Kok Wang Car Grooming
1 Soon Lee Street #06-40 Pioneer Centre
Singapore 627605
Hp: 91839633 E-mail: vianong@ymail.com

Steve (LKK)
26/10/22, 1.30pm

ESTIMATE REPORT

Vehicle Number : SJH8980H
Make And Model : Kia Picanto
Date of Accident : 21 October 2022

S/No	Parts	QTY	Unit Price	List Price
1	Rear bumper	1		$ 408.00
2	Rear bumper retainer LH & RH	2	$ 23.00	$ 46.00
3	Rear bumper reinforcement	1		$ 179.00
4	Rear end panel	1		$ 320.00
5	Rear end panel top garnish	1		$ 68.90
6	Rear taillamp LH & RH	2	$ 295.00	$ 590.00
7	Bootlid	1		$ 680.00
8	Bootlid 'LOGO' emblem	1		$ 36.50
9	Bootlid 'PICANTO' emblem	1		$ 28.50
10	Bootlid 'C&C' emblem	1		$ 35.00
11	Bootlid inner trimboard	1		$ 135.00
12	Bootlid weatherstrip	1		$ 68.00
13	Bootlid lock	1		$ 68.50
14	Rear windscreen moulding	1		$ 32.80
				$ 2,696.20
			Less 10%	$ 269.62
			Total	**$ 2,426.58**

Special Nett Item

1	Rear number plate	1		$ 50.00
2	Rear bumper clips	1 set		$ 60.00
3	Bootlid inner trimboard clips	1 set		$ 60.00
4	Rear end panel top garnish clips	1 set		$ 40.00
5	Reverse sensor	1 set		$ 300.00
			Total	**$ 510.00**

Labour & Misc Charges

To dismantle, replace & panel beating affected parts for rear portion.	$	1,000.00
To spray paint on affected areas for rear portion.	$	1,000.00
To remove/replace/reinstall rear bootlid components.	$	100.00
To remove/replace/reinstall rear panel upholstery & trim.	$	200.00
To apply anti-rust on affected areas.	$	100.00
To remove/refit reverse sensors.	$	100.00
To check wiring for rear portion.	$	60.00
	Total	**$ 2,560.00**
	Grand Total :	**$ 5,496.58**

ASS. REQ. BY: Steve CS/LIP M0105A/KVC

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S
X	X

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: _____ days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SJH8980H Yr Regn: 28/8/08

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or _____

Make: KIA Picanto c.c 1086

Colour Orange A/C: Insured / Std / NI / NA

Sp.Reading 121255 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KNABA24339T6423[illegible]

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modi : Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: 175/55R15

R: "

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or _____

Front		Rear	
R/Bal.	4 mm	R/Bal.	4 mm
L/Bal.	4 mm	L/Bal.	4 mm
D.O.A.	21/10/22	D.O.I.	26/10/22

Survey held at Kok Wong

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or _____

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	MV-10K

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Preli. Report

☐ : Final Report

Report Format : _____

Lump Sum / I.B.I: ($ _____)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Survey Fee:

Transportation: $ + RS. SI

Photos

Others

TOTAL

对方是 Liberty

SM1322AL000A / MOVA AUTOMOTIVE PTE LTD [159722]
ENTRY DATE & TIME: 21/10/2022 16:52 (SGT)
SUBMITTED BY: Mengtee
VERSION: 1 (21/10/2022 16:52 (SGT))

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 witholding 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	21/10/2022 16:52 (SGT)
Reported by	Both
Date of Accident	21/10/2022 07:12 (SGT)
Exact Location of Accident	Jurong West Street 64, Singapore
Additional Location Information	TURNING LEFT TO AVE 4
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJH8980H

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	OOI CHUN GEE
NRIC No	S8163908F
Email Address	CGOOIART@GMAIL.COM
Mobile Phone No	(Phone) +65-81681783
Alternative Phone No	.

VEHICLE PARTICULARS

Manufacturer	Kia
Model	PICANTO 1.1(A)
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	1086

INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Policy Number / Cover Note Number	Z22VP05030700

DRIVER

Name of Driver	OOI CHUN GEE
NRIC No	S8163908F
Date Of Birth	19/11/1981
Occupation	Indoor

Date Of Driving Pass	22/06/2013
Driving experience	9 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81681783
Alt. Phone Number	.
Email Address	CGOOIART@GMAIL.COM
Address	BLK 676A JURONG WEST STREET 64
Address complement	#15-259
Postcode	641676
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	No
Number of Passengers (Including Driver)	4
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	SIAH NING WOEI
Gender	Female

PASSENGER 2

Name	OOI YONG ERN
Gender	Male

PASSENGER 3

Name	OOI JING YONG
Gender	Male

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

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ATTACHMENT(S)

Are accident photos available for attachment?	Yes

Was there any video captured by Car Camera? No

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	
Gender	
Phone No	
Address	
Address Complement	
Post Code	
Approximate Age Years Old	
Injuries Sustained	
Injured person in which vehicle?	
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	

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 the accident (all insurer(s) who have insured vehicle(s) involved in the 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 administration, 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

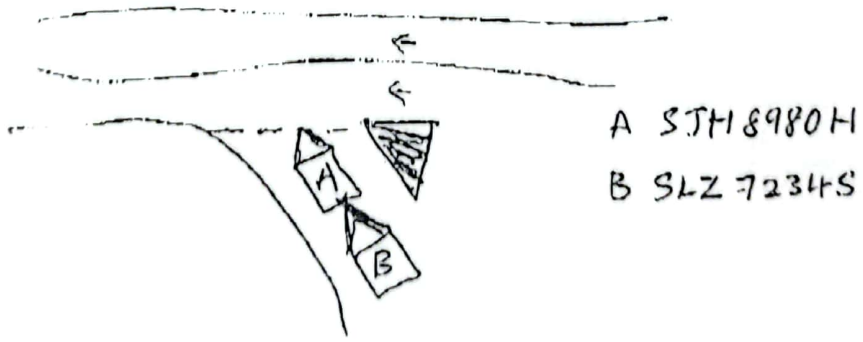
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Drivers Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan



SKETCH PLAN #2

Describe Circumstances of the Accident

On 21 Oct 2022, around 7.10 am, I am driving on Jurong West Street 64, then about to turn left to Jurong West Ave 4, while I am waiting on the junction to check on the road traffic, Suddenly the car SLZ 7234S behind me hit my car

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

Witnessed by Reporting Centre Personnel