

Vehicle number	SME2325U
Make / Model	HONDA GRACE
Chassis number	GM41201713
Accident date	30/7/24
Reference	2407-34

Qty	Particulars	Unit Price - SGD \$
PARTS REPLACEMENT - LIST ITEMS		
1	REAR BUMPER / OR	510.67
1	REAR BUMPER LOWER GRILLE / CRV	94.85
2	REAR BUMPER RETAINER / BR	86.80
1	REAR BUMPER REFLECTOR (LH) ?	128.66
1	REAR BUMPER REFLECTOR COVER (LH) / CVT	160.32
1	BOOTLID / OD	952.20
1	BOOTLID LOCK / BT	281.20
1	BOOTLID LOCK STRIKER X	23.90
1	BOOTLID WEATHERSTRIP / CRV	139.20
2	BOOTLID LAMP / CVT	724.28
1	BOOTLID OUTER CHROME GARNISH / BR	198.62
1	BOOTLID EMBLEM - LOGO / BR	48.70
1	BOOTLID INNER TRIM X	225.49
2	BOOTLID HINGE X	194.58
2	TAILLAMP / BR / CVT	1380.72
1	END PANEL / OD	564.26
1	END PANEL TOP GARNISH / OR	128.80
1	SPARE TYRE TOP BOARD X	377.60
1	SPARE TYRE COMPARTMENT / OD	916.60
2	REAR FENDER X R	2829.20
1	REAR ENDER INNER TRIM (LH) - DLF	456.56
1	EXHAUST SILENCER X	523.93
2	EXHAUST SILENCER MOUNTING X	29.30
1	EXHAUST SILENCER HEATSHEILD X	85.60
		11062.04
	Less 20%	2212.41
	Subtotal	8849.63
PARTS REPLACEMENT - SPECIAL NETT ITEMS		
1 SET	REAR BUMPER CLIP / MC	30.00
1 SET	REVERSE SENSPR / OR	200.00
1 SET	BOOTLID INNER TRIM CLIP X	30.00
1 SET	REAR FENDER INNER TRIM CLIP / MC	30.00
1	REAR NUMBER PLATE / CVT	60.00
	Subtotal	350.00
LABOUR AND MISCELLANEOUS CHARGES		
1	CHECK WIRING AND LIGHTING SYSTEM	80.00 30
2	REMOVE AND REFIT REAR TRIMS AND GARNISHES	150.00 80
3	REMOVE AND REPLACE REVERSE SENSOR	150.00 30
4	REMOVE AND REPLACE EXHAUST SILENCER	200.00 Y
5	PANEL BEATING ON AFFECTED AREAS	1600.00 1400
6	SPRAY PAINTING ON AFFECTED AREAS	1600.00 1200
7	APPLY ANTI-RUST ON AFFECTED AREAS	80.00 30
	Subtotal	3860.00
	Granttotal	13059.63

Store (LKK)

2/8/24, 12.00p

m IL
L/S
AL
10 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	30/07/2024 17:14 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	30/07/2024 09:15 (SGT)
Exact Location of Accident	AYE, Singapore
Additional Location Information	CITY BEFORE JALAN BUKIT MERAH EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME2325U
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	FIRE LEASING PTE LTD
Company Reg No	202403050R
Email Address	DKKLEASING@GMAIL.COM
Mobile Phone No	(Phone) +65-83389989
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Grace
Variant	-
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 - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1600

INSURANCE COMPANY

Name of Insurance Company	ECICS Limited
Policy Number / Cover Note Number	MCF24B00000700

DRIVER

Name of Driver	ANG YU MING (HONG YU MING)
NRIC No	S7731636A
Date Of Birth	24/10/1977
Occupation	Indoor

Driving Pass Date	11/02/1999
Driving experience	25 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97421918
Alt. Phone Number	-
Email Address	KELVINAYM@HOTMAIL.COM
Address	BLK 350 BUKIT BATOK STREET 34 #04-120
Address complement	-
Postcode	550350
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
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

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

I WAS TRAVELLING ALONG AYE (CITY) AND WHEN THE FRONT CAR SLOWED DOWN, I ALSO SLOWED DOWN. SUDDENLY, I FELT A HUGE IMPACT ON THE REAR PORTION OF MY VEHICLE.

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	SHB6617B
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1


Name of injured person	ANG YU MING (HONG YU MING)
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SME2325U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

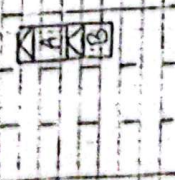
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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. 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 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

Sketch Plan

		A - SHF232FU
		B - SHB6617 B

Describe Circumstances of the Accident

I WAS travelling along AYE (any) and when the front car
 slowed down, I also slowed down. Suddenly I felt a huge impact
 on the rear portion 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

Witnessed by Reporting Centre Personnel