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CO. REG. NO: 199402370D GST NO: M2-0123250-3 Wie o AUTO PTE LTD

金興(龔)汽車私人有限公司

160 Sin Ming Drive, #02-20, Sin Ming AutoCity, Singapore 575722 Tel: 6452 7018 Fax: 6458 3895

Email: service@kkimhin.com.sg

No.: 31124

Vehicle Insured: SJG 2586 H Accident Date : 02-Apr-2020

Date: 03-Apr-2020

Our Ref: 020178 (BUDGET) / SANDRA

JAREEN S/O A ANBU (MR)

Singapore

Resony After Paint

Not Norhank

ESTIMATED COST OF REPAIR FOR MITSUBISHI FB70A (2835cc)(2006) YM5283C

1 pc front bumper 1 pc n/s headlamp 1 pc n/s headlamp rubber lid 1 pc n/s signal lamp 1 pc n/s side reflector 1 pc n/s front corner panel 1 pc n/s front step garnish

cm 721.30 miy 12.00 Br 206.10 -Bu 139.05 -R 398.41 Sm 345.06 X 2,654.34

By 832.42

-663.58

1,990.76

To remove, cut out damaged parts, panel beating, welding, align, refix and to renew affected parts.

To putty and respray on affected portions.

To focus headlamps. To check front wiring and lighting operation.

2201 250.00 640.00

30.00 20/

S\$ 2,910.76 Total: ===========

Singapore Dollars Two Thousand Nine Hundred and Ten and Cents Seventy Six Only

Note: Amount quoted above is subject to prevailing GST at time of tax invoice.

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:

Scanned with CamScanner

MKKH20039553 / K Kim Hin Auto Pte Ltd - HQ ENTRY DATE & TIME: 03/04/2020 11:17 SUBMITTED BY: Sandra Khong Yee Teng

SINGAPORE ACCIDENT STATEMENT

- 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 Authonised Driver.

 3. Information provided must be as truthful and accurate as possible. Any wifful misrepresentation or witholding 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	03/04/2020 11:17
Date Of Accident	02/04/2020 18:30
Exact Location Of Accident	BLK 760/761 YISHUN AVENUE 3 CARPARK
Country/State of Loss	SINGAPORE
New Control of the Co	DETAILS OF OWN VEHICLE
Vehicle Registration Number	YM5283C
Insured/Policyholder	the second secon
Name Of Registered Owner	JAREEN S/O A ANBU
NRIC No	SXXXX475A
Email Address	JAREENS03@GMAIL.COM
Mobile Phone No	(LOCAL) +65-94784547
Alternative Phone No	OFFICE-94784547
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	FB70ABOSRDEA-2.8 D (M)
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	GA268285
Cover Note Number	
Driver	
Name of Driver	JAREEN S/O A ANBU
NRIC No	SXXXX475A
Date Of Birth	03/05/1954
Occupation	INDOOR
Date Of Driving Pass	16/05/1978
Driving Experience	41 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94784547
Fax Number	
Contact Number	OFFICE-94784547
EMail Address	JAREENS03@GMAIL.COM

Page 1 of 15

BLK 770 YISHUN AVENUE 3 #07-251 Address Postcode Was driver an employee of the Insured's Company NO If No, Relationship of the Driver with the Insured Vehicle Registration Number of Driver's Own Insurance Company of Driver's Own Vehicle General Information of the Accident COLLISION - MAJOR/MINOR RD Type Of Accident CLEAR Weather Conditions DRY Road Surface Other Information Was any foreign vehicle involved in this accident? NO Number of vehicles (including own vehicle) involved in the accident NO Was any body injured in the Accident? Was any injured conveyed to hospital by NO ambulance? Was any other material or property damaged? I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. Number of Passengers (Including Driver) : WIFE NAME: Passenger 1 GENDER: : FEMALE **Details of Police Action** NO Was the accident reported to the police? If Yes, Please state which Police Station Was notice of intended Prosecution given? NO If Yes, against whom? Circumstances of Accident PLEASE REFER TO SKETCH PLAN Attachment(s) Are accident photos available for attachment? Was there any video captured by Car Camera? NO NO Was there any audio recorded? DETAILS OF OTHER VEHICLE PROPERTY 1 SJG2586H Vehicle Registration Number Vehicle Make/Model/Colour Details Of Properties PRIVATE CAR Vehicle Category KOH BOON LIN, COLIN Name of Driver SXXXX110J NRIC/Passport Number Contact Number Address Postcode Insurance Company Name Nature Of Damage No. Of Passenger (Including Driver)

Page 2 of 15

SKETCH PLAN
A: Ym 5283 C B: 336 258 H
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT
J WAS DRIVING STRATIGHT AND VEHILUE B SUDDENLY REVERSED AND HIT MY LOPPY LEFT FRONT PORTION.
T WANT TO WARM HIS INSURANCE.
I WAS GOING TO DO DECIVERY AT THE TIME!
DECLARATION If We declare the foregoing particulars are true in every respect. 7 9 0 (552.7018) (
Date & Time: (If driver is not the policyholder) Name: Company Chop (if applicable) Date & Time: NRIC/FIN No.: