



# 簡福星摩多工廠

## KAN FOOK SING MOTOR WORKSHOP

Headquarter: Blk 8 JTC Defu Industrial City #04-29 Defu South Street 1, S533758

Tel: (65) 6747 9560, 6743 5344 • Fax: (65) 6748 1006

E-mail: ryan@kanfs.net / patricia@kanfs.net

Branch: 1 Kaki Bukit Avenue 6 #01-13, Singapore 417883

Tel: (65) 6481 5150 • Fax: (65) 6481 8683

INDIA INTERNATIONAL INSURANCE PTE LTD  
64 CECIL STREET  
#04-05 IOB BUILDING  
SINGAPORE 049711

DATE : 08-11-2022

VEHICLE NO. : SMT1891D  
ACCIDENT DATE : 02-11-2022 20:00  
THIRD PARTY REF. : SHA2050S

ATTN: MOTOR CLAIMS DEPT.

ESTIMATE COST OF REPAIR TO VEHICLE SMT1891D KIA CERATO 1.6(A) LX

#	QTY	PARTS DESCRIPTION	AMOUNT (SG\$)
1	1	FRONT BONNET	580.00
2	1	FRONT BONNET LOCK	43.00
3	2	FRONT BONNET HINGES@\$22.00	44.00
4	1	FRONT BONNET CABLE	26.00
5	1	FRONT SUPPORT PANEL	280.00
6	1	FRONT SUPPORT TOP GARNISH	65.00
7	8	FRONT SUPPORT TOP GARNISH CLIP@\$2.50	20.00
8	1	FRONT GRILLE	110.00
9	1	FRONT EMBLEM	23.00
10	2	FRONT HEADLAMP@\$390.00	780.00
11	2	FRONT HEADLAMP LOWER BRACKET@\$18.00	36.00
12	2	FRONT FENDER@\$165.00	330.00
13	2	FRONT FENDER SHIELD @\$58.00	116.00
14	20	FRONT FENDER SHIELD CLIP@\$2.50	50.00
15	1	FRONT BUMPER	270.00
16	1	FRONT BUMPER FOAM	48.00
17	1	FRONT BUMPER REINFORCEMENT	200.00
18	2	FRONT BUMPER SIDE RETAINER@\$20.00	40.00
19	1	FRONT BUMPER LOWER GRILLE	150.00
20	2	FRONT BUMPER FOGLAMP@\$115.00	230.00
21	1	FRONT BUMPER TOP BEAM	110.00
22	1	FRONT BUMPER FOGLAMP COVER LH	50.00
23	1	FRONT BUMPER LAMP LH	95.00



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#	QTY	PARTS DESCRIPTION	AMOUNT (SG\$)
24	10	FRONT BUMPER CLIP@\$2.50	25.00
25	1	RADIATOR	320.00
26	1	RADIATOR TOP HOSE	28.00
27	1	RADIATOR LOWER HOSE	32.00
28	1	RADIATOR FAN ASSY	155.00
29	1	SPARE TANK	28.00
30	1	WASHER TANK	40.00
31	1	WASHER TANK MOTOR	38.00
32	1	AIR CON CONDENSER	320.00
33	2	AIR CON SIDE GARNISH@\$20.00	40.00
34	1	AIR CON LIQUID PIPE	115.00
35	1	AIR CON SUCTION HOSE	115.00
36	1	AIR CON DISCHARGE HOSE	125.00
37	1	AIR DUCT	65.00
38	1	AIR CLEANER BOX ASSY	115.00
39	1	RESONATOR BOX	115.00
40	1	RESONATOR HOSE	65.00
41	1	MANIFOLD INTAKE	480.00
			<hr/>
			5,917.00
			<hr/>
ADD 20 %			1,183.40
			<hr/>
TOTAL ( A )			7,100.40
			<hr/>
SPECIAL NETT ITEMS			
1	1	FRONT NUMBER PLATE	40.00
			<hr/>
TOTAL ( C )			40.00
			<hr/>
LABOUR CHARGES			
1	1	TO CHECK WIRING SYSTEM	50.00



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#	QTY	PARTS DESCRIPTION	AMOUNT (SG\$)
2	1	TO REMOVE/REFIT/REFILL AIR CON GAS	100.00
3	1	TO REMOVE ALL NECESSARY AFFECTED PARTS WELD CUT PANEL BEAT AND FITTING NEW PARTS	750.00
4	1	SPRAYPAINTING CHARGES	820.00
TOTAL ( D )			1,720.00
ESTIMATE TOTAL			8,860.40

## 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	04/11/2022 17:29 (SGT)
Reported by	Driver
Date of Accident	02/11/2022 20:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TAMPINES ST 23
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMT1891D
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	CRAFT LEASING PTE LTD
Company Reg No	2XXXXX381N
Email Address	admin@craftleasing.com
Mobile Phone No	(Phone) +65-93833162
Alternative Phone No	(Office) +65-69807818

### VEHICLE PARTICULARS

Manufacturer	Kia
Model	CERATO 1.6(A) LX
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	Yes
Vehicle Category	Private hire
Transmission	Auto
CC	1591

### INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D21MFL0005172_01

### DRIVER

Name of Driver	SABTU BIN MAJID
NRIC No	SXXXX628J
Date Of Birth	11/09/1965
Occupation	Indoor

Date Of Driving Pass	28/05/2002
Driving experience	20 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98988304
Alt. Phone Number	-
Email Address	admin@craftleasing.com
Address	APT BLK 277 TAMPINES ST 22 #04-192 (S) 520277
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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 WITH 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	SHA2050S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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)	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMC542H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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 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.



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)

### Sketch Plan

Describe Circumstance of the Accident

I drove by car SH71891D along Tampines  
St 23 on left lane.  
Vehicle in front brake and I follow.  
However still not able to react  
in time and hit into the rear  
of taxi SH4 2005. Total 3 vehicles  
involved.

Note: Please note that your insurer may have 14days time frame for you to submit an own damage claim under your own policy,  
please check your policy for more information.

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 Personnel  
(Name as in NRIC/ID card)



14 NOV 20.

1440 HRS.