



# 来發 (明記) 摩哆有限公司 LAI HUAT (MENG KEE) MOTOR PTE LTD

160 Sin Ming Drive #04-01, #04-02 & #07-03 Singapore 575722 Tel: 6453 8110 Fax: 6459 6267  
GST No: M2-0128609-3  
UEN: 199407592C

## ESTIMATE

EST. No ..... EST0031321  
Goh Fong Kheng

Page ..... 1 of 1  
Your ref. .... TP-SKG 4789P AGI  
Job No. .... 73355  
Our ref ..... 23.01.44  
Payment .....  
Date ..... 1/2/2023

Attn .....

Vehicle No .... SLU 2615K  
Vehicle Model : Kia Cerato  
Accident on ... 27/1/2023

*NOT Authorised  
Penny Bp going  
2 days*

Quantity	Unit	Description	Unit price	Disc. pct.	Amount
Supply of Parts:					
1.00	Pc	Rear bumper	585.50	10.00	526.95 ✓
1.00	Pc	Rear bumper lower	315.20	10.00	283.68 ✓
1.00	Pc	Rear bumper reinforcement	285.85	10.00	257.27 X
1.00	Pc	Rear bumper lower bracket LH	18.50	10.00	16.65 X
1.00	Pc	Rear bumper lower bracket RH	18.50	10.00	16.65 7
1.00	Pc	Rear bumper centre bracket	18.50	10.00	16.65 X
1.00	Pc	Rear bumper side retainer RH	28.50	10.00	25.65 ✓
5.00	Pcs	Rear bumper clips	4.85	10.00	21.83 ✓
Labour & Misc:					
1.00		To renew above parts	250.00		200 ✓
1.00		To spray paint (Pearl white)	300.00		240 ✓

Sub-Total  
GST 8.00%  
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 S\$ 1,852.56  
Signature: 1,715.33  
137.23

司拥有最先进的 CAROLINER MARK IV 机械, 可提供给多种款式的车身及给予快速与准确的测量方式和大铁修理。  
还有先进的 SAICO Deluxe 喷漆烘炉。  
r services include the latest and reliable CAROLINER MARK IV repair bench, draw-aligner and the support  
y system to provide accurate re-alignment and speedy repairs. We also provide the new and advanced SAICO  
ix oven heater for re-spraying all motor vehicles."

Occupation



# 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	30/01/2023 18:03 (SGT)
Reported by	Driver
Date of Accident	27/01/2023 22:30 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	Filter lane towards Braddell Road
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU2615K
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	GOH FONG KHENG
NRIC No	SXXXX764A
Email Address	rkohtp@icloud.com
Mobile Phone No	(Phone) +65-96336116
Alternative Phone No	-

## VEHICLE PARTICULARS

Manufacturer	Kia
Model	Cerato
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1600

## INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00257652202

## DRIVER

Name of Driver	KOH TIAN POH
NRIC No	SXXXX111F
Date Of Birth	27/05/1953
Occupation	Indoor

**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.

**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

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

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

SOH JIT HOON

**Sketch Plan**