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# 方商昭噴漆 POON SIANG SEOW

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

LEUNG HO MAN  
Apt Blk 293C compassvale crescent  
#12-39  
Singapore 543294

*Not Withheld*  
*1/1/98*  
*Re-survey After Paint*  
*5 days*

Dear  
Estimate cost of repair to vehicle no. SGJ 4895Y

To supply

1. Tail gate	1,480.60	✓
2. Tail gate damper x2	403.20	X
3. Tail gate lock	361.40	X
4. Tail gate rear w/s moulding	203.00	✓
5. Tail gate rubber	361.40	508in
6. Tail gate logo	56.00	✓
7. Tail gate outer handle	295.60	X
8. Rear bumper	731.70	✓
9. Rear bumper sensor	350.00	2001in
10. Rear bumper reflector x2	102.00	X
11. Rear bumper retainer x2	123.60	✓
12. Rear panel	531.70	✓
13. Rear panel top garish	123.00	✓
14. Rear board cover	280.00	✓
15. Tail lamp x2	905.80	✓
16. Rear exhaust box box cover	250.00	X

Labour charges		1800
To remove and refit rear w/s n cushion	350.00	
Number plate	80.00	X
Panel beating	850.00	8000
Spray painting	950.00	8800
Total	10,952.60	

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

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 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 (GIA) for archiving
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 05/08/2022 09:59 (SGT)  
Reported by Both  
Date of Accident 04/08/2022 16:40 (SGT)  
Exact Location of Accident Sengkang E Rd, Singapore  
Additional Location Information SENG KANG EAST ROAD FILTER LANE  
Country/State of Loss Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number SGJ4895Y  
INSURED/POLICYHOLDER  
Is company? No  
Name Of Registered Owner LEUNG HO MAN  
NRIC No SXXXX374D  
Email Address ADDY4895@GMAIL.COM  
Mobile Phone No (Phone) +65-81289079  
Alternative Phone No -

## VEHICLE PARTICULARS

Manufacturer Toyota  
Model Wish  
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 1794

## INSURANCE COMPANY

Name of Insurance Company Direct Asia Insurance (Singapore) Pte Ltd  
Policy Number / Cover Note Number MT/00141257/09

## DRIVER

Name of Driver LEUNG HO MAN  
NRIC No SXXXX374D  
Date Of Birth 16/06/1964  
Occupation Indoor

**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 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:

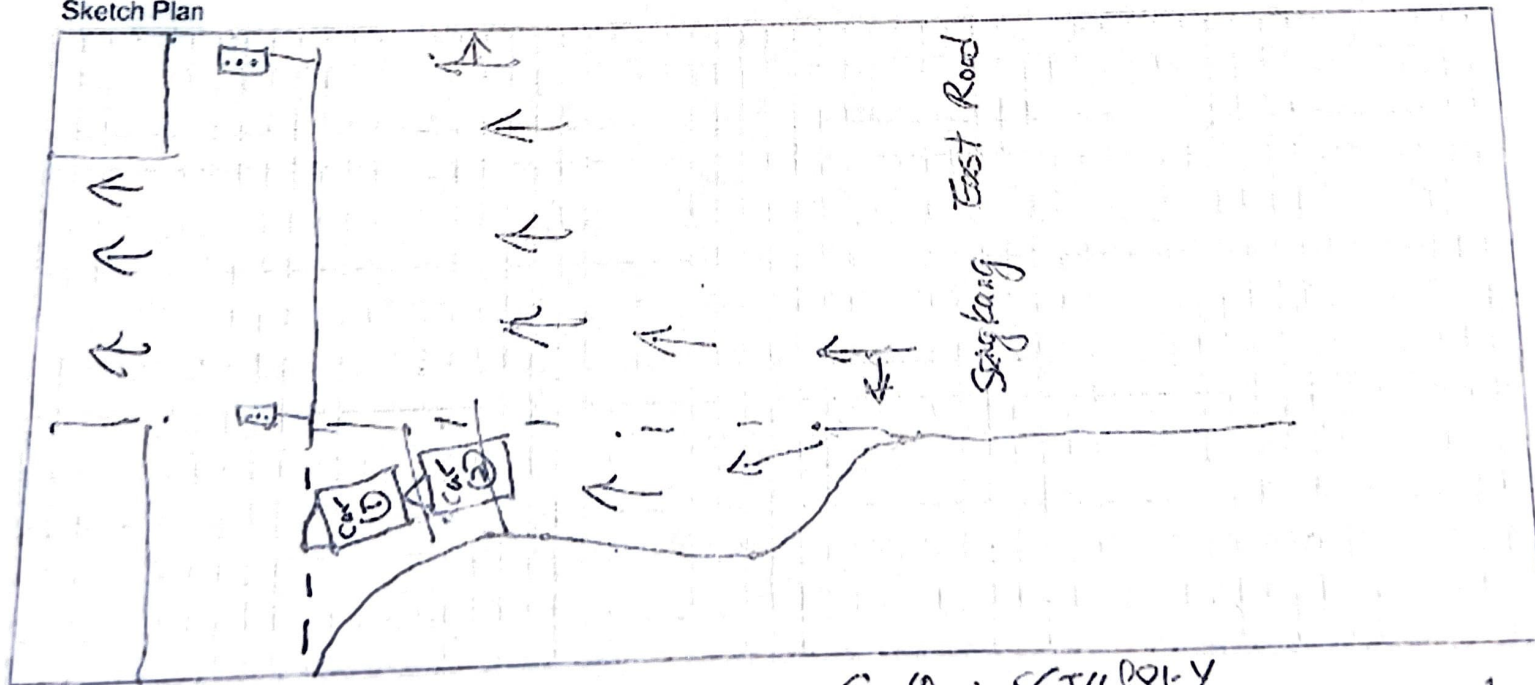
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

*[Signature]* 4/8/2022  
Policyholder's Signature / Date & Time

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

*[Circular Stamp: POLICE REPORTING CENTRE, SINGAPORE]* 05/08/2022  
Witnessed By Reporting Centre Personnel  
(Name as in NRIC/ID card)

**Sketch Plan**



Car (1) : SGJ4821-Y  
Car (2) : SJ53822-G