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Sin Ming Autocity, No. 160 Sin Ming Drive, #05-13, Singapore 575722. Tel: 6453 7511 Fax: 6453 8046 Email: sitti1@singnet.com.sg Regn. No. 05396600K

**UPMS PTE LTD 10 BUROH STREET #09-17 WEST CONNECT BUILDING** SINGAPORE 627564

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Dear sir

Estimate cost of repair to vehicle no. GBK50Z Vlagus oT

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1.	Front door
2.	Front door hinge x2
3.	Front door side garish
	Front door rubber
5.	Front door sticker DUONIC
6.	Front right pillar
7.	front pillar rubber
8.	Conner panel right
9.	Head lamp right
10.	Side lamp right
11.	Side reflector cover right
12.	Front step garish right
13.	Front w/s rubber
14.	Front grille
15.	Front grille log
16.	Front grille badge
	Front bumper
18.	Front bumper side cover rubber
19.	Front bumper bracket right
20.	lettering
21.	company log sticker
	75

Ma 15.00 Me 450.00 1808a 258 100.00 301 450.00 × 980.00 1,200.00

Labour charges Rustproofing To remove and refit dashboard n w/s Spray painting Panel beating Total

Your faithfully

**ALBERT POON** 

**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

10.588.50

Sign 'ure:

Date:

# **©** SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

1. Please report <u>correctly</u> the details of the accident to speed up the claims process.

1. Prease 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 witholding of material facts may allow insurance companies to repudiate 3. Information provided must be as truthful and accurate as possible. Any willul misrepresentation of whiteholds of the insurance companies.

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 22/11/2021 16:28 (SGT) Date of Accident 22/11/2021 11:05 (SGT) **Exact Location of Accident** Mandai Rd, Singapore Additional Location Information junction with Mandai Lake Road Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Vehicle Registration Number GBK50Z

### INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner **UPMS Pte Ltd** Company Reg No .... 201914405M **Email Address** urbanparks@hotmail.com Mobile Phone No (Phone) +65-96381464 Alternative Phone No (Office) +65-65696250

#### **VEHICLE PARTICULARS**

Manufacturer Mitsubishi Model Canter Variant ..... Exact purpose for which vehicle was being used at time of **Employment** Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party

Vehicle Category ...... Commercial vehicle Transmission Auto 2998

# INSURANCE COMPANY

Name of Insurance Company ..... Liberty Insurance Pte Ltd Type of Coverage Comprehensive Fleet Policy No **Policy Number** SI21V10857/VCH/R02 Cover Note Number

#### DRIVER

Rajendran S/O Sinasamy Name of Driver S1658181Z NRIC No

Accident report SL0321BM0008

Page 1 of 12

# SKETCH PLAN

# IMPORTANT NOTICE

- 1. Flease report correctly the details of the accident to speed up the claims process.
- 2 This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wiful 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
- 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 w orkshop and the General Insurance Association of Singapore ("GIA") may/ore permitted to collect, use, disclass 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 yers 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;
- (ii) 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 envelopesame! 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 yers 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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

S. R. D.		ah
Policyholder Schriffe / Dore & Driver's Signature (# driver is no & Time 2 2 NOV 2021  Sketch Plan	of the policyholder) / Date	Witnessed by Reporting Centre Ressource Anglie Soft m and bit Lake You D
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