

MY CAR CONSULTANT PTE LTD  
(Co Reg. No. 201605878Z)  
60 JALAN LAM HUAT, CARROS CENTRE  
#05-68 (S737869)

TO	: BUDGET DIRECT	DATE	: 9-Jan-25
ATTENTION	: MOTOR CLAIMS DEPT	JOB TYPE	: T/P CLAIM
<b>VEHICLE DETAILS</b>			
:		VEHICLE NO	: SLN7140S
:		MODEL	: MAZDA 3

**QUOTATION SUMMARY**

**CLAIM DETAIL : PARTS**

S/N	DESCRIPTION	QTY	UNIT LIST PRICE	TOTAL LIST PRICE
1	FRONT BUMPER / BR	1	\$ 895.00	\$ 895.00
2	FRONT BUMPER SIDE RETAINER LH / BR	1	\$ 86.50	\$ 86.50
3	HEADLAMP LH / BR	1	\$ 1,285.00	\$ 1,285.00
4	FRONT FENDER LH / M	1	\$ 698.20	\$ 698.20
5	FRONT FENDER COWLING LH / TN	1	\$ 251.00	\$ 251.00
6	FRONT DOOR LH X R	1	\$ 1,025.00	\$ 1,025.00
7	SIDE MIRROR LH X R	1	\$ 701.20	\$ 701.20
8	FRONT KNUCKLE ARM X M	1	\$ 845.00	\$ 845.00
9	FRONT KNUCKLE ARM BEARING X M	1	\$ 226.00	\$ 226.00

TOTAL PRICE \$ 6,012.90  
LESS 20% \$ 1,202.58  
**SUB TOTAL PRICE \$ 4,810.32**

S/N	DESCRIPTION	QTY	UNIT S/NETT	TOTAL S/NETT
1	FRONT BUMPER CLIP SET / M	1	\$ 65.00	\$ 65.00
2	FRONT WHEEL RIM LH X M	1	\$ 850.00	\$ 800.00

**TOTAL \$ 865.00**

**CLAIM DETAILS: LABOUR AND SPRAY PAINTING (FRONT)**

1	CUT OFF AND REPLACE FRONT SUPPORT PANEL. RESTRUCTURE FRONT CRASH MANAGEMENT COMPONENT AND RENEW OTHER DAMAGE PARTS.	\$ 500.00	400	
2	SPRAY PAINTING ON DAMAGE AND AFFECTED AREA.	\$ 800.00	600	
3	REMOVE AND REFIX FRONT UNDERCARRIAGE	\$ 300.00	X	
4	CONDUCT FULL WHEEL ALIGNMENT	\$ 150.00	X	
5	ADJUST AND FOCUS FRONT LIGHTING SYSTEM. PERFORM HEADLAMP ADJUSTMENT TO POSITION	\$ 80.00	30	

TOTAL                      \$ 1,830.00

#### ESTIMATE REPORT

TOTAL PARTS COST : \$ 5,675.32  
TOTAL LABOUR COST : \$ 1,830.00  
TOTAL REPAIR COST : \$ 7,505.32

Steve (LKK)  
9/1/25, 4.01 pm  
m l  
L/S  
L AL R  
4 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:

## 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 .....	18/12/2024 15:44 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	17/12/2024 19:40 (SGT)
Exact Location of Accident .....	Serangoon North Ave 3, Singapore
Additional Location Information .....	-
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLN7140S
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#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	LYSON AUTOCAR
Company Reg No .....	5XXXX876X
Email Address .....	REPORTING@mycar.sg
Mobile Phone No .....	(Phone) +65-98888885
Alternative Phone No .....	(Office) +65-98888885

#### VEHICLE PARTICULARS

Manufacturer .....	Mazda
Model .....	3
Variant .....	SEDAN 1.5 AT EU6
Exact purpose for which vehicle was being used at time of accident .....	Private hire
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Reporting only
Vehicle Category .....	Private hire
Transmission .....	Auto
CC .....	1496
Vehicle Fuel .....	Petrol
First Registration Date .....	-
Chassis no .....	JM6BN22A8H0151781
Effective Date/Time of Ownership .....	-

#### INSURANCE COMPANY

Name of Insurance Company .....	India International Insurance Pte Ltd
Policy Number / Cover Note Number .....	D22MFL0004948_02

#### DRIVER



Name of Driver	VIJAY KUMARAN S/ O KANAGAISABAI
NRIC No	SXXXX919I
Date Of Birth	27/07/1981
Occupation	Outdoor
Driving Pass Date	24/03/2004
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	20 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90150896
Alt. Phone Number	-
Email Address	REPORTING@mycar.sg
Address	BLK 121B RIVERVALE DRIVE #11-426
Address complement	-
Postcode	542121
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	Collision - Change/cross lane
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)	3
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

#### PASSENGER 2

Name	UNKNOWN
Gender	Male

#### 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

ON THE 17/12/24 AROUND 19:40HRS I WAS DRIVING VEHICLE A BEARING REGISTRATION NUMBER SLN7140S ALONG SERAGOON NORTH AVENUE 3 ENROUTE FROM 401 HOUGANG AVENUE 10 I PICK UP MY PASSENGERS TOWARDS 10C BENDEMEER ROAD I GOING TO DROP OFF MY PASSENGERS.AS I TRAVELING ON LANE 4 SUDDENLY VEHICLE B BEARING REGISTRATION NUMBER SJH9774E FILTER TO MY LANE AND HIT ONTO MY VEHICLE A FRONT LEFT HAND SIDE BUMPER.NOBODY WAS INJURED DURING THE ACCIDENT.

## 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 ..... SJH9774E  
Vehicle Manufacturer ..... Volvo  
Vehicle Model ..... XC90 2.5T (A) ABS AIRBAG  
Vehicle Variant ..... -  
Vehicle Colour ..... Black  
Vehicle Category ..... Private car  
Name of Driver ..... HSIA CHIN XIAN  
NRIC No ..... SXXXX290A  
Contact Number ..... -  
Address ..... 56 ANCHORVALE STREET #06-17  
Address complement ..... -  
Postcode ..... 544632  
Insurance Company Name ..... -  
Nature Of Damage ..... RIGHT HAND SIDE  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... -



**SKETCH PLAN****IMPORTANT NOTICE**

1. Please correctly report the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorized 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 lodgment of this report to the Insurers, you hereby consent to the archiving of this report at the center 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

Sketch Plan

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

 18/12/24  
13:55HRS

 Witnessed by Reporting Centre  
Personnel

 A-SLN7140S  
B-SJH9774E

 SERAGOON NORTH  
AVENUE 3

Describe Circumstances of the Accident

ON THE 17/12/24 AROUND 19:40HRS I WAS DRIVING VEHICLE A BEARING REGISTRATION NUMBER SLN7140S ALONG SERAGOON NORTH AVENUE 3 ENROUTE FROM 401 HOUGANG AVENUE 10 I PICK UP MY PASSENGERS TOWARDS 10C BENDEMEER ROAD I GOING TO DROP OFF MY PASSENGERS. AS I TRAVELING ON LANE 4 SUDDENLY VEHICLE B BEARING REGISTRATION NUMBER SJH9774E FILTER TO MY LANE AND HIT ONTO MY VEHICLE A FRONT LEFT HAND SIDE BUMPER. NOBODY WAS INJURED DURING THE ACCIDENT.

Declaration

(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

18/12/24  
13:55HRS

Witnessed by Reporting Centre Personnel

