



Prime Auto Claims Service Pte Ltd

GST Reg. No : 201606560M
6 Benoi Place Singapore 629927
Tel: 6861 0908 Fax: 6515 2948

Date: 18.05.2022

MSIG Insurance (Singapore) Pte Ltd
4 Shenton Way #21-01
SGX Centre 2
Singapore 068807

Attn: Motor Claims Dept

RE: ESTIMATE COST OF REPAIR TO SME8909X HONDA VEZEL (HYBRID)
(Registration date: 22.10.2018)

To Supply

1) 1pc	Rear bumper lower garnish	✓ 00	\$	985.00
2) 1pc	Left rear bumper	✓ (R)	\$	245.00
3) 1pc	Rear bumper left reflector	✓ BR	\$	189.00
4) 1pc	Tailgate	✓ 00	\$	1,100.90
5) 1pc	Tailgate "H" emblem	✓	\$	38.00
6) 1pc	Tailgate "Vezel" emblem	✓ MC	\$	60.00
7) 1pc	Tailgate "Hybrid" emblem	✓ MC	\$	60.00
8) 1pc	Rear end panel	?	\$	520.00
Sub total Parts			\$	3,197.90
Less: 20% discount			\$	(639.58)
			\$	2,255.12

To supply S.Nett Parts

1) 1 set	Rear bumper clips	✓ MC	\$	30.00
2) 1 set	Reverse sensors	✓ Shk	\$	200.00
3) 1 tube	Rear glass sealant	✓ MC	\$ 40	45.00
4) 1 set	Rear glass moulding (4pcs)	✓ MC	\$ 120	200.00
Sub total S.Nett Parts			\$	475.00

L/charges

- | | | |
|--|--------|----------|
| 1) To tuff kote affected portion. | \$ 30 | 50.00 |
| 2) To transfer tailgate trim board, handle, mechanism parts & etc. | \$ 30 | 60.00 |
| 3) To remove & refit rear glass. | \$ | 120.00 ✓ |
| 4) To remove & replace reverse sensors & refit rear camera, check wiring. | \$ 30 | 80.00 |
| 5) To knock & repair rear end panel. Remove rear bumper lower garnish, left rear bumper, tailgate & etc. Replace the above parts, adjust & align rear bumper & tailgate | \$ 400 | 700.00 |
| 6) To putty respray painting tailgate's inlet & oute, rear end panel & left rear bumper. To polish. | \$ 400 | 600.00 |

Sub total L/charges	\$	1,610.00
Estimated Grand Total	\$	4,340.12

Steve (CLKK)
19/5/22, 1.30pm

m Re
L/S
dy M y
4 dy

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:

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	18/05/2022 15:58 (SGT)
Date of Accident	14/05/2022 18:13 (SGT)
Exact Location of Accident	Woodlands Ave 3, Singapore
Additional Location Information	WOODLANDS AVE 3
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME8909X
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	PRIME TRANSPORT & LIMOUSINE SERVICES PTE LTD
Company Reg No	2XXXXX118N
Email Address	aliceleong@primeautoclaims.com
Mobile Phone No	(Phone) +65-68628878
Alternative Phone No	(Office) +65-68610908

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
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	1496

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	ThirdParty
Fleet Policy	Yes
Policy Number	S119544594-01-000026
Cover Note Number	-

DRIVER

Name of Driver	RYAN STEPHEN CHARLES
NRIC No	SXXXX203J

Date Of Birth	05/09/1958
Occupation	Outdoor
Date Of Driving Pass	27/01/1982
Driving experience	40 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88696255
Alt. Phone Number	-
Email Address	aliceleong@primeautoclaims.com
Address	BLK 118 MARSILING RISE #06-144
Address complement	-
Postcode	730118
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	Collision - Head to Rear
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	NOT KNOWN
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Woodlands West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003639999
Alt. Police Station Phone No	(Fax) +65-63640997
Police Station Address	1 Woodlands St 12 Singapore 738622
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT NO T/20220514/2074

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	GBG4429K
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	MSIG Insurance (Singapore) Pte. Ltd.
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	RYAN STEPHEN CHARLES
Gender	Male
Phone No	(Phone) +65-88696255
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	64
Injuries Sustained	SHOULDER / NECK SPRAIN, LOWER BACK PAIN
Injured person in which vehicle?	SME8909X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claim 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.

