



MY CAR CONSULTANT PTE LTD

Reg no.: 201605878Z
 Address: 53 Ubi Ave 1 #01-33 Paya Ubi Industrial Park Singapore 408934
 HP: 98888885

Estimation

Date: 22/5/2020
 Vehicle: GBD7259E
 Make / Model: VOLKSWAGON TRANSPORTER
 Chassis No: WAUZZZ8POCA122534

No.	Description	Unit	Unit Price	Amount
Parts Replacement:				
1	BONNET X R	1	\$ 1,877.05	\$ 1,877.05
2	LH FRONT FENDER X R	1	\$ 575.00	\$ 575.00
3	LH FRONT DOOR X R	1	\$ 1,560.55	\$ 1,560.55
4	LH FRONT MIRROR / BR	1	\$ 764.45	\$ 764.45
5	LH FRONT MIRROR COVER / BR	1	\$ 312.75	\$ 312.75
				\$ 5,089.80
			Less 10%	\$ 508.98
			Total	\$ 4,580.82
S/Nett items:				
1	LH FRONT DOOR COMPANY STICKER / MK	1	\$ 20.00	\$ 20.00
2	MISCELLANEOUS X	1	\$ 200.00	\$ 200.00
				\$ 220.00
Labour to:				
1	TO CHECK ELECTRICAL WIRING	1	\$ 80.00	\$ 80.00
2	REMOVE AND TRANSFER ALL LH FRONT DOOR FITTING	1	\$ 150.00	\$ 150.00
3	CHECK AND RESET FAULT CODE LIGHT ON	1	\$ 100.00	\$ 100.00
4	TO RESPRAY UNDERCOATING	1	\$ 100.00	\$ 100.00
5	APPLY ANTI RUST ON AFFECTED AREAS	1	\$ 120.00	\$ 120.00
6	SPRAY PAINTING ON AFFECTED AREAS	1	\$ 600.00	\$ 900.00
7	PANEL BEATING ON AFFECTED AREAS	1	\$ 600.00	\$ 600.00
				\$ 2,050.00
			Parts Replacement Amount	\$ 4,800.82
			Total Amount for Labour	\$ 2,050.00
			Total Amount	\$ 6,850.82

Store (LKK) WML AL
 L/S
 26/5/20, 4.30 pm
 2 dgs
 RY AL SJ

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 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. 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	20/05/2020 16:47
Date Of Accident	18/05/2020 17:00
Exact Location Of Accident	UPP PAYA LEBAR RD TWDS UPP SERANGOON RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD7259E
Insured/Policyholder	
Name Of Registered Owner	BUILDERS HARDWARE MARKETING
Co Reg No	4XXXX100A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96993866
Alternative Phone No	OFFICE-96993866
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	TRANSPORTER T5 2.0 TDI A/T 5DR (3T) CAAC
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D19MCV0001805_01
Cover Note Number	

Driver

Name of Driver	LOW KIAM FATT
NRIC No	SXXXX509G
Date Of Birth	14/11/1947
Occupation	OUTDOOR
Date Of Driving Pass	12/07/1966
Driving Experience	53 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91018883
Fax Number	
Contact Number	OFFICE-91018883
E-Mail Address	NOEMAIL

Address BLK 814 TAMPINES STREET 81
 Postcode #06-574
 520814
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured SPOUSE
 Vehicle Registration Number of Driver's Own Vehicle -
 -
 -
 Insurance Company of Driver's Own Vehicle -
 -
 -

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE
 Weather Conditions CLEAR
 Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
 Number of vehicles (including own vehicle) involved in the accident 2
 Was any body injured in the Accident? NO
 Was any injured conveyed to hospital by ambulance?
 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 TO STATEMENT.

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 GBJ8727H
 Vehicle Make/Model/Colour TOYOTA DYNA
 Details Of Properties
 Vehicle Category COMMERCIAL VEHICLE
 Name of Driver KEITH LIEW JUN JIE
 NRIC/Passport Number SXXXX273H
 Contact Number 92995505
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

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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:

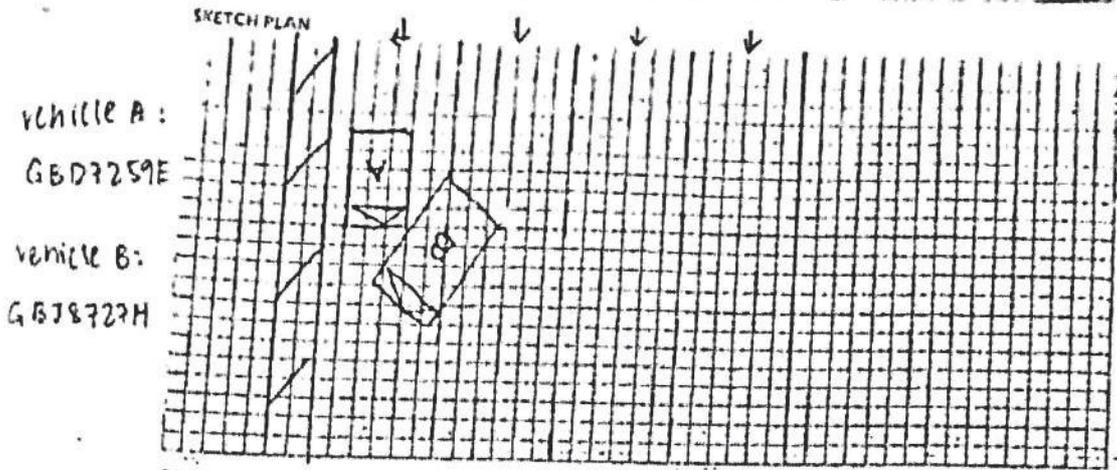
- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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/mailed 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 Personnel's Signature
Name:
NIC/FIN No.:

Accident Sketch Plan



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated time and date,

I was travelling on my vehicle bearing carplate number
GBD7259E on inner lane along upper paya lebar and
TOWARDS upper Serangoon Road.

Suddenly a lorry bearing carplate number GBJ8727H cut
into my lane from the left and collided onto my
vehicle. The collision broke my side mirror immediately.

DECLARATION

We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:
1/10/2013 10:15 AM

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

Reporting Centre Person's Signature
Name:
NARC/FIN No: