

FIRST CAPITAL INSURANCE LIMITED
MOTOR CLAIMS DEP
36 ROBINSON ROAD #16-01
CITY HOUSE SINGAPORE 068877

ATTENTION:

CONTACT: 6222 2311

FAX NO: 6507 3849

EST/QUOTE NO. SQ006930

DATE: 29/10/2021
ACCIDENT DATE: 25/10/2021
VEHICLE NO: XE2870G
CHASSIS/ENG.NO: JNCM1F1D7HU019260
VEHICLE MODEL: UD TRUCK
CLAIM NO:
POLICY NO: D-20197702MFVS/6
REMARK:

S/N.	QTY	UNIT	DESCRIPTION	PRICE	DISC %	DISC/MARKUP	TOTAL AMT
** LIST PRICE **							
SUB-TOTAL:							0.00
** SPECIAL NETT PRICE **							
1	1	PC	ERP BRACKET / 1K	26.00		26.00 22/	26.00
SUB-TOTAL							26.00
** COST PLUS MARKUP **							
1	1	PC	FRT SIDE MIRROR ARM LH / BT	261.20	-20.00	313.44	313.44
2	1	PC	FRT SIDE MIRROR UPP ARM BRKT LH ?	42.40	-20.00	50.88	50.88
3	1	PC	FRT SIDE MIRROR LWR ARM BRKT LH	32.40	-20.00	38.88	38.88
4	1	PC	FRT SIDE MIRROR UPPER LH / OR	88.80	-20.00	106.56	106.56
5	1	PC	FRT SIDE MIRROR LOWER LH / OR	46.40	-20.00	55.68	55.68
6	1	PC	FRT SIDE ROUND MIRROR LH / OR	52.80	-20.00	63.36	63.36
7	1	PC	FRT WIPER ARM LH X	77.20	-20.00	92.64	92.64
8	1	PC	FRT WIPER BLADE LH / OR	35.20	-20.00	42.24	42.24
9	1	PC	FRT WINDSCREEN / OR	2,399.20	-20.00	2,879.04	2,879.04
10	1	PC	FRT WINDSCREEN RUBBER / 1K	166.40	-20.00	199.68	199.68
SUB-TOTAL							3,842.40
** WORK LABOUR **							
TO KNOCK,WELD,REMOVE & FIX ON ABOVE PARTS							500.00 J10 500.00
TO REMOVE & REPLACE FRT WINDSCREEN							200.00 200.00/

SAM

PAGE: 1 of 2

ON BEHALF OF SNG AH TEE PANEL & SERVICE PTE LTD E & O.E

Disclaimer clause:

The above estimate/quotation is meant for solely the intended party stated above and in any event, we are not liable to any other parties arising from the circumstances of this or any action taken in reliance on such estimates or quotations.
Quotation is only valid for 14 days.

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REMARK :

S/N.	QTY	UNIT	DESCRIPTION	PRICE	DISC %	DISC/MARKUP	TOTAL AMT
			TO PUTTY & SPRAY PAINTING ON AFFECTED AREAS			300.00	300.00
						SUB-TOTAL	1,000.00

Steve (LKK) . 00-M AL
Express-?
P/P

My BL sy
2 dgs

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:

SAM

PAGE: 2 of 2

SUB-TOTAL : S\$ 4,868.40
ADD 7% GST. S\$ 340.79
GRAND TOTAL : S\$ 5,209.19

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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	26/10/2021 10:28 (SGT)
Date of Accident	25/10/2021 11:15 (SGT)
Exact Location of Accident	Jln Boon Lay, Singapore
Additional Location Information	& INTERNATIONAL ROAD X-JUNCT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number XE2870G

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	NSL OILCHEM WASTE MANAGEMENT PTE LTD
Company Reg No	1XXXXX183N
Email Address	ALVIN.TAN@NSLOILCHEM.COM.SG
Mobile Phone No	(Phone) +65-83881392
Alternative Phone No	+65-83881392

VEHICLE PARTICULARS

Manufacturer	UDTrucks
Model	Cwb5elphnt
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?	Yes
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	10837

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D-21097702MFVS/6
Cover Note Number	-

DRIVER

Name of Driver	HENG THENG LOON
Passport No/FIN	GXXXX310U

Date Of Birth	01/10/1987
Occupation	Outdoor
Date Of Driving Pass	23/01/2014
Driving experience	7 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96537907
Alt. Phone Number	-
Email Address	ALVIN.TAN@NSLOILCHEM.COM.SG
Address	111 JURONG EAST ST 13 #09-336
Address complement	-
Postcode	600111
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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 - Change/cross lane
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

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	YP5380P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	LIM CHEE KIONG
NRIC No	SXXXX825F
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

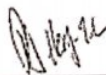
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)
I understand, acknowledge, 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.

I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.



Policyholder's Signature
Date & Time:

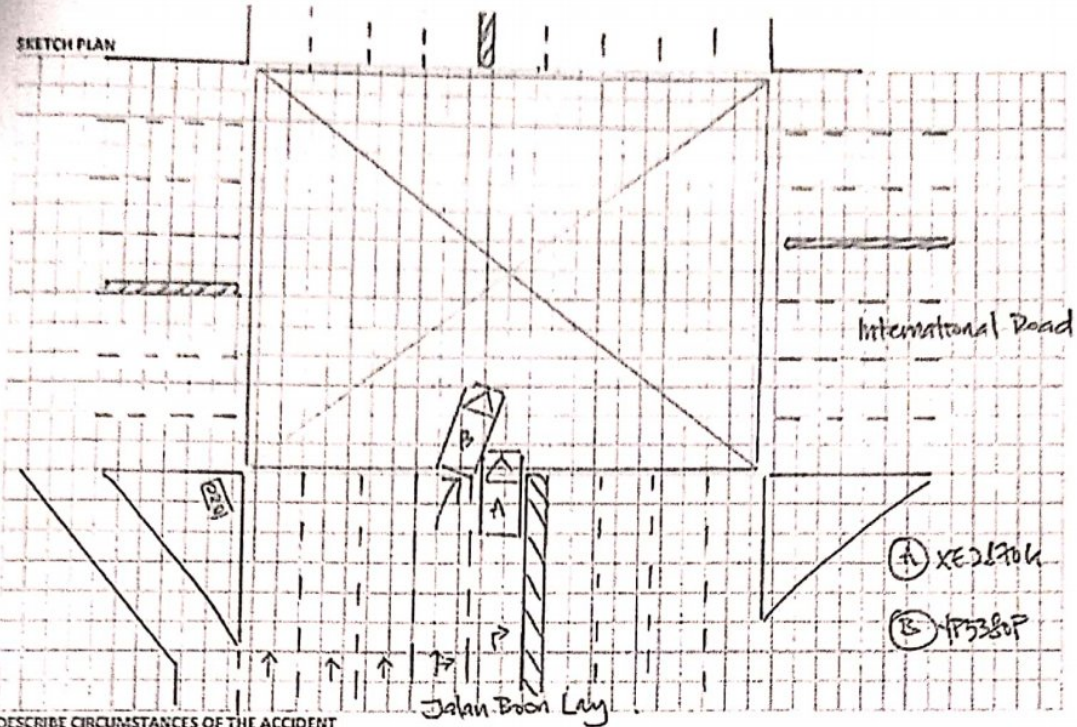


Driver's Signature
(if driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 25/10/2021 @ around 1115 hrs, I was driving along Jin Boon Lay to International Road. While at the cross junction to make my turn to right to International Road & I still have not turn out, suddenly vehicle B was on my left lane drive pass me very near me & ended him collided onto my front left portion

DECLARATION

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

Policyholder's Signature
Date & Time:

Printed Name of Policyholder (Print Name)

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

Printed Name of Driver (Print Name)

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

☐ Claim own policy
☒ Claim third party
☐ Claim OD / TP at other workshop
☐ For record purpose
Policy No. D-2047702WFRS / 6
Insurer First Veh No. XE2J91G