

FOCUS AUTO PTE LTD

NO. 1 KAKI BUKIT AVENUE 6 #02-48/50

AUTOBAY @ KAKI BUKIT SINGAPORE 417883

TEL: 6886 9097 FAX: 6844 4625 Email: claims@focusauto.com.sg

FIRST CAPITAL INSURANCE LIMITED

36 Robinson Road

#16-01

City House

Singapore 068877

ATTN : Motor Claim Department

Your Ref No: : GBJ 3939 X

Claim Type : THIRD PARTY

Accident Date : 08/10/2022

Estimate No. : E22100075

Date : 11/10/2022

Veh Reg No : SMP 2696 R

Make / Model : HONDA SHUTTLE
HYBRID 1.5 AUTO

Chassis No. : GP72006103

Engine No. : LEB7107787

Reg. Date : 19/09/2019

not Authorised
2/11/22
1/549600
complete with cap
8 days

Estimate Repair Cost for Vehicle No. : SMP 2696 R

S/N	Description	Quantity	Unit	Price	Amount
	<u>LIST PRICE</u>			<u>SS</u>	<u>SS</u>
1	Rear Windscreen <i>shattered</i>	1	PCS	1300.10 <i>1210.40</i>	1300.10
2	Rear Windscreen Seal <i>new</i>	1	PCS	60.20	60.20
3	Rear Wiper Motor <i>Best/gm</i>	1	PCS	490.00	490.00
4	Rear Wiper Arm <i>^^</i>	1	PCS	95.50	95.50 X
5	Rear Boot <i>body</i>	1	PCS	1382.50 <i>1193.40</i>	1382.50
6	Rear Boot Hinge <i>^^</i>	2	PCS	58.10	116.20 X
7	Rear Boot S/Absorber <i>^^</i>	2	PCS	165.00	330.00 X
8	Rear Boot Lock <i>no gm</i>	1	PCS	158.80	158.80
9	Rear Boot Lock Catch <i>^^</i>	1	PCS	25.70	25.70 X
10	Rear Boot Rubber <i>twi</i>	1	PCS	198.50	198.50
11	Rear Boot Emblem (Shuttle) <i>new</i>	1	PCS	55.80	55.80
12	Rear Boot Emblem (Hybrid) <i>new</i>	1	PCS	80.10	80.10
13	Rear Boot Inner Board <i>waged</i>	1	PCS	320.80	320.80
14	Rear Boot Centre Moulding <i>one</i>	1	PCS	180.80	180.80
15	Rear Boot Number Plate Garnish <i>waged</i>	1	PCS	383.10	383.10
16	Rear Boot Number Plate Lamp <i>^^</i>	2	PCS	45.10	90.20 X
17	Rear Boot Reflector Lamp <i>gra</i>	2	PCS	368.60	737.20
18	Rear Boot Centre Logo <i>new</i>	1	PCS	27.40	27.40
19	Rear Boot Inner Pull Garnish <i>^^</i>	1	PCS	24.00	24.00 X
20	Rear Spare Tyre Panel <i>crushed/bul</i>	1	PCS	1056.00	1056.00
21	Rear Spare Tyre Top Cover Board <i>^^</i>	1	PCS	655.00	655.00 X
22	Rear Tool Tray <i>DJ</i>	1	PCS	320.10	320.10
23	Rear Tool Tray Side Cover <i>twi</i>	1	PCS	89.20	89.20
24	Rear Taillamp <i>n/s BRO o/sen</i>	2	PCS	520.50	1041.00
25	Rear Taillamp Clip <i>^^</i>	2	PCS	8.50	17.00 X
26	Rear Taillamp Panel <i>n/s</i>	1	PCS	210.00	210.00
27	Rear Spare Tyre Lower Centre Member <i>n</i>	1	PCS	246.00	246.00 X
28	Rear End Panel <i>badly m</i>	1	PCS	601.50	601.50
29	Rear End Panel (Outer) <i>complete</i>	1	PCS	360.20	360.20 X
30	Rear End Panel Top Garnish <i>DJ</i>	1	PCS	165.50	165.50
31	Rear Bumper <i>DJ</i>	1	PCS	1150.60 <i>936.00</i>	1150.60
32	Rear Bumper Side Retainer <i>gent</i>	2	PCS	27.50	55.00
33	Rear Bumper Reflector <i>^^</i>	2	PCS	45.00	90.00 X

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FIRST CAPITAL INSURANCE LIMITED

36 Robinson Road
#16-01
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LKK Auto Consultants hence notify

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

Estimate No. : E22100075

Date : 11/10/2022

Veh Reg No : SMP 2696 R

Make / Model : HONDA SHUTTLE
HYBRID 1.5 AUTO

Chassis No. : GP72006103

Engine No. : LEB7107787

Reg. Date : 19/09/2019

ATTN : Motor Claim Department

Your Ref No: : GBJ 3939 X

Claim Type : THIRD PARTY

Accident Date : 08/10/2022

Signature:

Date:

Estimate Repair Cost for Vehicle No. : SMP 2696 R

34	Rear Bumper Reflector Garnish	N/S Twi	2	PCS	98.20	196.40	12C
35	Rear Bumper Inner Side Sponge	MS Torn	2	PCS	89.50	179.00	12C
36	Rear Bumper Under Dust Cover - LH	1 1	1	PCS	198.20	198.20	X
37	Rear Bumper Clip	neu	11/set	PCS	5.50	60.50	✓
38	Rear Smart Sensor	neu	1	PCS	286.00	286.00	✓
39	Rear Fender Inner Side Garnish	Re/Torn	2	PCS	587.00	1174.00	✓

TOTAL A :	14208.10
DISCOUNT 20% :	2841.62
SUB TOTAL :	11366.48

SPECIAL NETT

- 1 Rear Windscreen Gum Sealant
- 2 Rear Boot Sticker
- 3 Rear Bumper Sensor
- 4 Rear Windscreen (Z10) Sticker
- 5 Rear Number Plate

Quantity	Unit	Price S\$	Amount S\$
1	PCS	neu	80 40
1	PCS	1 1	50 X
1	SET	shuttl	300 200
1	PCS	neu	22 10
1	PCS	but	50 40
TOTAL B :			502

LABOUR CHARGES

- 1 Towing
- 2 Panel Beating
- 3 Check Wiring and Diagnosis Check
- 4 To Remove & Refix Rear (Hybrid System)
- 5 To Remove & Replace Rear Windscreen
- 6 To Remove & Refix Rear Seat and ~~Up-Hole Stripe~~ upholstery
- 7 To Remove & Replace Bumper Sensor
- 8 To Spray Rust Proofing
- 9 To Spray Painting

TOTAL C :	4220.00
GRAND TOTAL	16088.48

FOR FOCUS AUTO PTE LTD

Jenny Koh
Claims Executive
HP: 8139 9800

2-11268.50
202
904.50
290
2760

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	10/10/2022 18:59 (SGT)
Reported by	Both
Date of Accident	08/10/2022 10:45 (SGT)
Exact Location of Accident	Napier Rd, Singapore
Additional Location Information	NAPIER ROAD BEFORE CLUNY ROAD JUNCTION
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMP2696R
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEE KOK KHIAN LESLIE
NRIC No	S1472376E
Email Address	leekk_leslie@hotmail.com
Mobile Phone No	(Phone) +65-96882878
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
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	0

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5121169896-01

DRIVER

Name of Driver	LEE KOK KHIAN LESLIE
NRIC No	S1472376E
Date Of Birth	06/11/1961
Occupation	Outdoor

Date Of Driving Pass	02/05/1984
Driving experience	38 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96882878
Alt. Phone Number	-
Email Address	leekk_leslie@hotmail.com
Address	73 BRAEMAR DRIVE
Address complement	-
Postcode	559476
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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)	2
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	-

PASSENGER 1

Name	UNKNOWN
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED

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	GBJ3939X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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 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.

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.



Policyholder's Signature / Date & Time



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

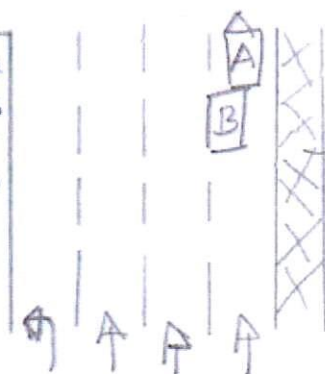
SHAUN TOH

Witnessed by Reporting Centre Personnel

Sketch Plan

CLONKAY
ROAD

HOLLAND ROAD



A-SMP 2676R

B-GRJ 3939X

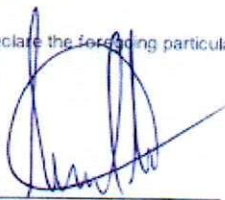
ROAD
WORKS

Describe Circumstances of the Accident

Refer to Police Report No. : T/20221010/7004

Declaration

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

SHAUN TOH

Witnessed by Reporting Centre Personnel



SINGAPORE POLICE FORCE



T/20221010/7004

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20221010/7004

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/10/2022 09:55	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: LEE KOK KHIAN LESLIE		Address: 73 BRAEMAR DRIVE SINGAPORE 559476	
ID Type / ID No.: NRIC NO / S1472376E		Contact No.: Home/Office: Mobile: 96882878	
Nationality: SINGAPORE CITIZEN		Email: LEEKK_LESLIE@HOTMAIL.COM	
Sex: Male	Age: 60	Date of Birth: 06/11/1961	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: GRAB PARTNER		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 08/10/2022 10:45	Type of Location: Straight Road
Location: NAPIER ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 70 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBJ3939X	Van					0
SMP2696R	Car	HONDA	SHUTTLE HYBRID 1.5 AUTO	White		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMP2696R	NTUC Income Insurance Co-Operative Limited	5121169896-01	19/03/2022	18/03/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MUHAMMAD FAHMI BIN KHARIRIL	ID No.	S9012828J
Related Vehicle	GBJ3939X (Van)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	LEE KOK KHIAN LESLIE	ID No.	S1472376E
Related Vehicle	SMP2696R (Car)	Contact No.	96882878
Hospital/Clinic	S G CLINIC FAMILY PRACTICE	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	09/10/2022	Date	09/10/2022
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

ON 08/10/2022 AT ABOUT 1045HRS, I WAS TRAVELLING ON THE EXTREME RIGHT LANE.

WHILE TRAVELLING ON MY LANE, VEHICLE IN FRONT OF ME STOPPED AND I STOPPED AS WELL.

OUT OF A SUDDEN, I FELT AN IMPACT ON MY REAR PORTION.

VEHICLE B COLLIDED ONTO THE REAR OF MY VEHICLE.



**SINGAPORE
POLICE FORCE**



T/20221010/7004

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20221010/7004

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
MUHAMMAD NOOR BIN ABDUL RAHMAN
Contact No.: 65476219

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
10/10/2022 09:55

Classification Of Case: