



# ALAN'S UNITED AUTO PTE. LTD.

Block 7, Sin Ming Industrial Estate, #01-76, Singapore 575642.

Tel: 6453 8686 (3 Lines) Fax: 6459 6550

Company Reg. No.: 201113667N

GST Reg. No.: 201113667N

No. : 06714

Vehicle Insured : GBF1221S  
Accident Date : 30-Nov-2022

Date : 09-Dec-2022

Our Ref : 022200 (CHINA) / CHAN

PAGE : 1

CHIP HONG FARM PRODUCT  
14 WOODLANDS TERRACE  
Singapore 738439

*Not authorized  
Penalty B4 prim.  
11 days*

ESTIMATED COST OF REPAIR FOR ISUZU NPR85 UH5A3.0 MT D/AB YQ9868T

1 pc Bonnet	Ry 681.40	✓
1 pc Bonnet "REWARD-NP" sticker	Ma 24.00	✓
1 pc Bonnet "ISUZU" emblem	Ma 118.00	✓
1 pc O/s corner panel	CM 165.00	✓
1 pc O/s corner panel top garnish	my CM 26.00	✓
1 pc O/s mirror stand	227.00	?
1 pc O/s mirror stand top cover	mit 16.00	✓
1 pc Front grille chrome assy	CM 395.00	✓
1 pc N/s round view mirror	mit 43.00	✓
1 pc O/s taillamp assy	my Ry 184.00	✓
	1,879.40	
Less 15% :	281.91	
	1,597.49	
1 pc Rr o/s door external lock assy	Ry 750.00 sn	✓
1 pc Rear o/s door rubber capping	CM 780.00 sn	✓
1 pc one protion stainless steel door frame c/w structure bonding and welding	Ry 2,400.00 sn	✓
1 pc Rear meter bumper, bracket c/w fabrication job and welding	Ry 850.00 sn	✓
1 pc Rear bumper rubber stopper c/w bracket (set)	CM 680.00 sn	✓
1 pc Rear o/s lower stainless steel door hinge	Ry 280.00 sn	✓
1 pc Rear o/s mud guard rubber flap and renew rear mudguard assy	R 280.00 sn	X
1 pc Front no.plate	R 30.00 sn	X

**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:

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Page : 2

To putty and spray replaced parts

800.00 <sup>800</sup>

To remove, cut-out damaged parts,  
panel beating, welding, align,  
refix and to renew above parts

700.00 <sup>550</sup>

Total : S\$ 9,147.49  
=====

Singapore Dollars Nine Thousand One Hundred and  
Forty Seven and Cents Forty Nine Only

# 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 ..... 01/12/2022 17:12 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 30/11/2022 13:10 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... ALONG MANDAI LINK  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... YQ9868T

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... CHIP HONG FARM PRODUCT  
Company Reg No ..... 3XXXX300L  
Email Address ..... CHYEHOON@CHIPHONG.COM.SG  
Mobile Phone No ..... (Phone) +65-81302909  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Isuzu  
Model ..... NPR85UH5A  
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? ..... No - Claiming third party  
Vehicle Category ..... Commercial vehicle  
Transmission ..... Manual  
CC ..... 3000

### INSURANCE COMPANY

Name of Insurance Company ..... MSIG Insurance (Singapore) Pte. Ltd.  
Policy Number / Cover Note Number ..... B30057593AMKC

### DRIVER

Name of Driver ..... LIN GUO QING  
Work Permit No ..... GXXXX224M  
Date Of Birth ..... 19/10/1978  
Occupation ..... Outdoor

Date Of Driving Pass ..... 13/11/2017  
 Driving experience ..... 5 YEARS  
 Gender ..... Male  
 Mobile Number .....  
 Alt. Phone Number ..... (Phone) +65-81302909  
 Email Address ..... CHYEHOON@CHIPHONG.COM.SG  
 Address ..... 14, WOODLANDS TERRACE  
 Address complement .....  
 Postcode ..... 738439  
 Is the driver the policyholder? ..... No  
 If No, Relationship of the Driver with the Insured .....  
 Does Driver Own Other Vehicles? ..... Employee  
 Vehicle Registration Number of Other Vehicle Owned by Driver ..... No  
 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) ..... 0  
 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  
 yes, against whom? ..... -

CIRCUMSTANCES OF ACCIDENT

REFER SKETCH PLAN

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 ..... GBF1221S  
 Vehicle Manufacturer ..... -  
 Vehicle Model ..... -  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 Vehicle Category ..... Commercial vehicle  
 Name of Driver ..... TAN CHOO BENG  
 Contact Number ..... -

Address ..... -  
 Address complement ..... -  
 Postcode ..... -  
 Insurance Company Name ..... -  
 Nature Of Damage ..... -  
 Details of property damaged in accident ..... -  
 No. Of Passenger (Including Driver) ..... 1

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number ..... XE1866B  
 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) ..... 1

**SKETCH PLAN**

**IMPORTANT NOTICE**

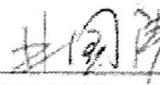
Please report correctly the details of the accident to speed up the claims process.  
This Form must be completed by the Policyholder and/or the Actual Driver.  
Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to reputate policy liability.  
The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.  
**Any false reporting may be referred to the Traffic Police Department for investigation.**  
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.  
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.

**Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

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 assessed 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:  
processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to my claims;  
investigating the accident and/or my claims;  
carrying out and/or dealing with my instructions or responding to any enquiries by me;  
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  
complying with applicable law in administering, processing, handling and/or dealing with my claims.  
Collectively the "Purposes")

All insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, disclose and/or process my Personal Information for one or more of the above Purposes; and 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  


**CITY AUTO PTE LTD**  
Blk 8 Sin Ming Road  
#01-58/60/62 Sin Ming Ind Est  
Singapore 575643  
Tel: 6453 1235 Fax: 6453 7944  
Witnessed by Reporting Officer (Name as in NRIC/ID card)

Sketch Plan

