MIRAI AUTO PERFORMANCE PTE LTD

53 UBI AVE 1 #01-33 PAYA UBI INDUSTRIAL PARK S408934

DATE: 30.12.2024
VEHICLE NO: SLT3347H
MAKE/ MODEL: HONDA FREED

NO	DESCRIPTION	UNIT	UNIT PRICE	AMOUNT
1	REAR RH DOOR X R	1	$ 1,514.00	$ 1,514.00
2	REAR RH FENDER X R	1	$ 1,025.00	$ 1,025.00
3	RH SIDE MIRROR X nn	1	$ 500.00	$ 500.00
				$ 3,039.00
			LESS 20%	**$ 658.58**
				$ 2,634.32
	S/ NETT ITEMS			
1	REAR FENDER QUARTER GLASS SELANT RH X nn	1	$ 80.00	$ 80.00
2	ROCKER PANEL SEALANT RH X nn	1	$ 60.00	$ 60.00
			TOTAL:	**$ 140.00**
	LABOUR TO			
2	APPLY ANIT RUSH ON AFFECTED AREAS	1	$ 150.00	$ 150.00
3	SPRAY PAINT ON AFFECTED AREAS	1	$ 800.00	$ 800.00
4	PANEL BEAT ON AFFECTED AREAS	1	$ 400.00	$ 400.00
5	Alignment - $80		**TOTAL:**	**$ 1,350.00**

x 450 400

PARTS REPLACEMENT AMOUNT		$ 2,774.32
TOTAL AMOUNT FOR LABOUR		$ 1,150.00
	TOTAL AMOUNT	$ 3,924.32

730

Steve (LKK)
2/1/25 11.00am
m IL
L/S
by AL by
3 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:

SS4824CR0009 / SME MOTOR PTE LTD
ENTRY DATE & TIME: 27/12/2024 16:51 (SGT)
SUBMITTED BY: Chia Pei Ying
VERSION: 1 (27/12/2024 16:51 (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	27/12/2024 16:51 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	27/12/2024 12:33 (SGT)
Exact Location of Accident	Bedok Rd, Singapore
Additional Location Information	SIMPANG BEDOK MARKET CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT3347H

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	GOH BOON SIONG ANDREW
NRIC No	S7027734D
Email Address	WERDNAHOG@GMAIL.COM
Mobile Phone No	(Phone) +65-98218993
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Freed
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	-
First Regisration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5150682595

DRIVER

Driver	GOH BOON SIONG ANDREW
	S7027734D
Birth	23/08/1970
pation	Outdoor
ing Pass Date	20/11/1989
ving License Pass Class	3
riving License Validity	Valid
Driving experience	35 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-98218993
Alt. Phone Number	-
Email Address	WERDNAHOG@GMAIL.COM
Address	BLK 502 ANG MO KIO AVE 5 #09-3728
Address complement	-
Postcode	560502
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	Hit and run / Vandalism / Damaged whilst parked
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

ON THE STATED DATE ANDTIME, MY VEHICLE (SLT3347H) WAS STATIONARY IN SIMPANG BEDOK MARKET CARPARK LOT. AS I WAS WALKING TOWARDS MY VEHICLE (SLT3347H), SUDDENLY I SAW VEHICLE B (SLJ4375Y) WAS INSPECTING MY VEHICLE. I WALKED TOWARDS HIM AND VEHICLE B DRIVER INFORMED ME THAT HE HIT ONTO MY VEHICLE REAR RIGHT DOOR AND FENDER AND SIDE MIRROR.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Registration Number	SLJ4375Y
Manufacturer	-
Model	-
Variant	-
Colour	-
Vehicle Category	Private car
Name of Driver	MR SIM
Contact Number	(Phone) +65-91160948
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-

H PLAN

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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.

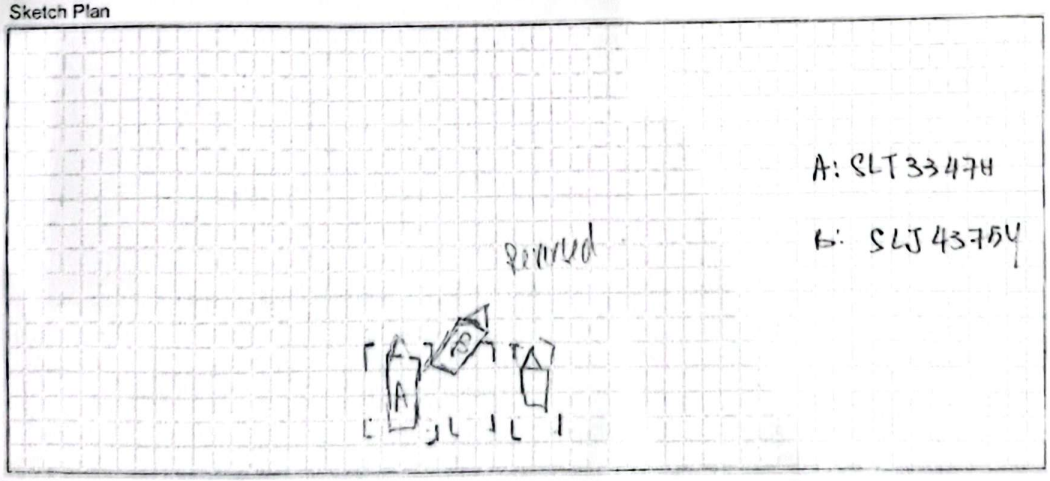
(collectively the "**Purposes**")

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

Sketch Plan



1

H PLAN #2

Describe Circumstance of the Accident

On the stated time & date, my vehicle (SLT3347H) was stationary in Simpang Bedok market carpark lot. As I was walking towards my vehicle (SLT3347H), suddenly I saw vehicle B (SLJ3754) was inspecting my vehicle (SLT3347H). I walked towards him and vehicle B (SLT3347H) informed me that he hit onto my vehicle (SLJ3754) rear right door and fender and side mirror.

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 (Name as in NRIC/ID card)

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