

C

Kenneth

TOTAL

The U/C / Chassis frame / Body Structure affected due to collision.

Date: 24/02/2022
 Vehicle No: SMQ3356K
 Model: HONDA SHUTTLE HYBRID 1.5
 Chassis: GP72002614
 Reg.Year: 2018

Third Party Insurer: MS FIRST CAP
 Third Party Veh No: GBC1990X
 Date of Accident: 20/02/2022
 Estimator: KIT
 Surveyor:

ESTIMATE

| NO. | DESCRIPTION | QTY | UNIT S\$ | AMOUNT S\$ |
|-------------|-------------------------|-----|----------|--------------------|
| 1 | FRONT DOOR LH | 1 | | <i>12</i> \$907.60 |
| 2 | REAR DOOR LH | 1 | | <i>12</i> \$843.20 |
| 3 | ROCKER PANEL GARNISH LH | 1 | | REPAIR |
| SUB TOTAL | | | | \$1,750.80 |
| LESS 20% | | | | -\$350.16 |
| PARTS TOTAL | | | | \$1,400.64 |

| NO. | SPECIAL NETT | QTY | UNIT S\$ | AMOUNT S\$ |
|-----------|-----------------------------------|-----|----------|-------------------|
| 1 | FRONT DOOR BLACK FRAME STICKER LH | 1 | | <i>12</i> \$50.00 |
| 2 | REAR DOOR BLACK FRAME STICKER LH | 1 | | <i>12</i> \$50.00 |
| S/N TOTAL | | | | \$100.00 |

LABOUR CHARGES:

LABOUR CHARGES TO REMOVE, REPLACE, REFIX & READJUST ACCIDENT AREAS & ETC. \$700.00 *400*

LABOUR CHARGES FOR PAINTING & TO SUPPLY PAINT & FURNISHING MATERIALS AT ACCIDENT AREAS & ETC. \$800.00 *550*

LABOUR CHARGES TO REMOVE & REINSTALLED FRONT & REAR DOOR INNER MECHANISM & ETC. BACK TO ORIGINAL OPERATIONS. \$240.00 *60*

TO CHECK WIRING & CENTRAL LOCKING SYSTEM & ETC. \$80.00 *20*

LABOUR TOTAL \$1,820.00

KIT *Not with the car* *11 Sep 8 1400h* *Survey after paint* *4 days* TOTAL \$3,320.64

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

Head office

6 Kung Chong Road Singapore 159143
 Tel: (+65) 6472 1313 | Fax: (+65) 6472 2112

Branch

9A Serangoon North Ave 5 Singapore 554500
 Tel: (+65) 6484 9919 | Fax: (+65) 6481 1993

Branch (Motor Insurance Claims)

Blk 10 Ang Mo Kio Street 2A #01-05 Singapore 568047
 Tel: (+65) 6481 1522 | Fax: (+65) 6481 1011



> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

| | |
|-------------------------------------|---------------------------------------|
| Vehicle Owner Particulars | |
| Owner ID Type: | Company |
| Owner ID: | 074E |
| Vehicle Details | |
| Vehicle No.: | SMQ3356K |
| Vehicle to be Exported: | No |
| Intended Deregistration Date: | 22 Feb 2022 |
| Vehicle Make: | HONDA |
| Vehicle Model: | SHUTTLE HYBRID 1.5 AUTO |
| Primary Colour: | White |
| Manufacturing Year: | 2018 |
| Engine No.: | LEB7103430 |
| Chassis No.: | GP72002614 |
| Maximum Power Output: | 101.0 kW (135 bhp) |
| Open Market Value: | \$23,309.00 |
| Original Registration Date: | 11 Nov 2019 |
| First Registration Date: | 11 Nov 2019 |
| Transfer Count: | 0 |
| Actual ARF Paid: | \$14,633.00 |
| Intended PARF Rebate Details | |
| PARF Eligibility: | Yes |
| PARF Eligibility Expiry Date: | 10 Nov 2029 |
| PARF Rebate Amount: | \$10,974.00 |
| Intended COE Rebate Details | |
| COE Expiry Date: | 10 Nov 2029 |
| COE Category: | B - Car above 1600cc or 97kW (130bhp) |
| COE Period(Years): | 10 |
| QP Paid: | \$40,009.00 |
| COE Rebate Amount: | \$30,881.00 |
| Total Rebate Amount: | \$41,855.00 |

The information contained herein is correct as at 22 Feb 2022

OK

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 | 21/02/2022 17:30 (SGT) |
| Date of Accident | 20/02/2022 11:45 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | 4 TAMPINES CENTRALS |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SMQ3356K |
|-----------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------|------------------------------|
| Is company? | Yes |
| Name Of Registered Owner | KINETIC ALLIANCE PTE LTD |
| Company Reg No | 201613074E |
| Email Address | support@kinetic-alliance.com |
| Mobile Phone No | (Phone) +65-97849075 |
| Alternative Phone No | +65-97849075 |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Honda |
| Model | Shuttle |
| Variant | - |
| Exact purpose for which vehicle was being used at time of accident | Private hire |
| Are you claiming under your own insurance policy for repair to your vehicle? | No - Claiming third party |
| Vehicle Category | Private hire |
| Transmission | Auto |
| CC | 1500 |

INSURANCE COMPANY

| | |
|---------------------------|---|
| Name of Insurance Company | China Taiping Insurance (Singapore) Pte. Ltd. |
| Type of Coverage | Comprehensive |
| Fleet Policy | No |
| Policy Number | DMHCSNA00005382101 |
| Cover Note Number | 08/06/2021 - 07/06/2022 |

DRIVER

| | |
|----------------|---------------------|
| Name of Driver | ONG SIEW KWEE PETER |
| NRIC No | S1363355Z |

| | |
|--|-----------------------------------|
| Date Of Birth | 08/11/1959 |
| Occupation | Outdoor |
| Date Of Driving Pass | 18/01/1983 |
| Driving experience | 39 YEARS AND 1 MONTH |
| Gender | Male |
| Mobile Number | (Phone) +65-94885776 |
| Alt. Phone Number | - |
| Email Address | peterong_03@yahoo.com.sg |
| Address | BLK 84 LORONG 2 TOA PAYOH #10-315 |
| Address complement | - |
| Postcode | 310084 |
| 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

REFER TO STATEMENT

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------------|------------------------|
| Vehicle Registration Number | GBC1990X |
| Vehicle Manufacturer | Toyota |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Commercial vehicle |
| Name of Driver | MUSTAFA BIN MOHD IDRIS |
| Passport No/FIN | G2854874K |
| Contact Number | (Phone) +65-83875233 |
| Address | - |

Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

SKETCH PLAN

1 VEHICLE NO.: SM83386K
 2 INSURER CO CHINA TAIPING
 3 ACCIDENT DATE & TIME 20/02/2022 @ 1145HOURS

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 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.



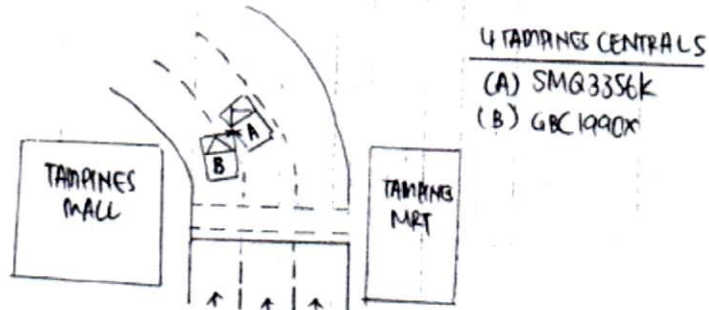
Policyholder's Signature / Date & Time
[Signature] 21/02/2022
 Sketch Plan

Driver's Signature (if driver is not the policyholder) / Date & Time
[Signature] 21/2/22

Witnessed by Reporting Centre Personnel
[Signature] 21/02/22

PLEASE TURN OVER

Sketch Plan



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 20/02/2022 at about 1145 hours, I was driving along 4 TAMPINES CENTRALS, Suddenly, vehicle B: GBC1990X cut into my lane. This caused vehicle B: GBC1990X front right portion to collide into the left portion of my vehicle A: SMQ3356K. I alighted and the driver of vehicle B: GBC1990X apologised to me profusely and I observed damages on my vehicle A: SMQ3356K. We exchanged particulars and contact after that and agreed to both lodge an accident report.

Note: Please note that your insurer may have 14 days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

DECLARATION

I hereby declare the foregoing particulars are true in every respect.



Signature: [Signature]
Date & Time: 21/02/2022

Driver's Signature: [Signature]
(If driver is not the policyholder)
Date & Time: 21/2/22

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

() Claim Own Policy () Claim Third Party Reporting Only
(x) Claim OD/P at other workshop (OPTIMA WEPK2 P/L)