





**KT GARAGE PTE LTD** UEN: 201906115R  
Auto Bay@ Kaki Bukit Entrance A  
BLK 1 Kaki Bukit Ave 6 #01-04 Singapore 417883

Date : 13/09/2021

Total Pages : 1

TO: China Taiping Insurance (Singapore) Pte. Ltd.  
3 Anson Road #15-00  
Springleaf Tower  
Singapore 079909

Our Customer : KT Leasing Pte Ltd  
Vehicle No : **SMZ5467M**  
Model : MG HS  
Manufacture Year : 2020  
Date of Accident : 2/9/2021

Total Estimate Repair Days : 5

Attn : Motor Claim Department  
Email : [claimsdept@sg.cntaiping.com](mailto:claimsdept@sg.cntaiping.com)

Re: Repair Estimate For Third Party Claim against : CB6747T

No.	Item Descriptions	Qty	Unit Price	Amount	Remarks From Surveyor
A.	Spare Parts				
1	RH side mirror assembly	1	\$380.00	\$380.00	CNA ✓
	Sub Total			\$380.00	
	* Cost plus 10%			\$38.00	
	Sub Total 1			\$418.00	
C.	Labour				
1	Labour to remove and renew the above parts			\$180.00	180
2	To spray paint all affected areas			\$180.00	80
	Total Labour			\$360.00	
	Total Repair Cost			\$778.00	
* The above quoted are exclusive of GST.					

Yours faithfully,

Darsh  
f KT Garage Pte Ltd



Surveyor's Details	
Name	
Contact	
Survey Date	
Recommended	Authorize / Not Authorize
Before Paint	Yes / No
Signature	

not Authorize  
LKR  
1 day  
2 hrs. 30 mins.  
14/9/21  
p/p 4598

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:

2-380  
+ 10%  
2-418  
2-180  
598

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	231C
Vehicle Details	
Vehicle No.:	SMZ5467M
Vehicle to be Exported:	No
Intended Deregistration Date:	14 Sep 2021
Vehicle Make:	M.G.
Vehicle Model:	HS 1.5T AT
Primary Colour:	Blue
Manufacturing Year:	2020
Engine No.:	15E4E8AGLC020169
Chassis No.:	LSJA24U95MN021948
Maximum Power Output:	119.0 kW (159 bhp)
Open Market Value:	\$19,426.00
Original Registration Date:	30 Apr 2021
First Registration Date:	30 Apr 2021
Transfer Count:	0
Actual ARF Paid:	\$19,426.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	29 Apr 2031
PARF Rebate Amount:	\$14,569.00
Intended COE Rebate Details	
COE Expiry Date:	29 Apr 2031
COE Category:	E - Open - all except motorcycle
COE Period(Years):	10
QP Paid:	\$47,806.00
COE Rebate Amount:	\$45,238.00
Total Rebate Amount:	\$59,807.00

The information contained herein is correct as at 14 Sep 2021

OK



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1 vehicles



MG HS

Advanced Search



Search

	Make	Model	Price	Depreciation	Reg Date	Eng Cap	Mileage	Veh Type	Status
Search Selection	MG HS		Any	Any	2021	Any	Any	Any	Available
	MG HS	MG HS 1.5A Turbo	\$118,775	\$11,550 /yr	22-Feb-2021	1,490 cc	7,000 km	SUV	Available
Panoramic Roof, Multi Zone Aircon, LED Ambient Lighting, Rear Spoiler, Roof Rail, Sport Metal Trim Pedals, Dual Tailpipes, Blind Spot De...									
Posted: 07-Sep-2021 Tags: 2021 MG HS, MG HS, MG, HS									

Save this search criteria, to get email alerts whenever a match is found.

Make	Model	Price	Depreciation	Reg Date	Eng Cap	Mileage	Veh Type	Status
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## 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	03/09/2021 12:33 (SGT)
Date of Accident	02/09/2021 16:06 (SGT)
Exact Location of Accident	86 Tampines Rd, Singapore 535111
Additional Location Information	Tampines Street 85 before The ALPS Residence
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMZ5467M
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	KT LEASING PTE. LTD.
Company Reg No	2XXXXX231C
Email Address	ZK@GAL.COM.SG
Mobile Phone No	(Phone) +65-82981957
Alternative Phone No	+65-82981957

### VEHICLE PARTICULARS

Manufacturer	MG
Model	MG HS
Variant	M.G. / HS 1.5T AT
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	1490

### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	-
Cover Note Number	-

### DRIVER

Name of Driver	MOHAMED NASER BIN ZAINOL
NRIC No	SXXXX793B



Date Of Birth	09/11/2000
Occupation	Indoor
Date Of Driving Pass	04/05/2001
Driving experience	20 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90096443
Alt. Phone Number	+65-90096443
Email Address	M.NASER.ZAINOL@GMAIL.COM
Address	APT BLK 889A TAMPINES STREET 81 #02-1038
Address complement	-
Postcode	521889
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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 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

Please refer to sketch plan.

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

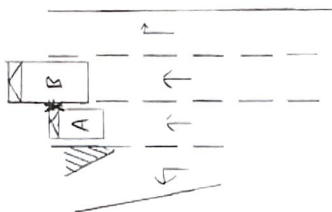
#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	CB6747T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-

## SKETCH PLAN

A: SM25467M

B: CB6747T





## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 2nd of September 2021 at around 1606 hrs, I was driving along Tampines Street 86 before The Alps Residences when veh B was driving too close on my right hand side and caused to side swipe my vehicle right hand portion. My vehicle just started moving off from the traffic light junction when veh B drove pass my right hand side. Driver of veh B did not stop his veh after impact. I had to horn for him to stop his veh.

## DECLARATION

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

  
 Policyholder  
 Date & Time

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

  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No:


**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 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. 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/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.
- (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.

  
 Date & Time

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

  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/IN No: