

INC

2028 09

The U/C / Chassis frame / Body Structure affected due to collision.

[illegible]

TOTAL

# JL Perfect Autowork Pte Ltd

Company Reg No: 202136905K

8 Kaki Bukit Ave 4, #08-09 Premier@Kaki Bukit  
Singapore 415875

Tel : 6341 6789 Fax: 6341 6778  
E-mail:jlperfectautowork@gmail.com



DATE : 10.06.2024

TO : **INCOME** MOTOR CLAIMS DEPTS  
VEHICLE NO : **SFH4866D**  
MODEL : **MAZDA 5**  
DATE OF ACCIDENT : 01.06.2024  
TIME OF ACCIDENT : 13:45 HOURS

WE APPEND HEREUNDER THE ESTIMATED COST OF REPAIRS TO BE CARRIED OUT TO THE ABOVE VEHICLE.

## CLAIM DETAIL : PARTS

S/N	DESCRIPTION	QTY	UNIT LIST PRICE	TOTAL LIST PRICE	
1	REAR BUMPER	1	\$ 961.00	\$ 961.00	de
2	REAR BUMPER SIDE SKIRT	2	\$ 396.30	\$ <del>LHX</del> 792.60	RH car
3	REAR BUMPER CENTER CLIP	2	\$ 46.80	\$ 93.60	nei
4	REAR BUMPER REFLECTOR	2	\$ 53.60	\$ <del>LHX</del> 107.20	RH car
5	REAR BUMPER SIDE RETAINER	2	\$ 47.70	\$ <del>LHX</del> 95.40	RH car
6	REAR BUMPER REINFORCEMENT	1	\$ 279.80	\$ 279.80	X
7	REAR FENDER INNER COWLING	2	\$ 96.60	\$ 193.20	X
8	REAR FENDER AIR VENT RH	1	\$ 106.20	\$ 106.20	X
9	REAR END PANEL	1	\$ 515.70	\$ 515.70	X R

TOTAL PRICE \$ 3,144.70  
LESS 20% \$ 628.94  
SUB TOTAL PRICE \$ 2,515.76

S/N	DESCRIPTION	QTY	UNIT S/NETT	TOTAL S/NETT	
1	REAR BUMPER CLIP (SET)	1	\$ 80.00	\$ 80.00	30w
2	REAR FENDER INNER TRIM CLIP (SET)	1	\$ 50.00	\$ 50.00	X
3	REAR FENDER INNER COWLING CLIP (SET)	1	\$ 50.00	\$ 50.00	X
4	REAR END PANEL TOP GARNISH CLIP (SET)	1	\$ 30.00	\$ 30.00	X
5	REAR END PANEL INSULATION SEAL	1	\$ 150.00	\$ 150.00	X
6	REVERSE SENSOR	1	\$ 220.00	\$ 220.00	200th

TOTAL \$ 580.00

CLAIM DETAILS: LABOUR AND SPRAY PAINTING

TO : **INCOME** MOTOR CLAIMS DEPTS  
 VEHICLE NO : **SFH4866D**  
 MODEL : **MAZDA 5**  
 DATE OF ACCIDENT : **01.06.2024**  
 TIME OF ACCIDENT : **13:45 HOURS**

S/N	JOB DESCRIPTION	PRICE	ADJUSTED COST
1	PANEL BEATING, REMOVAL AND REPLACING PARTS	\$ 1,600.00	300
2	TO SPRAY PAINT AFFECTED AREA	\$ 1,200.00	300
3	TUFF COAT	\$ 250.00	X
4	WIRING CHECK	\$ 120.00	30
5	CONDUCT WATER LEAKAGE TEST	\$ 180.00	X
6	REMOVE AND REFIX CUSHION SEAT/ UPHOLSTRY AND ROOF LINNING TO FACILITATE REPAIR	\$ 250.00	X
7	REMOVE AND REFIX REVERSE SENSOR AND DISTANCE SETTING	\$ 80.00	30
8	TO CHECK DIAGNOSTICS OF VEHICLE MANAGEMENT/CONTROL UNITS, RESET MEMORIES TO SPECIFICATION ETC.	\$ 280.00	X

**TOTAL \$ 3,960.00**

### ESTIMATE REPORT

TOTAL PARTS COST : \$ 3,095.76  
 TOTAL LABOUR COST : \$ 3,960.00  
 TOTAL REPAIR COST : \$ 7,055.76

**NB:** THIS IS ONLY AN ESTIMATE AND SHOULD ADDITIONAL WORK BE FOUND NECESSARY TO BE CARRIED OUT IN THE COURSE OF REPAIRS, EXTRA MATERIALS AND LABOUR COST WILL BE CHARGED ACCORDINGLY WHICH HOWEVER, YOU WILL BE INFORMED PRIOR TO ACTION TAKEN.

