



CARIS AUTOWORKS PTE LTD  
160 SIN MING DRIVE  
#05-03 SIN MING AUTOCITY  
SINGAPORE 575722  
( COMPANY REGISTRATION NO: 201825799E )  
TEL: 62589831  
FAX: 62585349

Not Authorized  
11 Sep 8  
Presumably After Palm  
6 days

ESTIMATE REPAIR COST TO HONDA (FIT) REG NO : SMR 4451 G

S\$

1 PC	DOOR ASSY ( FRONT RIGHT )	792.40	BT ✓
1 PC	DOOR ASSY ( REAR RIGHT )	736.20	BT ✓
1 PC	DOOR PANEL ( FRONT RIGHT )	742.80	Repaired X
1 SET	DOOR RUBBER CHANNEL ( FRONT & REAR RIGHT )	391.60	Stock
1 PC	MANGUARD ( FRONT RIGHT )	425.40	BT ✓
1 PC	DOOR SIDE SPOILER (FRONT RIGHT)	432.40	R X Broken X
1 PC	POWER WINDOW & REGULATOR ( FRONT RIGHT )	400.70	?
2 PCS	RIM ( FRONT & REAR RIGHT )( PER PC \$857.40 )	1714.80	P?? No ✓
2 PCS	S/ABSORBER ( FRONT & REAR RIGHT )( PER PC \$308.10 )	616.20	?
2 PCS	WHEEL BEARING ( FRONT & REAR RIGHT )( PER PC \$136.30 )	272.60	?
2 PCS	LOWER ARM ( FRONT & REAR RIGHT )( PER PC \$170.80 )	341.60	?
2 PCS	LOWER LINKAGE ROD ( FRONT & REAR RIGHT )( PER PC \$48.50 )		?

208

1

97.00  
 2 PCS WHEEL KNUCKLE ( FRONT & REAR RIGHT )( PER PC \$251.50 )  
 503.00

TOTAL 7466.70  
 LESS 20% 1493.34  
 TOTAL 5973.36

LABOUR & MISC CHARGES

PANEL KNOCKING	1800.00	<i>Food</i>
SPRAY PAINTING	1600.00	<i>1200</i>
WHEEL ALIGNMENT ( COMPUTRISED )	120.00	<i>80</i>
BODY CLIPS	<i>Na</i> 80.00	<i>50</i>
WIRE CHECKING & DIAGNOSTIC	150.00	<i>20</i>
LABOUR FOR REPLACING S/ABSORBER & OTHER PARTS	550.00	<i>?</i>

TOTAL 10,273.36

CARIS AUTOWORKS PTE LTD

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:



Factory Japan 2019.0.2 : Honda : Fit Hybrid : GP5  
 Thrust Line Alignment

Front : Left

Actual	Before	Specified Range
-0°20'	-0°20'	-1°00' 1°00'
4°34'	4°34'	3°55' 5°55'
0°08'	0°08'	-0°09' 0°09'
13°08'	13°08'	11°30' 13°30'
12°48'	12°48'	10°30' 14°30'

Camber  
 Caster  
 Toe  
 SAI  
 Included Angle  
 Turning Angle Diff.

Front : Right

Actual	Before	Specified Range
-2°09'	-2°08'	-1°00' 1°00'
5°05'	5°05'	3°55' 5°55'
-0°16'	-0°15'	-0°09' 0°09'
14°43'	14°42'	11°30' 13°30'
12°34'	12°34'	10°30' 14°30'

Front

Actual	Before	Specified Range
1°49'	1°48'	
-0°31'	-0°31'	
-1°34'	-1°34'	
-0°08'	-0°08'	-0°17' 0°17'

Cross Camber  
 Cross Caster  
 Cross SAI  
 Total Toe  
 Cross Turn Diff.

Rear : Left

Actual	Before	Specified Range
-1°29'	-1°29'	-2°30' -0°30'
0°04'	0°04'	0°00' 0°17'

Camber  
 Toe

Rear : Right

Actual	Before	Specified Range
-1°19'	-1°19'	-2°30' -0°30'
0°07'	0°07'	0°00' 0°17'

Rear

Actual	Before	Specified Range
-0°10'	-0°10'	
0°10'	0°11'	0°00' 0°34'
-0°02'	-0°02'	
0mm	0mm	

Cross Camber  
 Total Toe  
 Thrust Angle  
 Axle Offset

# 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 Submission ..... 23/03/2021 10:29 (SGT)  
Date of Accident ..... 23/03/2021 07:50 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... CHOA CHUA KANG ROAD  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMR4451G  
INSURED/POLICYHOLDER .....  
Is company? ..... No  
Name Of Registered Owner ..... LIAN JIA JING  
NRIC No ..... SXXXX547J  
Email Address ..... lianjiajing14@gmail.com  
Mobile Phone No ..... (Phone) +65-92956570  
Alternative Phone No ..... +65-92956570

## VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... Fit  
Variant ..... -  
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 - Claiming third party  
Vehicle Category ..... Private car  
Transmission ..... Auto  
CC ..... 1496

## INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 5118403610  
Cover Note Number ..... -

## DRIVER

Name of Driver ..... LIAN JIA JING  
NRIC No ..... SXXXX547J

Date Of Birth	14/12/1993
Occupation	Outdoor
Date Of Driving Pass	08/04/2019
Driving experience	1 YEAR AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92956570
Alt. Phone Number	+65-92956570
Email Address	lianjiating14@gmail.com
Address	BLK 123 PAYA LEBAR WAY #07-2911
Address complement	-
Postcode	381123
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 - U-Turn
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

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 ATTACHED SKETCH STATEMENT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	UNABLE TO UPLOAD
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGA8866C
Vehicle Manufacturer	Jaguar
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ONG KAY CHEW
Contact Number	(Phone) +65-93886921
Address	-

**IMPORTANT NOTICE**

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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 reputate 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.



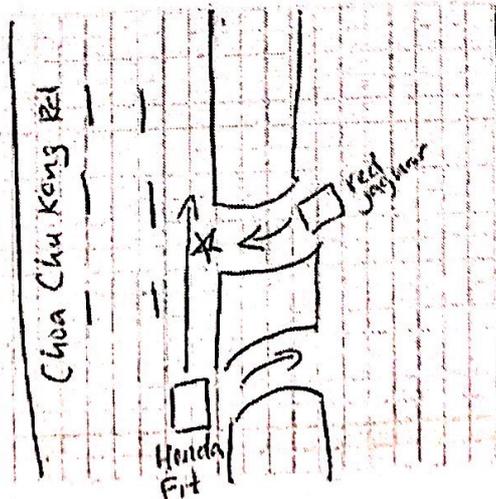
*[Handwritten signature]*

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**



**Describe Circumstances of the Accident**

I was driving to work toward Stagmont Camp, thereafter was on Choo Choo Kang Road. I was driving on the extreme right lane, approaching pass a car exiting a slip road. Horned to warn him but his red jaguar still moved forward, hitting against my Honda car.

**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