

Main Office:
Mova Building
No. 22, Jalan Kilang,
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Block 1008,
Bukit Merah Lane 3,
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Singapore 159722
Tel : (65) 6272 3892
Fax : (65) 6270 8314
Co. Reg. 198904033G
GST Reg. M2-0088864-2

ESTIMATE

24/12/2024

SMRT BUSES LTD
60 WOODLANDS INDUSTRIAL PARK E4
SINGAPORE 757705

Vehicle No: SJP7188T
Vehicle Model: HONDA SHUTTLE
Est No: CBMQ24120229
Claims ref:
Accident Date: 21/12/24
In Charge: BILLY
Remarks:

No	Description	Qty	U. Price	Amounts S\$
LIST ITEMS:				
1	TAILGATE / <i>on</i>	1	PC \$ 1,199.30	\$ 1,199.30
2	TAILGATE GLASS MOULDING / <i>nc</i>	1	PC \$ 121.40	\$ 121.40
3	TAILGATE REFLECTOR RH & LH <i>X</i>	2	PC \$ 413.50	\$ 827.00
4	TAILGATE CHROME MOULDING <i>X</i>	1	PC \$ 383.60	\$ 383.60
5	TAILGATE LOGO <i>X</i>	1	PC \$ 66.70	\$ 66.70
6	TAILGATE EMBLEM - SHUTTLE <i>nc</i>	1	PC \$ 68.70	\$ 68.70
7	TAILGATE EMBLEM - HYBRID <i>nc</i>	1	PC \$ 62.60	\$ 62.60
8	TAILGATE LOCK <i>?</i>	1	PC \$ 178.20	\$ 178.20
9	TAILGATE WEATHERSTRIP <i>nc</i>	1	PC \$ 168.90	\$ 168.90
10	REAR END PANEL <i>X R</i>	1	PC \$ 488.20	\$ 488.20
11	REAR END PANEL TOP COVER <i>X</i>	1	PC \$ 123.40	\$ 123.40
12	REAR BUMPER / <i>DEF (phib Dismble)</i>	1	PC \$ 881.30	\$ 881.30
13	REAR BUMPER RETAINER RH & LH <i>X</i>	2	PC \$ 35.80	\$ 71.60
14	REAR BUMPER CLIPS / <i>nc</i>	10	PC \$ 3.90	\$ 39.00

LIST TOTAL S\$ \$ 4,679.90
20% DISCOUNT S\$ \$ (935.98)
\$ 3,743.92

SPECIAL NET ITEMS:				
1	TAIL GATE GLASS SEALANT / <i>nc</i>	1	PC \$ 40.00	\$ 40.00
2	REAR NUMBER PLATE / <i>cur</i>	1	PC \$ 40.00	\$ 40.00
3	REVERSE SENSOR / <i>shut</i>	1	SET \$ 200.00	\$ 200.00

SPECIAL NET TOTAL S\$ \$ 280.00

LABOUR CHARGE:				
1	TO CUT / WELD REAR END PANEL , KNOCK & STRAIGHTEN REAR FLOOR PANEL , REMOVE & REPLACE ACCIDENT DAMAGED PARTS, REALIGN ALL CONNECTION			\$ 800.00 <i>400</i>
2	SPRAY PAINT TAILGATE, REAR END PANEL, REAR FLOOR PANEL, REAR			

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Claims ref:
Accident Date: 21/12/24
In Charge: BILLY
Remarks:

No	Description	Qty	U. Price	Amounts S\$
	BUMPER			\$ 800.00 400
3	REMOVE & REPLACE TAILGATE GLASS & CHECK WATER LEAKAGE			\$ 120.00 /
4	REMOVE & REPLACE TAILGATE INNER TRIM, MECHANISM & CHECK LOCKING SYSTEM			\$ 60.00 50
5	REMOVE & REPLACE REVERSE SENSOR & CHECK FUNCTION			\$ 80.00 30
6	WATER PRESSURE TEST FOR LEAKAGE			\$ 50.00 X
7	RUST PROOF AFFECTED AREAS			\$ 60.00 30
TOTAL LABOUR COST S\$				\$ 1,970.00

AMOUNT S\$ \$ 5,993.92
GST @ 9% \$ 539.45
AMOUNT DUE S\$ \$ 6,533.37

Customer's Signature

MOVA AUTOMOTIVE PTE LTD

Step (LKK)
31/12/24, 11.30 am
w h
L/S
y PL y
4 dyr y

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	23/12/2024 08:56 (SGT)
Reported by	Actual Driver
Date of Accident	21/12/2024 14:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BUKIT BATOK WEST AVE 5
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJP7188T
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	WAI KAM HOA
NRIC No	S2574734H
Email Address	waikamhoa@gmail.com
Mobile Phone No	(Phone) +65-91893208
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
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	1500
Vehicle Fuel	Petrol
First Registration Date	-
Chassis no	GP71209835
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5101130255-06

DRIVER

Name of Driver	WAI JONE YANG
NRIC No	T0313360A
Date Of Birth	11/04/2003
Occupation	Indoor
Driving Pass Date	02/08/2023
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	1 YEAR AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81270091
Alt. Phone Number	-
Email Address	waikamhoa@gmail.com
Address	188 WESTWOOD AVENUE
Address complement	#09-17
Postcode	648149
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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 - Head to Rear
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	WAI KAM HOA
Gender	Male

PASSENGER 2

Name	LIM HWEE SIAN
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

PLEASE REFER TO SKETCH PLAN FOR ACCIDENT STATEMENT

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 SG5823Y
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Bus
Name of Driver ZHANG YUPENG
Contact Number (Phone) +65-18002689999
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) 1

Describe Circumstance of the Accident
ON 21/12/2024 AT AROUND 1400HRS, I WAS TRAVELLING ALONG BUKIT BATOK WEST AVE 5. AS I WAS MAKING A LEFT TURN, VEHICLE SG5823Y SUDDENLY COLLIDED INTO THE REAR OF MY VEHICLE

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

MUHAMAD SHAMEER BIN ABDULLAH
(S997310)

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

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 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 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

MUHAMAD SHAMEER BIN ABDULLAH
(S997310)

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

Sketch Plan

