



AUTOLUTION INDUSTRIAL PTE. LTD.

AUTOLUTION INDUSTRIAL PTE LTD  
19 UBI ROAD 4  
SINGAPORE 408623  
TEL: 6490 9666 FAX: 6846 7483

ESTIMATE : ACCIDENT/BODY REPAIRS

REFERENCE : INS/IC/EA/0476/22

DATE : 02-DEC-2022

CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

3 ANSON ROAD

#16-00 SPRINGLEAF TOWER

S(079909)

TEL : 63896111

FAX : 62247175

OWNER'S NAME : M/S GIVE FUN PTE LTD

ADDRESS : 62 UBI ROAD 1

#08-23 OXLEY BIZHUB 2

S(408734)

TELEPHONE NO : 87518654

TYPE OF CLAIM : DIRECT SETTLEMENT / THIRD PARTY CLAIM

POLICY NO : 7220117689

VEHICLE NO : GBG6584G

MODEL CODE : MVL2RDKE26KW3GBR-D

MODEL/YEAR : NISSAN NV350 PANEL VAN AT EURO5

ENGINE NO : YD25000639B

CHASSIS NO : JN1MC2E26Z0009519

MILEAGE : 198816 KM

DATE IN : 02/12/2022

LIABILITY : 0.00

EXCESS CLAUSE : 0.00

ESTIMATE BY : ELMER

ACCIDENT DATE : 01/12/2022

- 9645 0084 elmer@fandong.com

AUTOLUTION INDUSTRIAL PTE. LTD.

ESTIMATED LABOUR CHARGES FOR ACCIDENT VEHICLE REGN NO GBG6584G

S/NO	JOB CODE	NATURE OF JOB	ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATION
1	ZZ/001	LABOR CHARGES TO RENEW LH RR FENDER, TAIL GATE AND REAR BUMPER REPAIR OUTER END PANEL REAR	280 1950.00	1400
2	ZZ/002	CHARGES TO SPRAY PAINTING SAME remove/install	250 1250.00	750
3	ZZ/003	RENEW REVERSE SENSOR	110.00	✓
4	ZZ/004	RENEW REAR WINDSCREEN GLASS	240.00	X M
5	ZZ/005	REMOVE AND INSTALL LH RR FENDER WINDOW PANEL	190.00	✓
6	ZZ/006	APPLY SEALANT TO TAILGATE	100.00	X M
7	ZZ/007	RENEW LH RR COMB LAMP AND CHECK LIGHTING SYSTEM	80.00	✓
8	ZZ/008	PERFORM RUSTPROOFING LH RR FENDER PANEL	120.00	✓
TOTAL LABOUR CHARGES			4040.00	2650

## MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO GBG6584G

S/NO	PARTS DESCRIPTION	PARTS NUMBER	DAMAGED PARTS & PRICES		
			NETT	LIST	S/NETT REMAR
1	EMBLEM-BACK DOOR NV350 & URBAN	90890-3XY0A	118.70	net	
2	EMBLEM-REAR NISSAN	90890-JX00A	70.00	net	
3	LABEL-8 PAX	PAX		net	15.00 ✓
4	70KM/H	70KM/H		net	15.00 ✓
5	SENSOR-REVERSE	SENSOR		net X	250.00
6	SUNDRIES	NPN		20 net	50.00 ✓
7	REAR W/SCREEN SEALANT	SEALANT - 4		net X	80.00
8	GLASS-TAIL GATE	90300-3XA0A	961.20	net	
9	TAIL GATE	K010M-3XBEA	1961.00	Rx	
10	CLIP RR BUMPER @ SGD\$1.40 EACH	01553-05323	14.00	net	✓
11	REAR BUMPER	85022-3XA0A	720.60	de	✓
12	LH RR FENDER	G7423-3XBMA	2169.20	net X	
SUB TOTAL			6014.70	0.00	410.00
LESS DISCOUNT (NETT-20.00%, LIST-30.00%, S/NETT-.00%)			1202.94	0.00	0.00
GRAND TOTAL			4811.76	0.00	410.00
OVERALL TOTAL			5221.76		

LEGEND: REMARKS ( OK ) = APPROVED, REMARKS ( X ) = NOT APPROVED

Nett

1173.60

20% - 938.88

9w  
50

938.88

50

2650

93638.88

08 days

# J

AUTOLUTION INDUSTRIAL PTE. LTD.

