

H C AUTO PTE LTD

160 Sin Ming Drive # 05-09 Sin Ming Auto City Singapore 575722

Tel : 6457 0678 Fax : 6457 8287

Co. and GST Reg. No. : 200820153N

Date : 13 / 01 / 2023

ESTIMATE COSTS OF REPAIR

M/s C H Automotive Services

C/o 160 Sin Ming Drive

05-09 Sin Ming Auto City

Singapore 575722

*Not available
1/1/23
Return After Paint
5 days*

Dear Sir / Madam ,

Vehicle no. : GY 5868 R - Toyota Dyna 150D

Accident date : 13 / 01 / 2023

Quantity	Descriptions	Amount (S\$)
1	1 pc tail gate	\$ <i>Rs</i> 1,226.70 ✓
2	2 pcs tail gate 'L' bracket 1 @ 109.70	\$ <i>old</i> 219.40 ✓
3	2 pcs tail gate stopper 1 @ 75.00	\$ <i>old</i> 150.00 ✓
4	2 pcs tail lamp 1 @ 214.20	\$ <i>old</i> 428.40 ✓
5	2 pcs tail lamp bracket 1 @ 75.02	\$ 150.04 ?
6	1 pc rear step bracket	\$ <i>Rs</i> 180.00 ✓
7	1 pc rear end panel	\$ <i>Rs/wrap</i> 556.20 ✓
8	1 pc rear spare tyre chain	\$ <i>1m</i> 233.70 X
9	2 pcs rear stopper rubber bracket 1 @ 100.30	\$ <i>n</i> 200.60 X
10	1 pc rear exhaust pipe	\$ <i>n</i> 894.40 X
11	1 pc rear centre exhaust box	\$ <i>n</i> 1,171.20 X
12	4 pcs rear exhaust mounting 1 @ 95.00	\$ <i>1m</i> 380.00 X
13	3 pcs rear exhaust mounting bracket 1 @ 125.00	\$ <i>n</i> 375.00 X
14	1 pc rear no plate bracket	\$ 159.65 ?
15	2 pcs no plate lamp 1 @ 24.00	\$ <i>1m</i> 48.00 X
		\$ 6,373.29
	Less 25 %	\$ 1,593.32
		\$ 4,779.97
16	1 pc tail gate 'Toyota' lettering	\$ <i>na</i> 250.00 sn X
17	1 pc tail gate '13 pax' sticker	\$ <i>na</i> 50.00 sn <i>15m</i>
18	1 pc rear no.plate	\$ <i>Rs</i> 70.00 sn <i>25m</i>
19	1 pc rear reverse sensor	\$ <i>old</i> 350.00 sn X
20	1 pc tail gate '70 km/h' sticker	\$ <i>na</i> 100.00 sn <i>15m</i>
21	1 pc tail gate 'Dyna' sticker	\$ <i>na</i> 80.00 sn ✓
22	1 pc rear end panel seal	\$ <i>na</i> 250.00 sn X
	Balance C/FD	\$ 4,779.97

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Balance B/FD (GY 5868 R)

\$ 4,779.97

Labour charges
To putty and spray painting
Re-seal anti rust
To check, replace, repair wiring
Remove and refix reverse sensor
Remove and refix rear exhaust box

\$	1,200.00	6001
\$	1,000.00	5001
\$	100.00	301
\$	120.00	201
\$	nn 120.00	X
\$	nn 120.00	X
\$	12,219.94	
\$	977.59	
\$	13,197.53	

Plus : 8% GST

Sub-Total

**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 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 14/01/2023 11:11 (SGT)
Reported by Driver
Date of Accident 13/01/2023 10:35 (SGT)
Exact Location of Accident Singapore
Additional Location Information CTE TOWARDS PIE (CHANGI)
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GY5868R

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner C H AUTOMOTIVE SERVICES
Company Reg No 5XXXX943J
Email Address ch_automotive@yahoo.com.sg
Mobile Phone No (Phone) +65-94570678
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Toyota
Model Dyna
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 2986

INSURANCE COMPANY

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number SP2000733452

DRIVER

Name of Driver LIM KIM POK
Passport No/FIN FXXXX860W
Date Of Birth 23/08/1977
Occupation Outdoor

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

Sketch Plan area with grid lines and handwritten notes:

- ① G4SR68R
- ② G47458B
- Filter lane to PTE Chang
- CTE
- Handwritten signature: N
- Handwritten signature: B