



FORZA AUTOHAUS PTE LTD

39 WOODLANDS CLOSE, #01-34/35, MEGA@WOODLANDS
SINGAPORE 737856
TEL: 62781889 EMAIL: ENQUIRY@FORZAAUTO.SG
CO./GST REG: 201833292C

A LOVELIN PTE LTD
18 MANDAI ESTATE #06-08
Singapore 729910
Contact No. : 85552111

ESTIMATE

Code : E23010015
Date In : 19/01/2023
Vehicle No. : GBK9803J
Model : TOYOTA, DYNA 150 5MT
Chassis No. : JTFAT35Y30K216383

Parts and Labour Assessment

Description	Qty	Unit Price	Amount
Parts & Services			
FRONT DOOR RH	1.00	1,525.40	1,525.40
FRONT BUMPER BRACKET RH	1.00	162.30	162.30
FRONT BUMPER	1.00	582.40	582.40
FRONT HEAD LAMP RH	1.00	627.30	627.30
Subtotal Before Discount S\$			2,897.40
25.00% Discount S\$			724.34
Subtotal S\$			2,173.06
Parts & Services Total S\$			2,173.06

Labour			
TO REMOVE, REINSTALL ELECTRICAL WIRING HARNESS, CHECK LIGHTING AND RESETTING HEADLAMP FOCUSING.	1.00	100.00	100.00
TO RE-SPRAY PAINTING ON THE CHANGE BODYPARTS, REPAIR PORTION, AND WHERE CONSISTENT TO THE ACCIDENT	1.00	1,000.00	1,000.00
TO PROVIDE LABOUR, WORKMANSHIP TO CHANGE THE ABOVE DAMAGED BODYPARTS, REPAIR, RE-ALIGN BODY STRUCTURE, BODY ALIGNMENTS AND DAMAGED CONSISTENT TO THE ACCIDENT.	1.00	1,000.00	1,000.00
Subtotal S\$			2,100.00
Labour Total S\$			2,100.00

907.27
730
1637.27
4591300

Tanfikin 9745744 / 62563561
WP / 31/1/23 @ 5pm
4/5 Resurvey after repair -
0.5 days
tanfikin@khanh.com

- 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:

Parts & Services Total S\$ 2,173.06
Labour Total S\$ 2,100.00
Grand Total S\$ 4,273.06

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	17/01/2023 12:38 (SGT)
Reported by	Owner
Date of Accident	15/01/2023 11:55 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BLK 308 CANBERRA ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK9803J
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	A LOVELIN PTE LTD
Company Reg No	2XXXXX763E
Email Address	a.lovelin.pte.ltd@gmail.com
Mobile Phone No	(Phone) +65-85552111
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
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	Manual
CC	2982

INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number	DMCG22001877

DRIVER

Name of Driver	ANOOP KUMAR S/O SUMANGAN
NRIC No	SXXXX565B
Date Of Birth	29/10/1980
Occupation	Outdoor

Date Of Driving Pass	15/11/2008
Driving experience	14 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-85552111
Alt. Phone Number	-
Email Address	a.lovelin.pteltd@gmail.com
Address	18 MANDAI ESTATE #06-08
Address complement	-
Postcode	729910
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	owner
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 - Head to Rear
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

REFER TO SKETCH PLAN DRAFT AND REPORT

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	GBF1060P
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 Passengers (including driver)

1
2
3
4
5
6
7

Insurance Policy Number



WITNESS :

Name

Phone

Email

WITNESS :

Name

1

Describe Circumstance of the Accident

AS PER STATED DATE & TIME, I WAS DRIVING ALONG THE COMPOUND
OF BIK BOB CONGARA RD, SUDDENLY VEHICLE B JUST STOP IN FRONT
OF MY VEHICLE A, AFTER THAT HE TWO REVERSE HIS VEHICLE AND HIT INTO
THE FRONT RIGHT PORTION OF THE VEHICLE, - THE INCIDENT WAS RECORDED IN
MY PROX CAM.

Declaration

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

[Signature]



[Signature]



Policyholder's Signature / Date & Time

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

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

Jan 2022

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NAME ENQUIRY

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 willful misrepresentation or withholding of material facts may allow insurance companies to rescind 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 use or more of the above Purposes; and
- (c) my Personal Information may/are 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 used outside of Singapore, for one or more of the above Purposes.

[Signature]
Policyholder's Signature / Date & Time

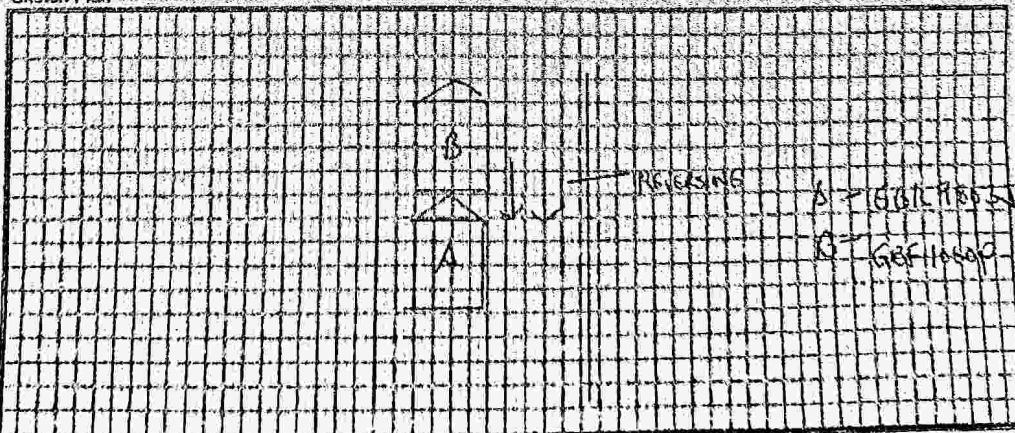


[Signature]
Actual Driver's Signature (if driver is not the policyholder) / Date & Time



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

Sketch Plan



v1Jun2022

USER NAME	ENQUIRY @
PN	JCN GRP II
	(COMM. CTR)

4268165
2024/11/18