

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

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

No. : 06714

Date : 09-Dec-2022

Our Ref : 022200 (CHINA) / CHAN

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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	Rn 24.00	✓
1 pc Bonnet "ISUZU" emblem	Rn 118.00	✓
1 pc O/s corner panel	CM 165.00	✓
1 pc O/s corner panel top garnish	Mj CM 26.00	✓
1 pc O/s mirror stand	227.00	?
1 pc O/s mirror stand top cover	Mj 16.00	✓
1 pc Front grille chrome assy	CM 395.00	✓
1 pc N/s round view mirror	Mj 43.00	✓
1 pc O/s taillamp assy	Mj Bu 184.00	✓

1,879.40

Less 15% : 281.91

1 pc Rr o/s door external lock assy	Rn 1,597.49	✓
1 pc Rear o/s door rubber capping	Rn 750.00 sn	✓
1 pc one portion stainless steel door frame c/w structure bonding and welding	CM 780.00 sn	✓
1 pc Rear meter bumper, bracket c/w fabrication job and welding	Rn 2,400.00 sn	✓
1 pc Rear bumper rubber stopper c/w bracket (set)	Rn 850.00 sn	✓
1 pc Rear o/s lower stainless steel door hinge	CM 680.00 sn	✓
1 pc Rear o/s mud guard rubber flap and renew rear mudguard assy	Rn 280.00 sn	✓
1 pc Front no.plate	Rn 280.00 sn X	
	Rn 30.00 sn X	

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To putty and spray replaced parts	800.00
To remove, cut-out damaged parts, panel beating, welding, align, refix and to renew above parts	700.00
Total :	S\$ 9,147.49

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

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:

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 willful 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)
Contact 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	(Phone) +65-81302909
Alt. Phone Number	-
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	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	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

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1. Please report correctly the details of the accident to speed up the claims process.
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3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to regulate 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/air mail packages); and/or
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(collectively the "Purposes")

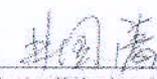
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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

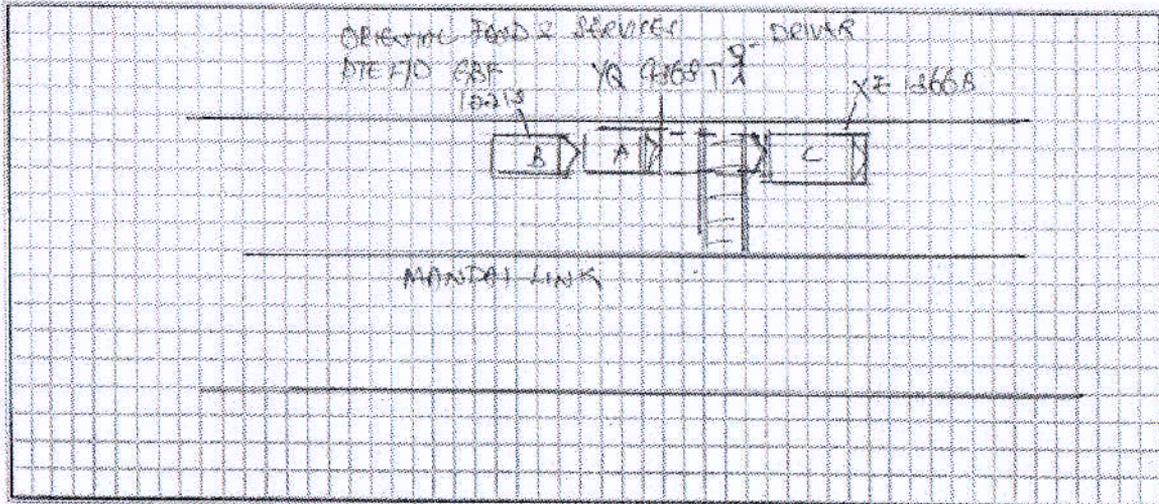


Driver's Signature (if driver is not the policyholder) / Date & Time



CITY AUTO PTE LTD
 Blk 8 Sin Ming Road
 #01-55/56/57 Sin Ming Ind Est
 Singapore 575843
 Tel: 6483 1235 Fax: 6483 7944
 Witnessed by Reporting Officer (Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

I STOPPED MY LORRY ALONG THE ROADSIDE BEHIND A TRUCK TO CALL MY OFFICE. SECONDS LATER I HEARD A LOUD BANG AND SAW A GREY VAN, GSF 1216 HAD COLLIDED INTO THE REAR OF MY LORRY. THE GREAT IMPACT PUSHED MY LORRY FORWARD TO HIT THE REAR OF TRUCK (XE 1066 B) -

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

CITY AUTO PTE LTD
51k 8 Sin Ming Road
#01-58/60/62 Sin Ming Ind Est
Singapore 575643
Tel: 6453 1235 Fax: 6453 7884
(Claims Section)

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)