

ACCORD AUTO SERVICES PTE LTD

10 Ang Mo Kio Industrial Park 2A

#03-11 AMK Autopoint Singapore 568047

Tel: 6481 9518 / 6481 9517 Fax: 6481 9516 email: claims@mycarworkshop.com.sg

ESTIMATE

3RD PARTY

LIBERTY INSURANCE PTE LTD

ATTN: ACCIDENT CLAIMS DEPARTMENT

FIRST REGISTRATION: 24.11.2017

DATE :

18.06.2024

VEHICLE NO :

SLU1644U

VEH MAKE/MODEL :

PEUGEOT 3008

YOM :

2017

CHASSIS NO :

VF3MRIINYWHS229468

DATE OF ACCIDENT :

15.06.2024

NO	QTY	DESCRIPTION	AMOUNT \$
		LIST PRICE:-	
1	1	REAR BUMPER / CUT	\$ 1,080.00
2	2	REAR BUMPER SIDE RETAINER A	\$ 316.50
3	1	REAR BUMPER TOP CHROME / CUT	\$ 324.00
4	1	TOWING COVER / CUT	\$ 144.00
5	1	REAR BUMPER CENTRE GARNISH X	\$ 280.10
6	1	REAR EXHAUST CHROME TIP *RH X	\$ 540.00
7	1	REAR EXHAUST CHROME TOP *LH X	\$ 540.00
8	1	REAR REEND PANEL X R	\$ 2,160.00
9	1	REAR END PANEL TOP GARNISH X	\$ 220.60
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
TOTAL - LIST ITEM			\$ 5,605.20
LIST 10%			\$ 560.52
TOTAL			\$ 5,044.68

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:

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DATE OF ACCIDENT :

15.06.2024

		<u>SPECIAL NETT ITEMS:-</u>	
1	SET	FRONT BUMPER CLIPS / <i>AK</i>	\$ <i>30</i> 50.00
2	SET	FRONT FENDER INNER SHIELD LH <i>X</i>	\$ 50.00
3			
4			
5			
6			
		Total - SN Item	\$ 100.00
		<u>Labour Charges:-</u>	
1		SPRAY PAINT ON ALL AFFECTED AREA	\$ <i>X</i> 800.00
2		LABOUR REMOVE/REFIX ACCIDENT DAMAGE PARTS TO KNOCK, JACK, CUT WELD AND REALIGN ACCIDENT AFFECTED AREA	\$ <i>250</i> 800.00
3		TO CHECK WIRING SYSTEM & LIGHT	\$ <i>50</i> 100.00
		TO APPLY ANTI RUST TREATMENT	\$ <i>X</i> 120.00
4			
5			
6			
7			
		Total - L/C	\$ 1,820.00
		Sub-Total	\$ 6,964.68
		9% GST	\$ 626.82
		Total	\$ 7,591.50

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STEW (LKK)
8/7/24, 4.30pm
P/P
My Bol My
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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	18/06/2024 15:43 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	15/06/2024 10:48 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CAIRNHILL ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU1644H
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	ANG BOON CHONG
NRIC No	SXXXX449F
Email Address	angboonchong@gmail.com
Mobile Phone No	(Phone) +65-96946819
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Peugeot
Model	3008
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	1199

INSURANCE COMPANY

Name of Insurance Company	HL Assurance Pte Ltd
Policy Number / Cover Note Number	MP321262

DRIVER

Name of Driver	ANG BOON CHONG
NRIC No	SXXXX449F
Date Of Birth	28/05/1980
Occupation	Indoor

Driving Pass Date	09/12/1999
Driving experience	24 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96946819
Alt. Phone Number	-
Email Address	angboonchong@gmail.com
Address	APT BLK 269A PUNGGOL FIELD #02-185
Address complement	-
Postcode	821269
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	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)	4
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	SRINUAN NUTTHAPORN
Gender	Female

PASSENGER 2

Name	MULYANINGRUM MULYANINGRUM
Gender	Female

PASSENGER 3

Name	JAXTYN ANG MING YOU
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

PLEASE REFER TO ACCIDENT SKETCH PLAN

ATTACHMENT(S)

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

Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMR7510A
Vehicle Manufacturer	Ssangyong
Vehicle Model	Tivoli
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
Name of Driver	NILESH SAHITA
NRIC No	SXXXX141Z
Contact Number	(Phone) +65-88398665
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

VEH A: SLU1644H
VEH B: SMR7510A
VEH C:

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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;

(a) investigating the accident and/or my claims;

(ii) 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.

[Signature]

18 Jun 24

Policyholder's Signature / Date & Time

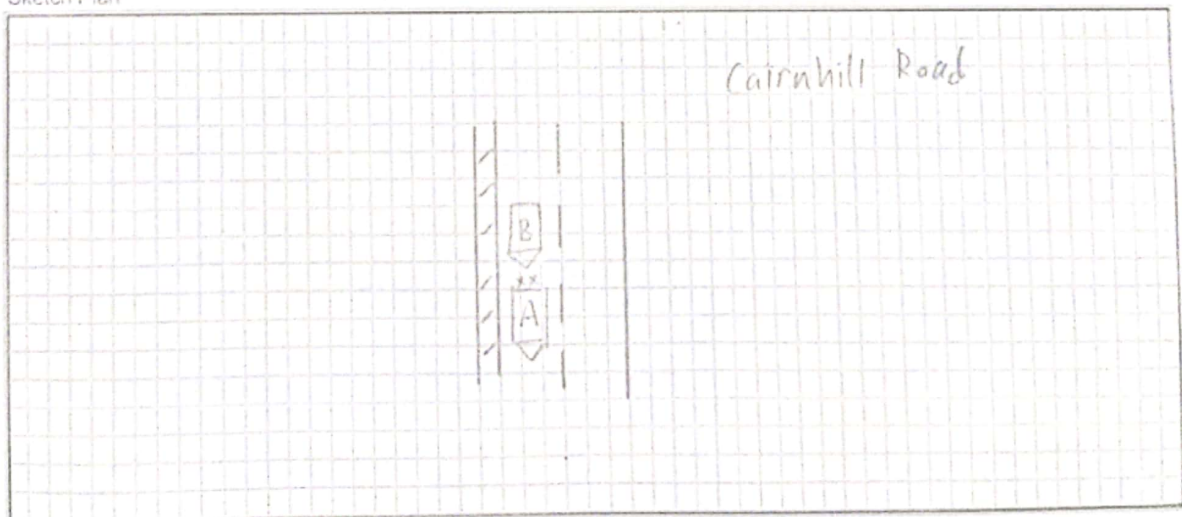
3:28pm

Sketch Plan

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



Witnessed by Reporting Centre Personnel
(Name as in NR/CID card)



Describe Circumstance of the Accident

DATE OF ACCIDENT: 15 Jun 2024

TIME OF ACCIDENT: 10:48-10:49am

VEH A: SLU1644H

VEH B: SMR7510A

VEH C: -

I was driving my vehicle A (SLU1644H) along Cairhill road on 15 Jun 2024 and ^{was} rear ended by vehicle B (SMR7510A) at around 10:48am - 10:49am. As the vehicle in front of mine ^{was} slowing down and ~~at~~ came to a stop at the traffic, I did the same maintaining a safe distance. When my vehicle A (SLU1644H) ~~was~~ came to a stop, my passengers and myself felt an impact from the rear of my vehicle A (SLU1644H). After which, I realized my ~~car~~ vehicle A (SLU1644H) was rear ended by vehicle B (SMR7510A) through checking the rear mirror. I alighted my vehicle A and ~~check~~ saw the driver of vehicle B (SMR7510A) out of his vehicle checking for damages. We took photos of the accident, exchange particulars and phone numbers before leaving the accident scene. Driver of vehicle B (SMR7510A) is Mr. Nilesh Sahita, 526051412.

Shortly, I received a call at around 11:20am from vehicle B (SMR7510A) Mr. Nilesh Sahita asking if I would like to do a private settlement which I told him that I'm driving and will call him back. A What's App message asking me if I would like to do a private settlement was also sent to me through his mobile number which he deleted later. I return Mr. Nilesh Sahita call at 12:57pm, 3:03pm and 3:08pm respectively but he did not pick up. At 3:16pm, I dropped him a what's App text informing him that since there is no reply from him, I will file a report with approved reporting centre.

Car Cam video and photos of the accident has been submitted to reporting centre Accord Auto Services at point of reporting the accident.

Declaration

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

 18 Jun 24
Policyholder's Signature / Date & Time
3:28 pm.

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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