

# Kang Car Repairers Pte Ltd

1 Kaki Bukit Ave 6, #02-06 Autobay@ Kaki Bukit Singapore 417883  
TEL: 6747 7636 FAX: 6748 5071 Email: kangcar@singnet.com.sg  
GST:201300201N

**M/S :** AUTO & GENERAL INSURANCE (S) PTE LTD  
190 CLEMENCEAU AVE #03-01  
SINGAPORE SHOPPING CENTRE  
SINGAPORE 239924

TEL: 6221 2199 FAX: 6725 0853  
ATTN: Motor Claim Department

**Estimate No:** EST2100193

**Date:** 19 Jul 2021

**Veh Reg No:** SLR7794J

**Make/Model:** MAZDA MAZDA 3  
SEDAN 1.5 AT EU6

**Chasis No:** JM6BN22A8H0174300

**Reg. Date:** 28/08/2017

**Your Ref No:** SML3551P

**Claim Type:** Third Party

**Accident Date:** 17/07/2021

**TP Veh Reg No:** SML3551P

## Estimate Repair Cost to Vehicle No :SLR7794J

Quantity	Description	List Price	Amount
		<u>S\$</u>	<u>S\$</u>
<b>List Price</b>			
1	1 PC REAR BUMPER	1,128.60	
2	1 PC REAR BUMPER REINFORCEMENT	564.20	
3	2 PCS REAR BUMPER SIDE RETAINERS	96.00	
4	1 PC REAR TOWING COVER	28.50	
		1,817.30	
	Less 20%	363.46	1,453.84
<b>Special Net</b>			
5	1 SET REVERSE SENSORS	250.00	
6	1 SET REAR BUMPER CLIPS	40.00	
		290.00	290.00
<b>Labour</b>			
7	1 TO REMOVE AND REPLACE THE DAMAGED PARTS, KNOCK OUT ACCIDENT DENTED PORTIONS, AND FOR CUTTING/WELDING WORKS.	600.00	
8	1 TO SPRAY PAINTING	600.00	
9	1 TO SPRAY UNDERSEAL	80.00	
10	1 TO REPLACE REVERSE SENSORS	80.00	
11	1 TO CHECK WIRING	20.00	
		1,380.00	1,380.00

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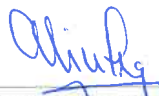
Quantity	Description	List Price	Amount
		<b>S\$</b>	<b>S\$</b>
	Total		S\$ 3,123.84
	Add GST @ 7%		218.67
	Total Amount Payable		<u>S\$ 3,342.51</u>

TOTAL: SINGAPORE DOLLAR THREE THOUSAND THREE HUNDRED FORTY TWO AND CENTS FIFTY ONE ONLY

This is only an estimate based on our preliminary inspection and does not cover additional parts, labour time which may be required after work has begun.

AT

For Kang Car Repairers Pte Ltd

  
AUTHORISED SIGNATURE

## 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	19/07/2021 11:43 (SGT)
Date of Accident	17/07/2021 10:43 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TRAFFIC LIGHT - RIVERVALE LINK
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR7794J
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	PALLAVUR RANGANATHAN KRISHNA KUMAR
NRIC No	SXXXX190G
Email Address	KALA.GANESH410@GMAIL.COM
Mobile Phone No	(Phone) +65-96683364
Alternative Phone No	+65-96683364

#### VEHICLE PARTICULARS

Manufacturer	Mazda
Model	3
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	1500

#### INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5111259909-02
Cover Note Number	

#### DRIVER

Name of Driver	PALLAVUR RANGANATHAN KRISHNA KUMAR
NRIC No	SXXXX190G

Date Of Birth	28/09/1968
Occupation	Indoor
Date Of Driving Pass	03/12/2009
Driving experience	11 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96683364
Alt. Phone Number	+65-96683364
Email Address	KALA.GANESH410@GMAIL.COM
Address	3 RIVERVALE LINK #02-26
Address complement	-
Postcode	545119
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 - Head to Rear
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 vehicle 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

I WAS DRIVING MY CAR ALONG RIVERVALE LINK. MY FRONT VEHICLE STOPPED DUE TO THE RED TRAFFIC LIGHT. I ALSO FOLLOWED TO STOP MY VEHICLE. WHEN THE TRAFFIC LIGHT TURNED GREEN, BEFORE MY CAR MOVED THE CAR BEHIND ME (SML3551P) CAME AND COLLIDED ON TO MY CAR REAR PORTION CAUSING DAMAGE. NO PERSON WAS INJURED DUE TO THIS ACCIDENT. TRAFFIC JUNCTION AT BUANGKOK DRIVE/RIVERVALE LINK.

#### 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	WILL FORWARD TO OWN INSURER
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SML3551P
Vehicle Manufacturer	Mitsubishi
Vehicle Model	Outlander
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	WANG CHUNHUA

NRIC No	SXXXX422Z
Contact Number	(Phone) +65-97905173
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 Authorised 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 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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

←  
[A] [B]

A - SLR 7794J

B - SML 3551P

Describe Circumstances of the Accident


I was driving my car along Riverside Link my front vehicle stopped due to the Red Traffic light. I also followed to stop my vehicle. When the traffic light turned green, before my car moved the car behind me (SML 36511) came and collided on to my car rear portion causing damage. No person was injured due to this accident.

② Traffic junction at Buangkok Drive/Riverside Link.

Declaration

We declare the foregoing particulars are true in every respect.

  
Policyholder's Signature / Date & Time  
17/7/2017 10:55

  
Driver's Signature (if driver is not the policyholder) / Date & Time  
17/7/2017 10:25

Witnessed by Reporting Centre Personnel