

源摩哆廠

GUAN MOTOR WORKS

Business Regn. No: 08102600E

176 Sin Ming Drive #02-03 Sin Ming Autocare Singapore 575721 Tel: 6453 6111 Fax: 6453 8292 H/P: 9742 6063

NOT Authorised

1/1/8

Repair After Paint

REPAIR ESTIMATE SMD1212Z

No.	Qty	Nett Items	
1	1	Rear bumper	\$ 773.00 ?
2	2	Rear bumper side chrome	\$ 330.00 ?
3	2	Rear bumper side reflector	\$ In 114.00 X
4	2	Rear bumper reverse sensor	\$ Gm 584.80 ✓
5	2	Rear bumper side retainer	\$ In 57.00 X
6	2	Taillamp	\$ Gm 1,830.20 ✓
7	1	Rear tailgate	\$ B 1,169.10 ✓
8	1	Rear tailgate top spoiler	\$ 890.90 ?
9	1	Rear tailgate top centre "H" logo	\$ M 29.80 ✓
10	1	Rear tailgate LH "ODYSSEY" emblem	\$ M 45.80 ✓
11	1	Rear tailgate top centre outer handle/garnish	\$ 318.90 ?
12	2	Rear tailgate side lamp	\$ CM 910.00 ✓
13	1	Rear tailgate reverse camera	\$ 567.80 ?
14	1	Rear tailgate windscreen glass	Shorter \$ 1,388.50 ✓
15	1 set	Rear tailgate windscreen glass moulding	\$ M 268.00 ✓
16	1	Rear tailgate wiper arm	\$ 58.00 ?
17	1	Rear tailgate wiper blade	\$ In 46.80 X
18	1	Rear tailgate wiper motor	\$ 385.00 ?
19	1	Rear tailgate top lock	\$ 302.40 ?
20	1	Rear tailgate lower lock catch	\$ R 30.50 X
21	1	Rear tailgate inner trim board	\$ Dis/In 375.00 ✓
22	1 set	Rear tailgate inner trim board clips	\$ M 80.00 ✓
23	1	Rear tailgate weatherstrip	\$ 185.00 ?
24	1	Rear end panel	\$ 503.00 ?
25	1	Rear end panel top garnish	\$ 132.50 ?
Total :			\$ 11,376.00

		Special Nett Items	
26	1 set	Rear tailgate windscreen sealant	\$ M 60.00 40sm
27	1	Rear tailgate windscreen tinted film	\$ M 250.00 180sm
28	1 set	Rear tailgate windscreen Incar sercuity camera	\$ 650.00 ?
29	1	Rear number plate	\$ In 50.00 X
30	1 set	Rear end panel sealant	\$ 60.00 ?
Total :			\$ 1,070.00

	<u>Labour</u>		
1	Labour Charges for remove/refit, cutting/welding and replacement of damages.	\$	1,000.00 ?
2	To putty and spray Spray Paintings charges.	\$	1,200.00 800l
3	To check wirings & lightings.	\$	40.00 20l
4	To remove, refix & reset reverse camera & reverse sensor.	\$	150.00 80l
5	To remove, refix rear windscreen glass.	\$	140.00 120l
6	To remove, refit rear tailgate fittings.	\$	80.00 60l
7	To remove, refix rear upholstery & attachments.	\$	120.00 60l

To supply and apply anti rust treatment

Total :	\$	80.00	7
	\$	2,810.00	

Total Parts and Labour : \$ 15,256.00

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:

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	11/12/2024 15:51 (SGT)
Reported by	Actual Driver
Date of Accident	10/12/2024 17:17 (SGT)
Exact Location of Accident	Lower Kent Ridge Rd, Singapore
Additional Location Information	(NATIONAL UNIVERSITY ORAL HEALTH)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD1212Z
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	JIESHAN ONG HAPA
NRIC No	SXXXX412A
Email Address	ojshan@gmail.com
Mobile Phone No	(Phone) +65-91119706
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Odyssey
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	2400
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	5117268091-04

DRIVER

DETAILS OF OTHER VEHICLE PROPERTY 1

Registration Number	YQ4966B
Manufacturer	Toyota
Model	Dyna
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	-
Name of Driver	Commercial vehicle
Passport No/FIN	AYYASAMY VEERAMANI
Contact Number	GXXXX871L
Address	(Phone) +65-90916616
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	HAPA CRAIG JOSEPH YATER
Gender	Male
Phone No	(Phone) +65-98777420
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BACK AND NECK PAIN
Injured person in which vehicle?	SMD1212Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

IMPORTANT NOTICE

SKETCH PLAN

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 Authorised 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 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. The 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.
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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

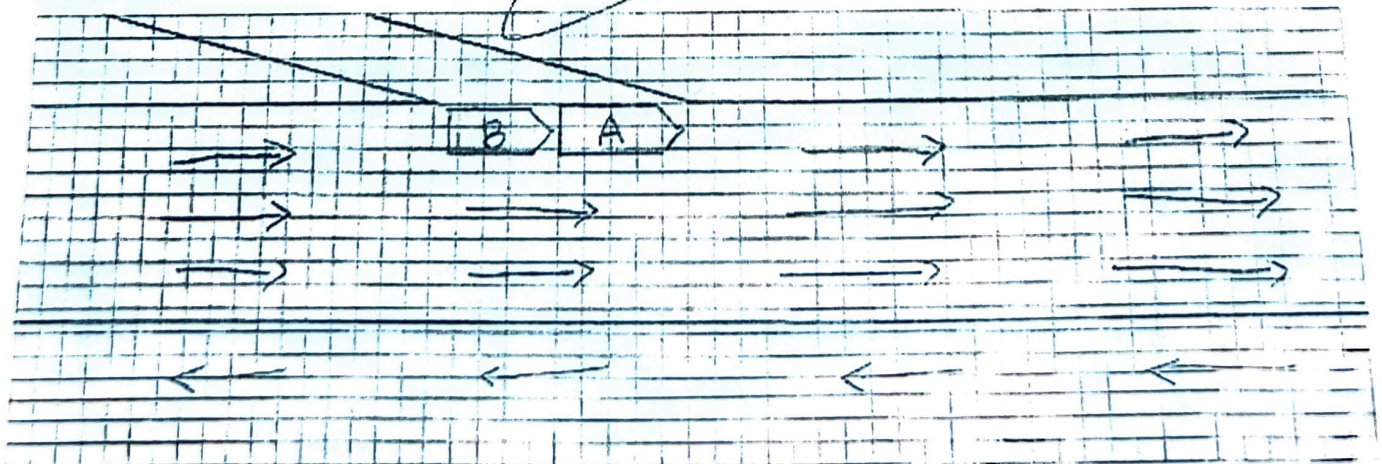
11/12/2024

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

11/12/24

Witnessed by Reporting Centre Personnel

Sketch Plan



A = SMD1212E

B = YQ4966B

Describe Circumstances of the Accident

While in AYE along Lower Kent Ridge Y-lunction towards Clementi Road, I was in left-most lane (slow lane) since I will be exiting Clementi Road, the vehicle in front of me joining AYE from Lower Kent Ridge has stopped abruptly.

The vehicle in front (SGJ1625E) abruptly stopped as it was being blocked by another vehicle in front (grey sedan) i/o has entered the AYE lane partially. I had enough distance to make a full stop but the lorry behind that was tailgating me did not have enough distance to stop (YQ49665) had rear ended my vehicle.

My vehicle rear was shattered, in-cam camera broken. I have videos from front and rear of the incident.

After reaching home, I felt numbness and uncomfortable neck and back with tingling sensation on lower back area.

As such, I went to A&E at Glanagles Hospital to get checked and was advised to do an MRI.

I was given 3-days MC and pain reliever medications.

☐ Claim OD ☒ Claim Third Party ☐ Claim OD/TP at other workshop ☐ Reporting Only

Please forward a copy of my efile accident report to:

My workshop:

Email address:

Myself email:

Note: Please take note that your Insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own Insurer for more information.

Declaration

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

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

