

LEE SHENG AUTO PTE LTD

1, Kaki Bukit Ave 6, Autobay@KakiBukit
#01-60/58, Singapore 417883
Tel No. : 67477333 Fax No. : 67457138
E-Mail : leesheng@singnet.com.sg
Tax Reg. No. : 201000701R Buss. Reg. No. : 201000701R

Messrs. BAN CHOON MARKETING PTE LTD

Estimate : ES000698

Attention : Motor Claim Department
Contact : 92714148

Date : 02/07/2018
Vehicle Num. : YN 3621T
Make/Model : MITSUBISHI FUSO-2012
Chassis/Eng# : FE83BEA208774M42A90864
Accident Date : 27/06/2018
Claim No. :
Reference :
Policy No. :

S/N	Quantity	Particular	Unit Price	Amount S\$
LIST ITEMS :				
1.	1 PC	FRONT BUMPER		1,500.00
2.	2 PCS	FRONT BUMPER BRACKET	85.00	170.00
3.	1 PC	FRONT GRILLE		280.00
4.	1 PC	FRONT GRILLE EMBLEM		55.00
5.	10 PCS	FRONT GRILLE CLIPS	10.00	100.00
6.	1 PC	FRONT PANEL		850.00
7.	2 PCS	HEADLAMP	680.00	1,360.00
8.	2 PCS	SIDE LAMP	180.00	360.00
9.	2 PCS	HEADLAMP REFLECTOR	185.00	370.00
10.	2 PCS	REAR LAMPS	220.00	440.00
11.	2 PCS	REAR CABIN STOPPER	55.00	110.00
12.	1 PC	REAR BUMPER		1,800.00
13.	2 PCS	REAR BUMPER BRACKET	85.00	170.00
14.	2 PCS	REAR CABIN BRACKET	85.00	170.00
15.	1 PC	REAR EXHAUST PIPE		980.00
16.	1 PC	REAR CABIN DOOR LOCK		120.00
17.	2 PCS	REAR BUMPER RUBBER		
List Total S\$:				8,835.00
25.00% Discount S\$:				2,208.75
				6,626.25
SPECIAL NETT ITEMS :				
1.	1 PC	FRONT NUMBER PLATE & BASE PLATE		60.00
Special Nett Total S\$:				60.00

CONTINUE / ...

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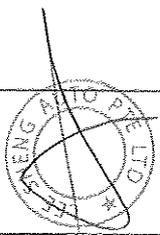
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S/N	Quantity	Particular	Unit Price	Amount S\$
		LABOUR :		
		KNOCKING, CUTTING, JACKING WELDING ETC		1,800.00
		SPRAY PAINTING		1,500.00
		TO CHECK WIRING AND SYSTEM FUNCTION		150.00
		TOWING		180.00
		Labour Total S\$:		<u>3,630.00</u>



Total S\$: 10,316.25

LEE SHENG AUTO PTE LTD

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 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 ability.
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 Report	30/06/2018 13:55
Date Of Accident	27/06/2018 17:50
Exact Location Of Accident	ALONG AYE BEFORE BUONA VISTA
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN3621T
Insured/Policyholder	
Name Of Registered Owner	BAN CHOON MARKETING PTE LTD
Co Reg No	NA
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92714148
Alternative Phone No	OFFICE-67777333

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LORRY
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5095485210
Cover Note Number	

Driver

Name of Driver	LEE THIAN SENG
NRIC No	S1092769B
Date Of Birth	21/03/1958
Occupation	OUTDOOR
Date Of Driving Pass	02/02/1968
Driving Experience	50 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	+65-92714148
Fax Number	
Contact Number	OFFICE-92714148
E-Mail Address	NOEMAIL

Address BLK 103 HENDERSON CRESCENT #03-46
 Postcode 150103
 Was driver an employee of the Insured's Company YES
 If No, Relationship of the Driver with the Insured
 Vehicle Registration Number of Driver's Own Vehicle -
 -
 -
 Insurance Company of Driver's Own Vehicle -
 -
 -

General Information of the Accident

Type Of Accident CHAIN COLLISION
 Weather Conditions CLEAR
 Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
 Number of vehicles involved in the accident
 Was any body injured in the Accident? NO
 Was any injured conveyed to hospital by ambulance? NO
 Was any other material or property damaged? YES
 I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO
 Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police? NO
 If Yes, Please state which Police Station
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

REFER ATTACHED

Attachment(s)

Are accident photos available for attachment? YES
 Was there any video captured by Car Camera? NO
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SGR4493G
 Vehicle Make/Model/Colour NA
 Details Of Properties FRONT PORTION
 Vehicle Category PRIVATE CAR
 Name of Driver NA
 NRIC/Passport Number
 Contact Number NA
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

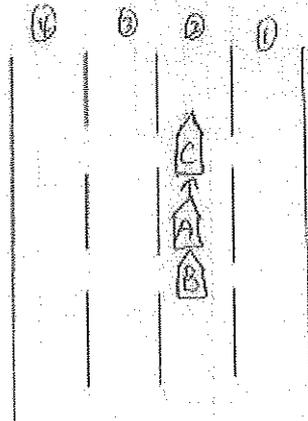
Vehicle Registration Number SLQ6033J
 Vehicle Make/Model/Colour NA

Details Of Properties	REAR PORTION
Vehicle Category	PRIVATE CAR
Name of Driver	NA
NRIC/Passport Number	
Contact Number	NA
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN

- (A) YN 3621T
- (B) SDR 4493G
- (C) SLQ 6033J



Aye before Buona Vista

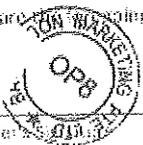
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Veh C in front of me stopped as traffic was slow moving.
 I stopped as well. Then veh B hit my veh from the rear
 causing my veh to move forward and hit the front veh.
 No one was injured.

DECLARATION

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

Policyholder's Name
 Date & Time



X

Driver's Signature
 (Signature is not the policyholder)

Handwritten signature

Reporting Officer's Signature
 Name

Handwritten signature

30/6/2018

Sketch Plan #2

SKETCH PLAN

IMPORTANT NOTICE

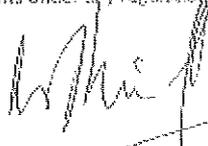
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4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



 Policyholder's Signature
 Date & Time:



 Driver's Signature
 (If driver is not the policyholder)
 Date & Time:



 Reporting Centre Person's Signature
 Name: _____
 NRIC/ID No.: _____ 30/6/2018