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Singapore 159722

Tel: (65) 6272 3892
Fax: (65) 6270 8314

Co. Reg. 198904033G
GST Reg. M2-0088864-2

ESTIMATE

17/12/2024

SMRT BUSES LTD

60 WOODLANDS INDUSTRIAL PARK E4
SINGAPORE 757705

Stew (LKK)
31/12/24, 10. Mon

m h
3 day

P/D

4 Bl y

Vehicle No: SMU82025
Vehicle Model: HONDA FIT
Est No: CBMQ24120164
Claims ref:
Accident Date: 12/12/24
In Charge: JUNIOR
Remarks:

No	Description	Qty	U. Price	Amounts S\$
LIST ITEMS:				
1	REAR BUMPER / DEF	1	PC \$ 680.00	\$ 680.00
2	REAR BUMPER RETAINER RH	1	PC \$ 35.00	\$ 35.00
3	REAR BUMPER CLIPS / nrc	10	PC \$ 4.00	\$ 40.00 37
4	REAR FENDER RH - REPAIR x R	1	PC	\$ -
5	REAR FENDER INNER SHIELD CLIPS / m	10	PC \$ 4.00	\$ 40.00 15
6	REAR FENDER INNER SHIELD RH / nrc	1	PC \$ 380.00	\$ 380.00
LIST TOTAL S\$				\$ 1,175.00
20% DISCOUNT S\$				\$ (235.00)
				<u>\$ 940.00</u>

LABOUR CHARGE:				
1	TO CUT, WELD, PANEL BEAT, STRAIGHTEN, REPLACE DAMAGED PARTS & REALIGN AFFECTED AREAS		\$ 600.00	300
2	TO PUTTY SPRAY PAINT ON REAR FENDER RH, REAR BUMPER		\$ 600.00	400
3	TO REMOVE & REFIT REAR FENDER INNER TRIM RH & OTHER ATTACHMENT PARTS		\$ 100.00	X
TOTAL LABOUR COST S\$				<u>\$ 1,300.00</u>

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:

MOVA AUTOMOTIVE PTE LTD

AMOUNT S\$ \$ 2,240.00
GST @ 9% \$ 201.60
AMOUNT DUE S\$ \$ 2,441.60



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	12/12/2024 13:19 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	12/12/2024 08:54 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JALAN ANAK BUKIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMU8202S

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHAN BOON CHONG
NRIC No	SXXXX429D
Email Address	CHANBC82@HOTMAIL.COM
Mobile Phone No	(Phone) +65-97938567
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	FIT 1.3 BASIC CVT
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?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1317
Vehicle Fuel	Petrol
First Registration Date	28/08/2020
Chassis no	GR11002862
Effective Date/Time of Ownership	28/08/2020 04:08 (SGT)

INSURANCE COMPANY

Name of Insurance Company	Etiqa Insurance Pte Ltd
Policy Number / Cover Note Number	MA022096

DRIVER

Driver	CHAN BOON CHONG
Birth	SXXXX429D
Location	13/02/1982
Issuing Pass Date	Indoor
Issuing License Pass Class	31/07/2008
Issuing License Validity	3
Driving experience	Valid
Gender	16 YEARS AND 5 MONTHS
Mobile Number	Male
Alt. Phone Number	(Phone) +65-97938567
Email Address	-
Address	CHANBC82@HOTMAIL.COM
	BLK 460C BUKIT BATOK WEST AVENUE 9 15-49 SINGAPORE
	653460
Address complement	-
Postcode	-
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	Side Swipe
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)	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

PLS REFER TO SKETCH PLAN

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMB1475S
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Manufacturer	-
Model	-
Variant	-
Colour	-
Vehicle Category	Bus
Name of Driver	CHE MUHAMAD ZAI BIN CHE LAH
Passport No/FIN	GXXXX895M
Contact Number	(Phone) +65-88973446
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	SMRT BUS
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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 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 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/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' 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

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

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

Sketch Plan

Handwritten sketch plan on a grid background. The plan shows a road layout with a vertical road labeled 'Jalan Anak Bukit' and a horizontal road intersecting it. A vehicle labeled 'A' is positioned on the vertical road, and a vehicle labeled 'B2' is positioned on the horizontal road. Arrows indicate the direction of travel for both vehicles. The sketch is signed 'Jalan Anak Bukit'.

Veh A: SMUG202S
Veh B: SMB147SS

Describe Circumstance of the Accident	
VEHICLE NO: SMU8202S	ACCIDENT DATE & TIME: 12/12/24 0854
CONTACT NUMBER: 97938567	E-MAIL: ChanbC82@hotmail.com
LOCATION: Jalan Anak Bukit	
Veh B: SMB147SS	
While Stationary at Jalan Anak Bukit waiting for traffic light, SMART Bus SMB147SS behind me into the side of my car when attempting to enter into the right most lane.	
damage to my car is on the right rear portion SMART Bus damaged on the right side body	
left	
NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE A 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.	
PLEASE STATE: <input type="checkbox"/> CLAIM OWN POLICY <input type="checkbox"/> CLAIM THIRD PARTY <input type="checkbox"/> CLAIM OD/TP AT OTHER WORKSHOP <input type="checkbox"/> REPORTING ONLY	

Declaration

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

11.41 am

12/12/24
Policyholder's Signature / Date & Time

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



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