### YEW TEE AUTOMOBILE TECH PTE LTD

HQ: BLK 6 WOODLANDS ROAD 399F YEW TEE IND EST S(678006) TEL: 6765 3373 / 6762 2081 / 6764 9042 FAX: 6760 4895

EMAIL: utauto@singnet.com.sg

Branch: Synergy@KB, 25 Kaki Bukit Road 4 #01-61 S(417800)

Tel: 6702 3113 (3Lines) Fax: 6702 3773

EMAIL: utauto2@singnet.com.sg

ROC: 200311009C GST: 200311009C

Website: www.ytauto.com.sg
ON BEHALF OF OWNER:

Policy Particulars: - THIRD PARTY CLAIM

Insured veh.

SMH564T

Excess.

Policy No.

5108044823-02

Coverage.

NIL

Claiming Against.

INDIA

Insured Under.

NTUC

Vehicle Particulars & Condition

Make & Model

MAZDA 6

Engine No.

PE21251169

Chassis No.

JM6GL1072K0311314

Odometer

Engine CC.

1998

Year Of Reg.

2019

Colour.

GREY

Parf/COE Rebate.

**Conditions Of Tyres** 

Size

Make

R/H Front Tyre L/H Front Tyre

R/H Rear Tyre

L/H Rear Tyre

**Description Of Damages** 

REFER TO GIA REPORT

**General Information** 

Accident Date.

8/9/2021

Survey held at

Yew Tee Automobile Tech Pte Ltd

SYNERGY@KB, 25 KAKI BUKIT ROAD 4, #01-61, S(417800)

Remarks

KINDLY LET US HAVE THE LIABILITY SOON.

**Estimate Days Of Repair** 

ESTIMATE NORMAL PERIOD FOR REPAIR:

<u>'</u> Days

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Qty.	<u>Description Of Parts</u>	<u>F</u>	Pricing	
1	FRONT BUMPER	\$	1,454.40	1026.5
1	FRONT BUMPER SIDE RETAINER RH X V ( CUT /	\$	24.50	$\checkmark$
1	FRONT BUMPER SIDE RETAINER LH	\$	24.50	,
1	FRONT BUMPER FOG LAMP CHROME RH	\$	79.20	$\checkmark$
1	FRONT FENDER RH & Cefui	\$	460.80	
1	FRONT FENDER INNER SHIELD RH	\$	138.10	
1	FRONT HEADLAMP RH / Sur	\$	5,712.30	4758.6
1	FRON HEADLAMP LOWER CHROME RH	\$	302.40	_211.2
	, , , , , , , , , , , , , , , , , , , ,	= \$	8,196.20	6100
		LESS <del>-5%</del> : \$	409.81	_
S/N		20% \$	7,786.39	4880
	~~			
1	FRONT BUMPER SENSOR X DM	\$	200.00	
1	FRONT BUMPER CLIPS	\$	40.00	
1	FRONT FENDER INNER SHIELD CLIPS X N/	\$	40.00	_
_	, , , ,	\$	280.00	

### 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
- Supplementar, item, s) must be resurveyed and is subject to final approval from insurance Company

Acknowledged by Repairer

Signature

Contra

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Qty.	Description Of Parts	Pr	icing	
<u>LABOUR</u>				
	Refit Front Bumper Sensor. nd Reconnect, Check Electrical wiring Harness Wire, Sockets, d Parts.	\$	80.00 30.00	
To Remove and	Replace the above Damaged Parts, Straighten, Knock out, Realign Jing Cut and Weld body panels. To Re-adjust to the Original	\$	600.00	400
To Carry-Out Boo To Supply Spray To Apply Underc To Spray painting Tape the unaffec	dy Cavity Preservation. Terostat Sealant On The Cutting Areas. Oating On The Repaired and Replaced Panels For Rust Protection. Is on the Replaced and Repair Parts, Prepare Spray Such as Masking sted areas with paper, Cleaning and Sanding of Surfaces, Final axing are also available.	\$ \$ \$	80.00 100.00 150.00 500.00	X NA X NA You
	LABOUR	\$	1,540.00	870
	Sub Total. 7% GSt		9,606.39 672.45	

6019.76

Grand Total \$ 10,278.84

If the damage is beyond the market value, kindly counter-offer the economy repair value of the vehicle for us to consider.

part by part.

before pariet photos.

Grus Qiang - 8288 0282

Grus Qiang @ | kkawto. com

20 | 9 | 202 |.



## **SINGAPORE ACCIDENT STATEMENT**

#### IMPORTANT NOTICE

- 1 Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Direct
- ) information provided inust be as such that and accurate as possible, they will unirespresentation or witholding of material facts may allow insurance companies to repudiate policy liability
- The sause and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies
- Any false reporting may be referred to the Police for Investigation.
- his report will be forwarded by the meurers of the GiA Records Management Centre established by the General Insurance Association of Singapore (GIA) for enchanting and that copies of this region will, for a less tis made available coor application by interested parties
- 7. By the lodgement of this report to the recirers, you havely consent to the professing of the report at the pentre and to copies of the report being made available aforested

#### **ACCIDENT STATEMENT**

Date of Submission Date of Accident Exact Location of Acodemic Additional Location Information Country/State of Loss

08/09/2021 19 14 SGT 08/09/2021 13:40 (SGT) Singapore LOYANG POINT CARPARK Singapore

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

5MH0.64

NOURED PLACE INDUSTRI

its complainy?

Name Of Registered Owner

NERSC No. Email Address Mobile Phone No Alternative Phone No

EE UHONG GUAN ERIO

511049786-

Eleberic@gmail.com Phone: +65-98513156

+65-98513156

PERSONAL PROPERTY.

Manufacturer

Model

Exact purpose for which vehicle was being used at time of

accolder4

Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category TOWNSHINGSHIP TO THE PROPERTY OF THE PROPERTY

Mazda

Private use

No - Claiming third party

Provate car Auto 2000

INSURFANCE COMPANY

Name of Insurance Company

Type of Coverage Fleet Policy Policy Number Cover Note Number

- instruction

Name of Driver NAME NO

NTUC Income Insurance Co-operative Ltd. Compreheneive

MED

5108044823-02

EE CHONG GUAN ERIC S1104978H



Date Of Birth Occupation

Date Of Driving Pass Driving experience

Gender

Mobile Number

Alt. Phone Number Email Address Address

Address complement

Postcode Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

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
Weather Conditions

Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident?

Number of vehicles involved in the accident Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged?

Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

DETAILS OF POLICE ACTION

Was the accident reported to the police? Was notice of intended Prosecution given?

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

Yes No

03/04/1955 Indoor

13/09/1977

44 YEARS

+65-98513156

(Phone) +65-98513156

Hit and run / Vandalism / Damaged whilst parked

Ee5eric@amail.com

108 MARIAM WAY

Male

508611

Yes

No

Clear

Dry

No

Yes

0

No

No

No

No No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model
Vehicle Variant

Vehicle Colour

Vehicle Colour Vehicle Category

Name of Driver Passport No/FIN

Contact Number

Address

SMV6493B Volvo

. . . . .

Commercial vehicle DING HONGYU

DING HONGYU G4008713W

(Phone) +65-86502862

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Page 2 of 11

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ostcode
nsurance Company Name
Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

# KE CH PLAN

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 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 "Fersonal information") and disclose and transfer such Personal Information to all insurer(s) who have insured validle (s) carolyed 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)
  - (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.

Policyholder's Signature Date & Time: 2/9/2/

1855

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

Reporting Centre Personnel's Signature Name: HAZIOSHAH NRIC/FIN NO .: 592759 188

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