



YEE AUTO PTE LTD

160 Sin Ming Drive #02-17/#07-12 Sin Ming AutoCity Singapore 575722
 Tel: 6457 5768 Fax: 6252 8459 Mobile: 9687 4031
 Email: yeeautopteLtd@gmail.com
 Registration No.: 201719251W GST No: 201719251W

M/S : China Taiping Insurance (Singapore) Pte Ltd
 3 Anson Road
 #16-00 Springleaf Tower
 Singapore 079909

Estimate No: ES2100144
 Date: 08 Mar 2022
 Policy No:
 Veh Reg No: YN9523D
 Make/Model: UD TRUCKS
 PKC8ELN5EP
 Chassis No: PKC8E30558
 Engine No: GH7208401
 Reg. Date: 01/10/2015

ATTN: Motor Claim Department

NOT WITHHOLD
1/1 by @
Penny Shee Perry
Edan

Your Ref No: -
 Claim Type: Third Party
 Accident Date: 21/02/2022
 TP Veh Reg No: XE4335Y

Estimate Repair Cost to Vehicle No : YN9523D

Description	U/Price	Quantity	List Price	Amount
			SS	SS
Spare Parts				
1 HORIZONTAL SOLID WOODEN BAR	500.00	3 PCS	1,500.00	✓
2 REAR CARGO SIDE GATE (WOODEN) - LH	850.00	1 PC	850.00	✓
3 REAR CARGO SIDE WOODEN BRACKET - LH	100.00	2 2PCS	300.00	✓
4 REAR CARGO SIDE WOODEN RAILING (ONG LYE PING) - LH	800.00	1 PC	800.00	✓
5 REAR CARGO SIDE WOODEN RAILING (ONG LYE PING) BRACKET - LH	30.00	4 4PCS	180.00	✓
6 REAR WHEEL TOP COVER - LH	250.00	1 PC	250.00	X
			3,880.00	3,880.00
Labour				
7 TO DISMANTLE & REPLACE DAMAGED PARTS, PANEL BEAT WHERE NECESSARY.	800.00	1 JOB	800.00	600
8 TO PUTTY, APPLY PRIMER & SPRAY-PAINT ON THE AFFECTED PORTION.	800.00	1 JOB	800.00	450
9 TO SUPPLY & ADJUST THE CARGO ALIGNMENT.	500.00	1 JOB	500.00	350
			2,100.00	2,100.00
			Total	SS 5,980.00
			Add GST @ 7%	418.60
			Total Amount Payable	SS 6,398.60

TOTAL: SINGAPORE DOLLAR SIX THOUSAND THREE HUNDRED NINETY EIGHT AND CENTS SIXTY ONLY

For Yee Auto Pte Ltd

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:

[Signature]
 AUTHORIZED SIGNATURE

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 19:32 (SGT)
Date of Accident 21/02/2022 11:50 (SGT)
Exact Location of Accident Singapore
Additional Location Information DEFU AVE 1 LP34
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YN9523D

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner MENCAS OFFSHORE & MARINE PTE LTD
Company Reg No 200912881K
Email Address TIAN@MENCAS.COM.SG
Mobile Phone No (Phone) +65-97303233
Alternative Phone No (Office) +65-65461823

VEHICLE PARTICULARS

Manufacturer UDTrucks
Model PKC8ELN5EP
Variant -
Exact purpose for which vehicle was being used at time of accident -
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Commercial vehicle
Transmission Manual
CC 0

INSURANCE COMPANY

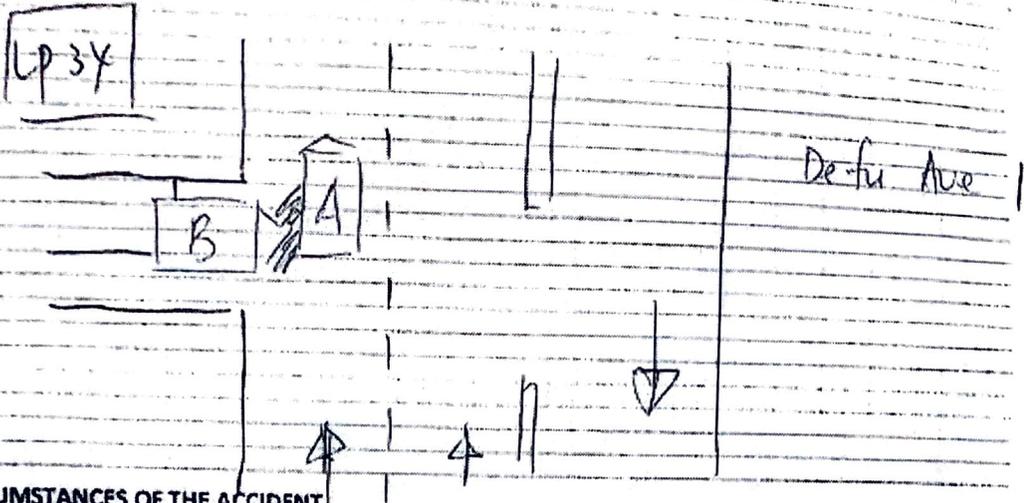
Name of Insurance Company Great American Insurance Company
Type of Coverage Comprehensive
Fleet Policy No
Policy Number MOMVC000008113-02-000
Cover Note Number -

DRIVER

Name of Driver RAMACHANDRAN KARTHICK
Passport No/FIN G6757284Q

SKETCH PLAN

(A) YN9523D (B) XE 4335Y



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 21/2/22 at 11:50 am. I was driving my vehicle (A) YN9523D along De-fu Ave 1. I was going straight on main road. Suddenly, the vehicle (B) XE 4335Y from left side dash over and hit onto my vehicle rear left portion.

TP claim @ other workshop.

DECLARATION

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



Policyholder's Signature

Date & Time

Company Chop (if applicable)

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.: