WIRE CHECKING		130.74	\$30.00 /
2	LABOUR CHARGE		200	\$400.00
3	SPRAY PAINTING		200	\$400.00
		TOTAL	-	\$830.00

Steve (LKK) 16/12/24, 1030 cm

> **LKK Auto Consultants hence notify** the Repairer of the following:

· To resurvey before/after spray painting

. To display damaged part(s) during resurvey

FOR SME, MOTOR PTE LTD

AUTHORISED SIGNATURE

Total Amount Payable · 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:

\$2,481.20

\$2,704.51

\$223.31

Amount Before GST

Add GST @9%

SS4824C20001 / SME MOTOR PTE LTD ENTBY DATE & TIME: 02/12/2024 10.07 (SGT) SUBMITTED BY: Wen Ying VERSION: 1 (02/12/2024 10.07 (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 by the Policyholder and/or the Actual Driver</u>
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

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 the insurer of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving the production by interested parties. 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 Reported by **Date of Accident Exact Location of Accident** Additional Location Information Country/State of Loss

02/12/2024 10:07 (SGT) Both Policyholder and Actual Driver 30/11/2024 13:35 (SGT) Serangoon Central, Singapore

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SBL5400J

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No **Email Address** Mobile Phone No

Alternative Phone No

ZHANG ZHIYUAN, CHRISTOPHER

SXXXX745H

CHRIS_TEO@WINNER.COM.SG

(Phone) +65-96660482

VEHICLE PARTICULARS

Manufacturer

Model 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 Cr-v

Private use

No - Claiming third party

Private car

Auto 1500

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

Income Insurance Limited

DRIVER

Accident report SS4824C20001

5126134526-02



Name of Driver NRIC No Date Of Birth Occupation **Driving Pass Date Driving License Pass Class Driving License Validity** Driving experience

Gender Mobile Number Alt. Phone Number **Email Address**

Address

Address complement

Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured 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

Type of Accident Weather Conditions Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident

Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance?

Was any other vehicle or property damaged? Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s) 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

Name Gender

PASSENGER 2

Name Gender

PASSENGER 3

Name Gender

DETAILS OF POLICE ACTION

Was the accident reported to the police? Was notice of intended Prosecution given?

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

Accident report SS4824C20001

ZHANG ZHIYUAN, CHRISTOPHER

L'S PENCIE

SXXXX745H 10/04/1982 Indoor 08/12/2004

3 Valid

19 YEARS AND 11 MONTHS

Male

(Phone) +65-96660482

CHRIS_TEO@WINNER.COM.SG

20 CASUARINA ROAD

579408 Yes

No

Collision - Head to Rear

Clear Dry

No

2 No

Yes

No

RYAN Male

MEGAN Male

MEIFANG

Female

No

No

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

ACHMENT(S)

Nature Of Damage

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 Ta

Vehicle Category Taxi
Name of Driver Contact Number -

Address

Address complement __

Postcode _ Insurance Company Name _ _

Details of property damaged in accident VEH B

No. Of Passenger (Including Driver)



SKETCH PLAN

IMPORTANT NOTICE

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Parayarolis Signalus - Data & Tra-

Actual Driver's Signature of driver is not the polic Absider' / Date & Time

Witnessed by Reporting Comp. Personner (Name as in NRICID care)

Sketch Plan

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The first construction of the second constructio

CS CamScanner