



簡福星摩多工廠

KAN FOOK SING MOTOR WORKSHOP

Headquater: 61 Defu Lane 12 Singapore 539147
 Tel: (65) 6747 9560, 6473 5344 Fax: (65) 6748 1006, 6281 8428
 E-mail: ryan@kanfs.net/ patricia@kanfs.net
 Branch: 1 Kaki Bukit Avenue 6 #01-108 Singapore 417883
 Tel: (65) 6481 5150 Fax: (65) 6481 8683

LONPAC INSURANCE BHD
 300 BEACH ROAD #17-04/07 THE CONCOURSE SINGAPORE
 199555

DATE : 01-08-2022

VEHICLE NO. : SLD7929L
 ACCIDENT DATE : 29-07-2022 10:00
 THIRD PARTY REF. : SDT2678D

ATTN: MOTOR CLAIMS DEPT.

ESTIMATE COST OF REPAIR TO VEICLE SLD7929L HONDA VEZEL

#	QTY	PARTS DESCRIPTION	AMOUNT (SG\$)
1	1	REAR BOOT COVER	590.00 <i>bl</i>
2	1	REAR BOOT WINDSCREEN RUBBER	60.00 <i>rec</i>
3	1	REAR BOOT LOCK	55.00 <i>?</i>
4	1	REAR BOOT RUBBER	0.00 <i>thi</i>
5	1	REAR BUMPER	160.00 <i>de</i>
6	1	REAR BUMPER SIDE RH	75.00 <i>de</i>
7	1	REAR BUMPER REFLECTOR RH	45.00 <i>an</i>
8	1	REAR BUMPER SIDE RETAINER RH	10.00 <i>X</i>
9	10	REAR BUMPER CLIP@\$2.50	25.00 <i>rec</i>
10	1	REAR END PANEL	275.00 <i>?</i>
11	1	REAR EXHAUST MUFFLER <i>dismantle photo #</i>	360.00 <i>?</i>
			<hr/>
			1,655.00
			ADD 20 %
			<hr/>
			331.00
			TOTAL (A)
			<hr/>
			1,986.00

SPECIAL NETT ITEMS

1	1	REAR WINDSCREEN GUM	50.00 <i>rec</i>
2	1	REAR REVERSE SENSOR	300.00 <i>200 n/w</i>
			<hr/>
			TOTAL (C)
			<hr/>
			350.00

LABOUR CHARGES

1	1	TO CHECK WIRING SYSTEM	50.00 <i>30 n/w</i>
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VEHICLE NO. : SLD7929L
ACCIDENT DATE : 29-07-2011 10:00
THIRD PARTY REF. : SDT2678D

#	QTY	PARTS DESCRIPTION	AMOUNT (SG\$)
2	1	TO REMOVE/REFIT REAR WINDSCREEN GLASS	120.00 ✓
3	1	TO REMOVE/REFIT REAR FENDER INNER GARNISH & ETC	100.00 60
4	1	TO REMOVE ALL NECESSARY AFEFCTED PARTS WELD CUT PANEL BEAT AND FITTING NEW PARTS	820.00 600
5	1	SPRAYPAINTING CHAREGS	750.00 600

TOTAL (D)

1,840.00

ESTIMATE TOTAL

4,176.00

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:

Tanpin 97495749
 WP' 22/8/11 R 1140
 tanpin @ Kanto wms
 5 days
 * Resurvey before paint.

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 Actual 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 29/07/2022 14:54 (SGT)
 Reported by Driver
 Date of Accident 29/07/2022 10:00 (SGT)
 Exact Location of Accident Singapore
 Additional Location Information GEYLANG ROAD BEFORE ALJUNIED ROAD
 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLD7929L

INSURED/POLICYHOLDER

Is company? No
 Name Of Registered Owner HASNI BINTE MOHAMED TAHIR
 NRIC No S1713376D
 Email Address HASNI.TAHIR@ICLOUD.COM
 Mobile Phone No (Phone) +65-93898469
 Alternative Phone No -

VEHICLE PARTICULARS

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

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
 Policy Number / Cover Note Number 5101614158-04

DRIVER

Name of Driver MOHAMED JAMALUDIN BIN MOHAMED SIDIK
 NRIC No S1768772G
 Date Of Birth 17/11/1966
 Occupation Indoor

Date Of Driving Pass	03/07/1991
Driving experience	31 YEARS
Gender	Male
Mobile Number	(Phone) +65-96408857
Alt. Phone Number	-
Email Address	JAMAL.SIDIK17@GMAIL.COM
Address	BLK 205 PASIR RIS STREET 21 #04-376
Address complement	-
Postcode	510205
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Relative
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?	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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SDT2678D
Vehicle Manufacturer	Audi
Vehicle Model	A4
Vehicle Variant	-
Vehicle Colour	Black
Vehicle Category	Private car
Name of Driver	LOO BENG GEE
NRIC No	S6815125B

Contact Number	(Phone) +65-97848798
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

SKETCH PLAN

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 Actual Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to reputate 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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 be 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 be 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 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

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

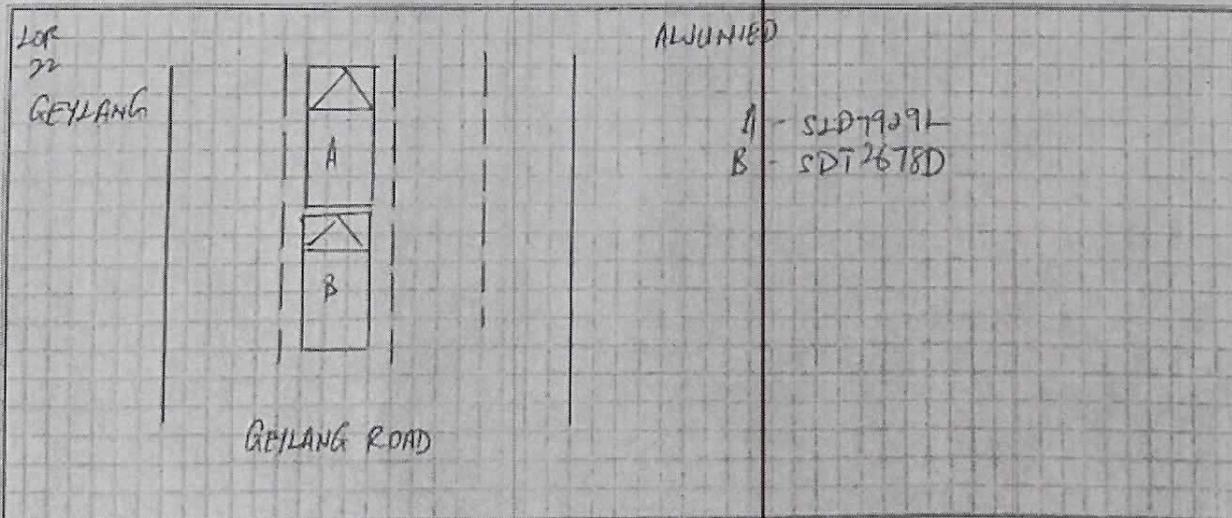
Witnessed by Reporting Centre Personnel (Name as in NRIC ID card)

JW

29/7/20
1740

Muhammad Haris B.A. 1.3.6

Sketch Plan



A - SDT 9291
B - SDT 2678D

Describe Circumstance of the Accident

On 29/1/22 at 10018, as I was stationary along Geylang Road,
SDT2678D suddenly collided into my rear.

Declaration

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

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Person(s)
(Name as in NRIC / ID card)