

YEW TEE AUTOMOBILE TECH PTE LTD

HQ: 39 WOODLANDS CLOSE, #01-12 MEGA@WOODLANDS S(737856)

DID: 6256 2081 / 6256 2210

Branch: Synergy@KB, 25 Kaki Bukit Road 4 #01-61 S(417800)

DID: 6702 3113 (3Lines)

Branch: 60 Jalan Lam Huat Carros Centre #01-31/32 S(737869)

DID: 6592 1522 / 6592 7822

ROC: 200311009C GST: 200311009C

Website: <https://www.yewteegroup.com/> Email: claims@yewteegroup.com

ON BEHALF OF OWNER :

Policy Particulars: - OWN DAMAGED CLAIM

Insured veh.	SNH3106B	Excess.	\$ 700.00
Policy No.	MOMVP000005732-00-000	Coverage.	Comprehensive
Claiming Against.			
Insured Under.	GREAT AMERICAN		

Vehicle Particulars & Condition

Make & Model	MERC C200
Engine No.	13556146B58830C
Chassis No.	WBACR620709E36732
Odometer	
Engine CC.	
Year Of Reg.	2020
Colour.	BLACK
Parf/COE Rebate.	\$ 121,140.00

Conditions Of Tyres

	Size	Make
R/H Front Tyre		
L/H Front Tyre		
R/H Rear Tyre		
L/H Rear Tyre		

Description Of Damages

Front portion damaged.

General Information

Accident Date. 09/12/2024
Survey held at

Yew Tee Automobile Tech Pte Ltd
KAKI BUKIT ROAD 4 #01-61 S(417800)

25

Remarks

A) THE SURVEY WAS CONDUCTED ON A "PBP / LUMPSUM" BASIS
KINDLY LET US HAVE THE APPROVAL SOON.

Estimate Days Of Repair

ESTIMATE NORMAL PERIOD FOR REPAIR: 10 Days

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ON BEHALF OF OWNER :

<u>Qty.</u>	<u>Description Of Parts</u>	<u>Pricing</u>
1	BONNET X	\$ 2,800.00
1	BONNET LOGO X	\$ 140.00
1	FRT GRILLE CHROME / BR	\$ 400.00
1	FRT GRILLE BACKING	\$ 580.00
1	FRT GRILLE CAMERA X	\$ 800.00
1	FRT NUMBER PLATE BASE / BR	\$ 70.00
1	FRT HEADLAMP LH	\$ 4,000.00
1	FRT HEADLAMP RH	\$ 4,000.00
1	FRT BUMPER / DEF	\$ 1,600.00
1	FRT BUMPER BRACKET LH	\$ 300.00
1	FRT BUMPER BRACKET RH	\$ 300.00
1	FRT BUMPER INNER SPONGE	\$ 200.00
1	FRT BUMPER REINFORCEMENT	\$ 400.00
1	FRT BUMPER INNER AIR GUIDE LOWER	\$ 380.00
1	FRT BUMPER INNER AIR GUIDE UPPER	\$ 350.00
1	FRT HEADLAMP LOWER BRACKET LH	\$ 220.00
1	FRT HEADLAMP LOWER BRACKET RH	\$ 220.00
1	FRT BUMPER CENTRE LOWER AIR GRILLE	\$ 160.00
1	FRT BUMPER CENTRE LOWER AIR GUIDE LH X	\$ 270.00
1	FRT BUMPER CENTRE LOWER AIR GUIDE RH X	\$ 270.00
1	RADAR UNIT	\$ 3,200.00

Parts	\$ 20,660.00
Less 10%	\$ 2,066.00
Sub	\$ 18,594.00

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ON BEHALF OF OWNER :

Qty.	Description Of Parts	Pricing
1	FRT NUMBER PLATE / BT	\$ 40.00
1	FRT BUMPER SENSOR SET 1	\$ 1,000.00

S/N \$ 1,040.00

LABOUR

To disconnect and reconnect, check electrical wiring harness wire, sockets, replace damaged parts.

\$ 200.00 100

To programming & coding for Radar unit

\$ 580.00

To remove & replace the above damaged parts, straighten, knock out, realign & repair including cut & weld body panels. To re-adjust to the original position using power tools.

\$ 1,000.00 250

To spray painting on the replaced & repair parts, prepare spray such as masking tape the unaffected areas with papers, cleaning & sanding of surfaces, final polishing & waxing are also available.

\$ 700.00 220

11 Bp /

LABOUR \$ 2,480.00

Steve (LKK)
17/12/24, 2.20pm

Sub Total. \$ 22,114.00

9% GST \$ 1,990.26

Grand Total \$ 24,104.26

He OD- ALI AvL
EX-11-1
PIP

Ly Rec Ly
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:

Net value, kindly counter offer the economy repair value of the vehicle

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	10/12/2024 14:20 (SGT)
Reported by	Actual Driver
Date of Accident	09/12/2024 09:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JALAN BUKIT MERAH FILTER LANE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNH3106B
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	CALMO HOTEL PTE. LTD.
Company Reg No	2XXXXX345K
Email Address	KENCAI@KHOTEL.COM
Mobile Phone No	(Phone) +65-91468003
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	BMW
Model	X5
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1600
Vehicle Fuel	-
First Registration Date	26/11/2020
Chassis no	WBACR620709E36732
Effective Date/Time of Ownership	26/11/2020 00:00 (SGT)

INSURANCE COMPANY

Name of Insurance Company	Great American Insurance Company
Policy Number / Cover Note Number	MOMVP000005732-00-000

DRIVER

Name of Driver	CAI WENCHAO
IC No	SXXXX989E
Date Of Birth	11/02/1987
Occupation	Indoor
Driving Pass Date	07/07/2009
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	15 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91468003
Alt. Phone Number	-
Email Address	KENCAI@KHOTEL.COM
Address	APT BLK 346 KANG CHING ROAD #07-125
Address complement	-
Postcode	610346
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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)	2
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	UNKNOWN
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

REFER TO THE ATTACHMENT.

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	SMZ1314Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SGT7281X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-



SKETCH PLAN

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 willful misrepresentation or withholding of material facts may allow insurance companies to revoke 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/small 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.

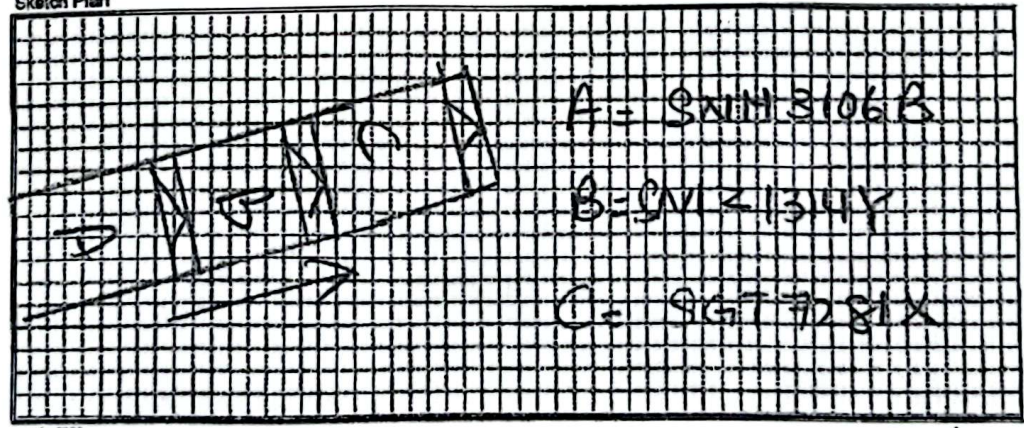


Policyholder's Signature / Date & Time

[Signature]
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

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

Sketch Plan



At 09 Dec 2024 around 09 30 hrs, I was driving along Jalan Bukit Merah filter lane. My vehicle A (SNH3106B) unable stop in time when the vehicle B (SM21314Y) jam brake. As a result, the collision three vehicle in this accident.

*Yilin*