SUMMARY OF ESTIMATE FOR VEHICLE REGN NO GBG6584G

TOTAL LABOUR CHARGES	4040.00
TOTAL SPARE PARTS CHARGES	5221.76
GRAND TOTAL	9261.76 *

\* All charges do2 not include GST.

SURVEYOR'S PARTICULARS

NAME	:
SURVEYED DATE	:
AUTHORIZED DATE	:
EXCESS CLAUSE	: 0.00
LIABILITY	: 0.00
REMARKS	:

PLS NOTE : This estimate is based on visual inspection of the affected vehicle. Should we require further labour charges & spare parts in the process of repairs, we shall inform you accordingly.

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:

Taufik 97495749/62563561  
- WP 9/12/22 @ 2P-  
Resurvey before paint  
taufik@lkkauto.com  
08 days

## 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	02/12/2022 14:35 (SGT)
Reported by	Driver
Date of Accident	01/12/2022 16:43 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	10A TAMAN NAKHODA VILLA DELLE ROSE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG6584G
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	GIVE FUN PTE LTD
Company Reg No	AXXXXXX536Z
Email Address	adrian@givefun.com.sg
Mobile Phone No	(Phone) +65-81123719
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv350
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	2000

#### INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7220117689

#### DRIVER

Name of Driver	ZOU BIN
NRIC No	SXXXX675C
Date Of Birth	30/04/1964
Occupation	Outdoor

Date Of Driving Pass	02/10/2017
Driving experience	5 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91212637
Alt. Phone Number	-
Email Address	adrian@givefun.com.sg
Address	62 UBI ROAD 1 #08-23
Address complement	OXLEY BIZHUB 2
Postcode	408734
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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 - Major/Minor Rd
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)	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

SEE ATTACHED SKETCH PLAN, PHOTO AND VIDEO FOOTAGE

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

#### DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number	SJR1381E
Vehicle Manufacturer	Mercedes
Vehicle Model	E200
Vehicle Variant	-
Vehicle Colour	Black
Vehicle Category	Private car
Name of Driver	-
NRIC No	SXXXX590J

Contact Number	(Phone) +65-88839109
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**

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

**6. 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  
02/12/2022 14:13  
Sketch Plan

Driver's Signature (if driver is not the policyholder) / Date & Time  
Zun Ran  
02/12/2022 14:13

Witnessed by Reporting Centre Personnel  
(Name as in NRIC Card)  
ETHER AIFASU  
6XX XX 8241L

AUTOLUTION INDUSTRIAL PTE LTD  
19 LIAI ROAD, #4  
SINGAPORE 418723  
TEL: 65 6556 6000 FAX: 65 6556 7483

A - 6B665846  
B - SJR1381E

10A TAMAN NAKHODA  
VILLA DELLE ROSE

Describe Circumstance of the Accident

I was driving my vehicle "A" At 10A TAMHAN Nakhoda Villa delle rose However Vehicle "B" came out from parking lot and hit my vehicle "A" at the Lt rear portion.

Declaration

I/We declare the foregoing particulars are true in every respect



*Erin Btm*  
Holder's Signature Date & Time  
02/12/22 14:13

*Erin Btm*  
Driver's Signature of driver at the point of accident  
02/12/22 14:13

AUTOLUTION INDUSTRIAL PTE LTD

3 LUN ROAD  
SINGAPORE 408503  
TEL: 65 626 7483

Witness / Reporting Officer's Signature  
(Name) *ERIN AIFMIS*  
GXXXX824L