## HHHB PTE LTD



2 Kaki Bukit Ave 2 | #02-11 Kaki Bukit @ Autohub | Singapore 417921 Office: 6844 7414 | Fax: 6844 7401 | Email: claims@hhhbm.com.sg Company Reg. No. 202341776E

Vehicle No.: SNL7574K Date of survey: Make/Model: Honda Fit 1.3 Surveyor: Chassis no.: GR11106502 Company: Year of Manufacture: 2023

Ins Company: ECICS Insurance TP vehicle No.: SMA2406R

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:

Accident	Date : 14 Dec 2024		Type of repai	ir	Signature: Date:	1	
Estimate	cost of repairs						
Qty	Part Description	U	nit Price	Т	otal Price		
1 pc	Front bumper / BR	\$	1,077.70	\$	1,077.70		
1 pc	Front bumper retainer RH	\$	55.60	\$	55.60		
1 pc	Headlamp RH -	\$	1,764.60	\$	1,764.60		
1 pc	Front fender RH / M		435.60	\$	435.60		
1 pc	Front fender inner shield RH / Tŋ	\$	119.60	\$	119.60		
1 pc	Wheel cover / (VI	\$	201.70	\$	201.70		
				\$	3,654.80	•	
	Less 20%, D. J.			\$	(730.96)		
	Less 20% & Porty Jens had & Hooding bald			\$	2,923.84		
	of Hodding bally						
1 set	Front bumper clips / MC			\$	50.00	SN 30	
	Front fender inner shield clips / / /*			\$	50.00	SN 20	
				\$	100.00		
1 job	To putty and spray painting			\$	600.00	400	
1 job	Wiring Charges			\$	60.00	30	
						· ·	
1 job	To rewire front portion and refocus headla	amp bea	ım	\$	60.00	20	
1 job	Computer wheel alignment			\$	80.00		
1 job	Labour to remove rear accident damaged	parts in	order	\$	600.00	Usa	
	to repairs including panel beat and replace	e above	parts.			7	
	Steve (LKK)			\$	1,400.00		
	18/12/14 3 3001						
	10/12/21, 5-33/	Grand-to	otal	\$	4,423.84	1	
	18/12/24, 3.30ph m h m L/s				na Pu		
	Ma 115						
	14 -11						

1 of 1

ON24CG000S / KAN FOOK SING MOTOR WORKSHOP [533758] ENTRY DATE & TIME: 16/12/2024 16:49 (SGT) SUBMITTED BY: Lee Nai Vien VERSION: 1 (16/12/2024 16:49 (SGT))



# 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 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 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

16/12/2024 16:49 (SGT) **Actual Driver** 14/12/2024 14:00 (SGT) Singapore HOUGANG ST 52 - ST 51 Singapore

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

SNL7574K

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No **Email Address** Mobile Phone No

Alternative Phone No

Yes

ROSET LIMOUDINE SERVICE PTE LTD 200406722Z

ACCIDENTS@TRIBECAR.COM

(Phone) +65-82203386

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 Fit

No - Claiming third party Private hire

Auto

1400

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number AIG Asia Pacific Insurance Pte. Ltd. 1230001601-02

DRIVER



Page 1 of 20

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

Collision - Change/cross lane Clear 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) 1 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 ATTACHED REPORT

ATTACHMENT(S)

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

Yes No

#### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number Vehicle Manufacturer

**SMA2406R** 

**TEO LAI CHOON** 

41 YEARS AND 6 MONTHS

ACCIDENTS@TRIBECAR.COM

450A BT BATOK WEST AVE 6 #03-651 S651450

(Phone) +65-82203386

S1597121E

27/08/1963

09/06/1983

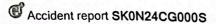
Outdoor

Valid

No

No

Hirer





#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Rease 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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' lawyers/law firms, the Monetary Authority of Singapore and any retevant 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.

Policyholders Signature / Date &

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

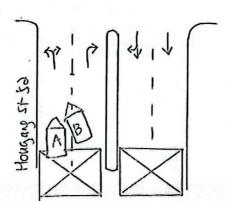
16/12/2029 3201-

& Time

Witnessed by Reporting Centre Personnel

Sketch Plan

Hougang st sl



A: SNL7574K

B: SMA 2406R.



Un 14/2/2024 & 1400 hrs. I traveling along Hougary STS2 TOWARD T FAMILIAN ROAD, Suddenly, on my be right, the CAV SIMA 2406 R Very Close to my cav SNE 75.74K and I found the right side portion elected and accture this cav is asked to lept left lane to my Lane and this read is only 2 Lanes, my Left Lane can go both way that thin and left turn and the CAV24 / SMA 2406 R travel on 19 lane this lane is only albus for two right towards T zuration. The driver and I exchaged where and inform to led injurance ceftle.
The driver and I exclused Licene and inform to let
The driver and I exclused Licene and inform to let
The driver and I exclused Licene and inform to let
The driver and I exchaged Licene and inform to let
The driver and I exclused Licene and inform to let
The driver and I exclused Licene and inform to let
The driver and I exclused Licene and inform to let
The driver and I exclused Licene and inform to let
The driver and I exclused Licene and inform to let
The driver and I exclused Licene and inform to let
injular celle.
Ny vare seme.

### Declaration

We declare the foregoing particulars are true in every respect



Driver's Signature (# driver is not the policyholder) / Date & Time 16/12/2014 1406/15

Witnessed by Reporting Centre Personnel