

方 商 昭 喷 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

Not Noticital
Resurry Bépains

Liu Rongpei Blk 463C #13-395 Sembawang Drive Singapore 753463

Dear sir

Estimate cost of repair to vehicle no. SMK 8133K

To supply	R
 Tail gate 	880.50
2. Tail gate damper x2	∫ 240.00 x
3. Tail gate lock	∠ 285.00 ✓
4. Tail gate badge fit	Ma 37.80
5. Tail gate badge hybrid	Ma 72.50 —
6. Tail gate rubber	∫∽ 189.00 X
7. Tail gate glass moulding	m 118.90
8. Rear panel	M 341.60 X
9. Rear panel top garish	<i>}</i> ∟ 108.60 ⊀
10. Rear bumper	Pd/Bu 529.60
11. Rear bumper retainer x2	<i>l</i> ∽ 96.00 X
12. Rear bumper sensor	In 350.00 20011
13. Rear bumper centre garish	ar 165.00 —
	703

202

Labour charges	t
Number plate and holder	80.00 X
Rust proofing	100.00 301
To remove and refit rear w/s glass n cushion	250.00 12 ol
Panel beating	880.00 God
Spray painting	880.00 40d
Total	5,542.00

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

- 1. Please report <u>correctly</u> the details of the accident to speed up the claims process.

 2. This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>

 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate
- 3. Information provided must be as truthful and accurate as possible to 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

18/09/2022 14:52 (SGT) Date of Submission **Both** Reported by

17/09/2022 19:30 (SGT) **Date of Accident Exact Location of Accident** Singapore

SEMBAWANG ROAD BEFORE GAMBAS AVENUE Additional Location Information

Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

1500

Vehicle Registration Number SMK8133K

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner LIU RONGPEI NRIC No S9173750G **Email Address** Lubovikola@gmail.com Mobile Phone No (Phone) +65-87187067 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Honda Model Fit **Variant**

Exact purpose for which vehicle was being used at time of Private use

Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Private hire

Vehicle Category **Transmission Auto**

CC

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5117359677-02

DRIVER

Name of Driver LIU RONGPEI **NRIC No** S9173750G Date Of Birth 12/07/1991 Occupation Indoor

IMPORTANT NOTICE

SKETCH PLAN

- Please report <u>correctly</u> 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
- 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.

18/09/2022 1430HRS

Policyholder's Signature / Date & Time

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

VINCENT SOH

Witnessed by Reporting Centre Personnel (Name as in NRICAD card)

Sketch Plan