**PARTS PRICES ARE SUBJECT TO CHANGES.**

YOURS FAITHFULLY

IRENE

SERVICE ADVISOR

IRENE

HP : 8297 9787

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:

Tanfui 97495729  
 WP' 13/6/24 @ 12pm  
 4/5 Resy after repair  
 tanfui c lkkauto in  
 the 03 days



# 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	03/06/2024 16:56 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	01/06/2024 13:45 (SGT)
Exact Location of Accident	21 Woodlands Crossing, Singapore 738203
Additional Location Information	-
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFH4866D
-----------------------------	----------

### INSURED POLICYHOLDER

Is company?	No
Name Of Registered Owner	ONG GUAN SENG
NRIC No	SXXXX872F
Email Address	ONGFAMILY0617@GMAIL.COM
Mobile Phone No	(Phone) +65-96395586
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Mazda
Model	5
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	1999

### INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5103830196-05

### DRIVER

Name of Driver	ONG GUAN SENG
NRIC No	SXXXX872F
Date Of Birth	08/10/1963
Occupation	Indoor



Driving Pass Date	13/11/1981
Driving experience	42 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96395586
Alt. Phone Number	-
Email Address	ONGFAMILY0617@GMAIL.COM
Address	617 ANG MO KIO AVE 4
Address complement	#03-1043
Postcode	560617
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	Raining
Road Surface	Wet

#### 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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	JESSICA
Gender	Female

#### PASSENGER 2

Name	WONG YU QIU
Gender	Female

#### PASSENGER 3

Name	ONG YI HAN
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

#### REFER TO ATTACH

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
---	-----



Are there any video captured by Car Camera?

No

### DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number	SFL3970X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

### INJURED PERSONS DETAILS

#### INJURED 1

Name of injured person	-
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	-
Were seat belts worn?	SFH4866D
Was this injured conveyed to hospital by ambulance?	-

Describe Circumstances of the Accident

At the above time & location.

I was at the Singapore Custom (Woodlands)

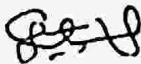
After clearing the custom, I moved on  
and was driving toward JB  
direction.

Vehicle B came from my right after  
clearing the custom and hit onto the  
right rear portion of my car.

Vehicle B was driving out of the  
Immigration Kiosk.

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



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



Scanned with CamScanner

## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report promptly the details of the accident to speed up the claims process.
  2. This Form must be completed by the Policyholder and by the Accidental 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 (RA) Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that a copy 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 alike.
  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, disseminate 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.

*[Signature]*

Policyholder's Signature / Date & Time

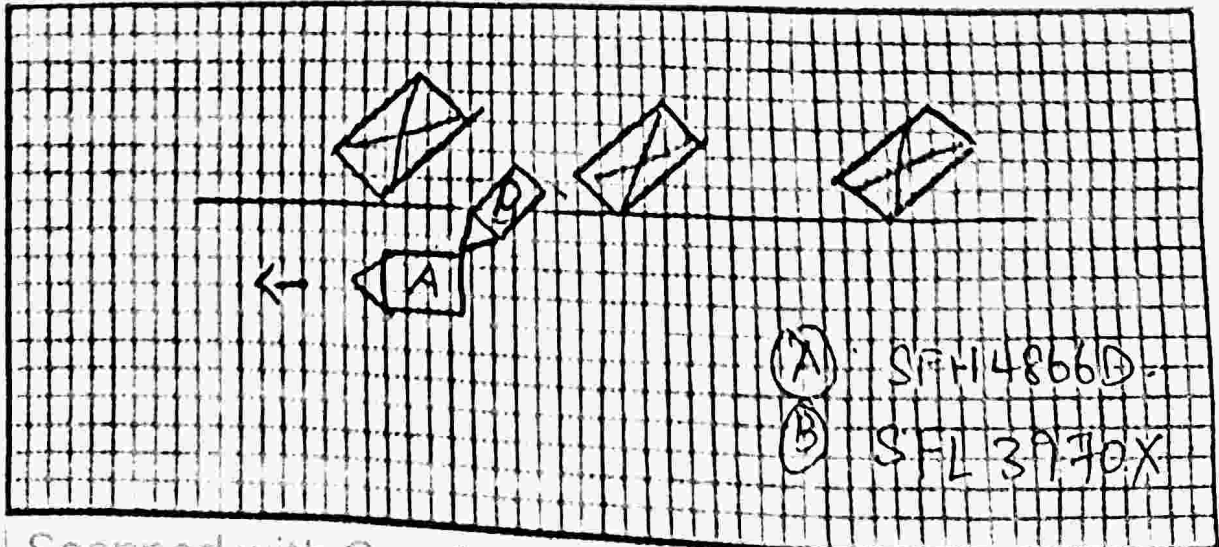
*[Signature]*

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



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

Sketch Plan



cs Scanned with CamScanner