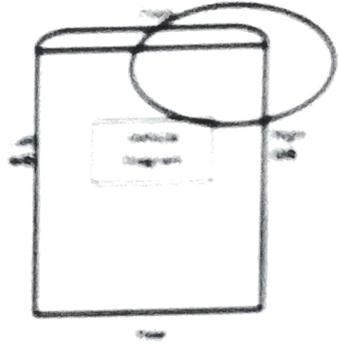


Yong Sing Estimate Repair

Vehicle Registration Number: SD01452
 Make / Model: DAEWOO CABSTAR 3.0 16V 100 200 2500
 Chassis No: AVT00P4000000
 Year of Manufacture: 2014
 Registration Date: _____
 Type of Repair (Incident): _____
 Date/Time of incident: _____
 Repair vehicle: Yes No
 Remarks: _____

Case Ref: _____
 No: _____

The damages on the vehicle are as indicated in the following diagram:



	Yong Sing estimate breakdown cost		Adjusted by Surveysor, if applicable
Total labour cost	2	1,200.00	2
Total Spares/Parts Cost	2	1,400.00	2
Total Spares/Parts Cost	2	10,000.00	2
Other Charges	2	200.00	2
TOTAL	2	12,800.00	2
		... (unclear) ...	2
No. of Repair Days	2	400	2

Surveyor Remark:

Part 1 - Labour & Panel Beating Related Works

Job Scope	Yong Sing Estimate	Surveyor Adjustment
REMOVAL AND REPLACE DAMAGED ITEMS, REALIGN VEHICLE DOOR FRAME, FRONT RH CORNER INNER PANEL, RH DOOR PILLAR.	\$1,800.00	400/600 800
Total Labour Cost	\$1,800.00	\$0.00

Part 2 - Spray Painting Related Works

Job Scope	Yong Sing Estimate	Surveyor Adjustment
SPRAY PAINT FRONT BUMPER	\$350.00	X } NN
SPRAY PAINT FRONT PANEL.	\$350.00	X } NN
SPRAY PAINT FRONT RH DOOR	\$350.00	200
SPRAY PAINT FRONT RH DOOR PILLAR.	\$350.00	200
SPRAY PAINT FRONT FLOOR PANEL	350	100
Total Spray Painting Cost	\$1,400.00	\$0.00

1750

Part 3 - Other Costs - Accident Repair Related Expenses

Job Scope	Yong Sing Estimate	Surveyor Adjustment
CONDUCT SYSTEM WIRING TEST.	\$80.00	30
CONDUCT WHEEL ALIGNMENT TEST	\$80.00	X } NN
REMOVAL AND REFIT FRONT UNDERCARRIAGE.	\$400.00	X } NN
TRANSFER FRONT RH DOOR MECHANISM	\$250.00	60
Total Other Costs	\$810.00	\$0.00

1410

6 ~~5~~ Days.

Impsm Repair

After repair photos.

Eric Qiang
8-8802 82

16/6/21

4214.58

-20%: 3350

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:

Part 4 - Spare Parts / Material Usage

Item	Part Name	Part No	Qty	List Price (\$)	Discount (15%)	Final Price (\$)	Repair @ Replace (/) (Yong Sing)	Repair @ Replace (/) (Survivor)
✓	1 PANEL ASSY-FRONT X NN	61200MA030	1	\$ 1,100.00	15%	\$ 935.00	REPLACE (/)	
✓	2 PANEL ASSY-FRONT CORNER,RH / huc	F1262MA0AA	1	\$ 385.00	15%	\$ 327.25	REPLACE (/)	✓
✓	3 PROTECTOR-FRONT PANEL CORNER / CPA	61268MA000	1	\$ 420.00	15%	\$ 357.00	REPLACE (/)	75
	4 RADIATOR GRILLE-UPPER X / m/v	62320MA02B	1	\$ 720.00	15%	\$ 612.00	REPLACE (/)	
	5 FINISHER-UPPER,RH X / m/v	61878MA16B	1	\$ 240.00	15%	\$ 204.00	REPLACE (/)	
✓	6 DOOR ASSY-FRONT,RH / BT	H0100MA0MM	1	\$ 1,850.00	15%	\$ 1,572.50	REPLACE (/)	1396.5
	7 WEATHERSTRIP-FRONT DOOR,RH X NN	80830MA05A	1	\$ 345.00	15%	\$ 293.25	REPLACE (/)	
	8 MOTOR ASSY-REGULATOR,RH X	80730MA00C	1	\$ 465.00	15%	\$ 395.25	REPLACE (/)	
	9 LOCK ASSY-FRONT DOOR,RH X	80502AA20E	1	\$ 480.00	15%	\$ 408.00	REPLACE (/)	
	10 WING MIRROR ASSY,RH X	80502AA20E	1	\$ 465.00	15%	\$ 395.25	REPLACE (/)	
	11 ACTUATOR-AUTO DOOR LOCK,FRONT RH X	80552AA21A	1	\$ 460.00	15%	\$ 391.00	REPLACE (/)	
✓	12 FASCIA-FRONT BUMPER / CPA	62010MD80A	1	\$ 1,450.00	15%	\$ 1,232.50	REPLACE (/)	903.6
✓	13 HEADLAMP ASSY-RH / CPA	26010MA000	1	\$ 1,450.00	15%	\$ 1,232.50	REPLACE (/)	473.4
✓	14 LAMP ASSY-SIDE FLASHER / m/s	26160EW00A	1	\$ 320.00	15%	\$ 272.00	REPLACE (/)	66
	15 KNUCKLE SPINDLE-RH X	40014MA00A	1	\$ 1,350.00	15%	\$ 1,147.50	REPLACE (/)	
	16 BEARING ASSY-FRONT WHEEL X	40210MA00A	1	\$ 475.00	15%	\$ 403.75	REPLACE (/)	
	17 FRONT SUSPENSION,LOWER ARM RH X	54500MA00A	1	\$ 850.00	15%	\$ 722.50	REPLACE (/)	
	18 FRONT SUSPENSION,UPPER ARM RH X / m/v	54524MA00B	1	\$ 850.00	15%	\$ 722.50	REPLACE (/)	
	19 COLUMN ASSY-STEERING X	48805MA00A	1	\$ 2,100.00	15%	\$ 1,785.00	REPLACE (/)	
	20 FRONT RH TYRE X		1	\$ 220.00	15%	\$ 187.00	REPLACE (/)	
	21 FRONT RH RIM X		1	\$ 400.00	15%	\$ 340.00	REPLACE (/)	
✓	22 DOOR STICKER / out		1	\$ 20.00	0%	\$ 20.00	REPLACE (/)	✓
				TOTAL MATERIAL:		\$ 16,415.00	\$ 16,415.00 13972.75	