6 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]

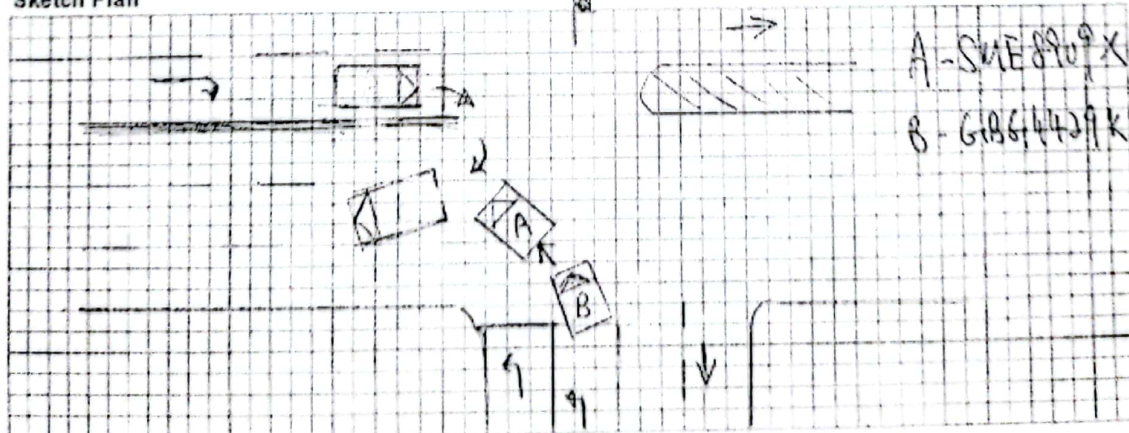
Driver's Signature (if driver is not the policyholder) / Date & Time

12:37 pm

18 May 2022

Witnessed by Reporting Centre Personnel

Sketch Plan





Describe Circumstances of the Accident


Refer to Police Report No. 7/20220514/2074

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time

 12:37 pm
18/may 2022
Driver's Signature (If driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel


**SINGAPORE
POLICE FORCE**


T/20220514/2074

1 of 3

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

Report No. T/20220514/2074

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/05/2022 18:13		Vide Report No.:		Station Diary No.: 67	
Informant's Particulars					
Name of Informant: RYAN STEPHEN CHARLES			Address: APT BLK 118 MARSILING RISE #06-144 SINGAPORE 730118		
ID Type / ID No.: NRIC NO / S1341203J			Contact No.: Home/Office: Mobile: 88696255		
Nationality: SINGAPORE CITIZEN			Email: RYAN.HIPTOS@GMAIL.COM		
Sex: Male	Age: 63	Date of Birth: 05/09/1958	Type of Informant: Driver		
Race: Eurasian			Language: English		Institution / School Name:
Occupation: SELF EMPLOYED			Driving Licence Information: Class: 2B,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 13/05/2022 22:00	Type of Location: T-Junction
Location: WOODLANDS AVENUE 3				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBG4429K	Van				Seriously Damaged	1
SME8909X	Car				Seriously Damaged	1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





**SINGAPORE
POLICE FORCE**



T/20220514/2074

2 of 3

Report No. T/20220514/2074

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

CONTINUATION OF REPORT

Driver			
Name	RYAN STEPHEN CHARLES		ID No. S1341203J
Related Vehicle	SME8909X (Car)		Contact No. 88696255
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the above mentioned date, time and place, I was at the T-Junction of Woodlands Street 13 turning into Woodlands Avenue 3 heading towards Woodlands Avenue 5 when I had to make a sudden stop as there was a vehicle (SKV5261J) making an illegal U-turn. I had to do so to avoid a collision which resulted in me being rear ended by another vehicle. At that point in time, the traffic light was green, allowing me to make a left turn. I would like to mentioned that the Junction was for vehicles to make a right turn only and that the next U-turn point is just meters ahead.

I would like to mentioned that the whole incident was captured on my in car camera and I have the video footage of the incident. That is all.



**SINGAPORE
POLICE FORCE**



T/20220514/2074

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

3 of 3

Report No. T/20220514/2074

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report:

L /

SGT 3 TANG CHIN WEE

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

14/05/2022 18:13

Officer In Charge Of Case:

TP / GIA /

SI TAN JEOK LENG

Contact No.: 65476151

Classification Of Case:

NP168