Total \$18332.75

3299.5

-15%: 2804.58

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 15/06/2021 15:59 (SGT)
Date of Accident 12/06/2021 11:00 (SGT)
Exact Location of Accident 6 Sims Dr, Singapore 387388
Additional Location Information LONG SIMS DRIVE TOWARDS SIMS PLACE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBD1452C

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner HUA THYE CHAN PRODUCTIONS
Company Reg No 4XXXX300M
Email Address HTCTOMMYGOH@GMAIL.COM
Mobile Phone No (Phone) +65-96171602
Alternative Phone No +65-96171602

VEHICLE PARTICULARS

Manufacturer Nissan
Model Cabstar
Variant -
Exact purpose for which vehicle was being used at time of accident Employment
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Goods vehicle
Transmission Manual
CC 2953

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy Yes
Policy Number 5081589929-03
Cover Note Number -

DRIVER

Name of Driver HUA THYE CHAN PRODUCTIONS
Company Reg No 4XXXX300M

Date Of Birth	28/03/1959
Occupation	Outdoor
Date Of Driving Pass	14/12/1978
Driving experience	42 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96171602
Alt. Phone Number	+65-96171602
Email Address	HTCTOMMYGOH@GMAIL.COM
Address	BLK 14, UPPER BOON KENG ROAD #15-057
Address complement	-
Postcode	380014
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	Side Swipe
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?	Yes
Police Station Name	Kolam Ayer Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18002969999
Alt. Police Station Phone No	(Fax) +65-62937659
Police Station Address	Blk 72 Geylang Bahru #01-3038 Singapore 330072
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER POLICE REPORT 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	SHB1013B
Vehicle Manufacturer	Toyota
Vehicle Model	Prius
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi

Name of Driver	LEOW KWOK WENG
NRIC No	SXXXX976Z
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

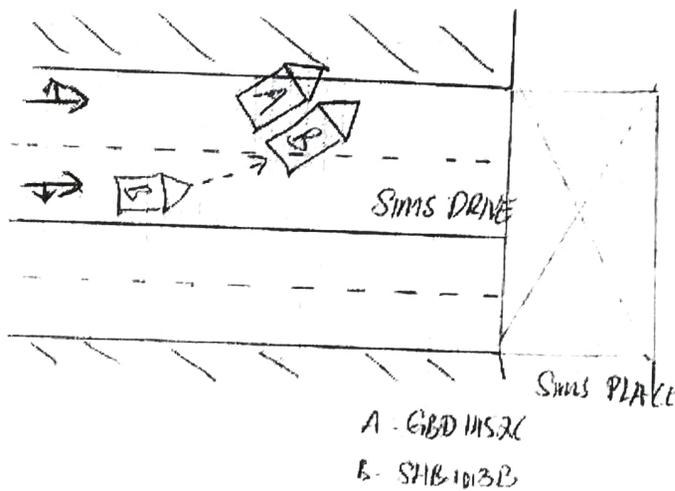
1. Please report correctly the details of the accident to speed up the claims process
2. This Form must be completed by the Policyholder and/or the Authorized Driver
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may 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 in 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' law yer/aw 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' law yer/aw 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 law yer/aw 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 policyholder) / Date & Time

Witness by Reporting Centre Personnel

Sketch Plan

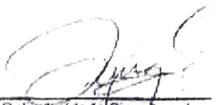


Describe Circumstance of Accident

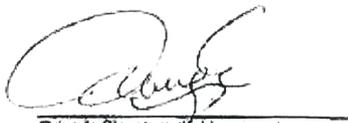
I WAS TRAVELLING ALONG SIMS DRIVE ON THE MOST LEFT LANE. WHILE I WAS GOING STRAIGHT, THERE IS ANOTHER TAXI SHB1013B ON MY RIGHT SIDE. THE TAXI SUDDENLY SWERVE INTO MY LANE AS HE WANTS TO PICK UP A CUSTOMER THAT IS STANDING ON THE ROAD SIDE, HENCE THE TAXI HIT MY VEHICLE AND MY VEHICLE WENT UP THE ROAD KERB.

Declaration

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



Policyholder's Signature /
Date & Time



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

Witness by Reporting
Centre Personnel