

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 : SNF9678M
 Accident Date : 04-Feb-2023

No. : 06752
 Date : 07-Feb-2023

Our Ref : 023026 (AIG) / CHAN

PAGE : 1

HO WING LEONG (HE YONGLIANG)
 BLK 40 SIN MING AVE
 #13-207
 Singapore 570408

*Not Authorised
 U/Sy @
 Resurvey After Paint 6 days*

ESTIMATED COST OF REPAIR FOR HONDA FREED HYBRID 1.5G SMN6221L

1 pc Tail gate		<i>By</i> 1,100.00 ✓
1 pc Tail gate glass moulding		<i>By</i> 86.40 ✓
1 pc Tail gate inner trim cover		288.00 ?
1 pc Tail gate open pocket		25.00 ?
1 pc Tail gate "FREED" emblem		<i>Net</i> 55.00 ✓
1 pc Tail gate "HYBRID" plate		<i>By</i> 75.00 ✓
1 pc Rear end panel		<i>By</i> 423.70 ✓
1 pc End panel top garnish		<i>By</i> 115.00 ✓
1 pc Rear bumper fascia		<i>By</i> 950.00 ✓
2 pcs Rear bumper side retainer	@ S\$ 24.90	<i>By</i> 49.80 X

		3,167.90
	Less 20% :	633.58

		2,534.32 <i>90%</i>
1 pc Rear w/s glass sealant		<i>By</i> 60.00 sn
1 pc Rear bumper reverse sensor		<i>By</i> 200.00 sn
1 pc Rear bumper clip		<i>By</i> 30.00 sn ✓
To remove & renew rear windscreen glass and conduct water leak test.		150.00 <i>120%</i>
To remove roof lining, front and rear seats, trim board and carpet		120.00 <i>60%</i>
To apply undersealing		60.00 ✓

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:

Con't Page 2 ...

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Page : 2

To putty and spray replaced parts

660
700.00

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

700
800.00

Total : S\$ 4,754.32
=====

Singapore Dollars Four Thousand Seven Hundred
and Fifty Four and Cents Thirty Two 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 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 06/02/2023 15:13 (SGT)
Reported by Both Policyholder and Actual Driver
Date of Accident 04/02/2023 18:10 (SGT)
First Location of Accident Singapore
Additional Location Information UPPER THOMSON ROAD, BEFORE SPEED CAMERA
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMN6221L

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner HO WING LEONG
NRIC No SXXXX940G
Email Address JUZWHWL@YAHOO.COM.SG
Mobile Phone No (Phone) +65-96866648
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Honda
Model FREED HYBRID 1.5G AUTO
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 1496

INSURANCE COMPANY

Name of Insurance Company FWD Singapore Pte. Ltd.
Policy Number / Cover Note Number PNPV2022-00002728

DRIVER

Name of Driver HO WING LEONG
NRIC No SXXXX940G
Date Of Birth 25/07/1975
Occupation Indoor

Date Of Driving Pass
 Driving experience
 Gender
 Mobile Number
 Alt. Phone Number
 Email Address
 Address
 Address complement
 Postcode
 Is the driver the policyholder?
 If No, Relationship of the Driver with the Insured
 Does Driver Own Other Vehicles?
 Vehicle Registration Number of Other Vehicle Owned by Driver
 Insurance Company of Other Vehicle Owned by Driver

11/08/1998
 24 YEARS AND 6 MONTHS
 Male
 (Phone) +65-96866648
 -
 JUZWHWL@YAHOO.COM.SG
 APT BLK 408 SIN MING AVENUE #13-207
 -
 570408
 Yes
 -
 No
 -
 -

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Collision - Head to Rear
 Weather Conditions Raining
 Road Surface Wet

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

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 SNF9678M
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car
 Name of Driver BENEDICT
 NRIC No SXXXX608A

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 repeal 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.



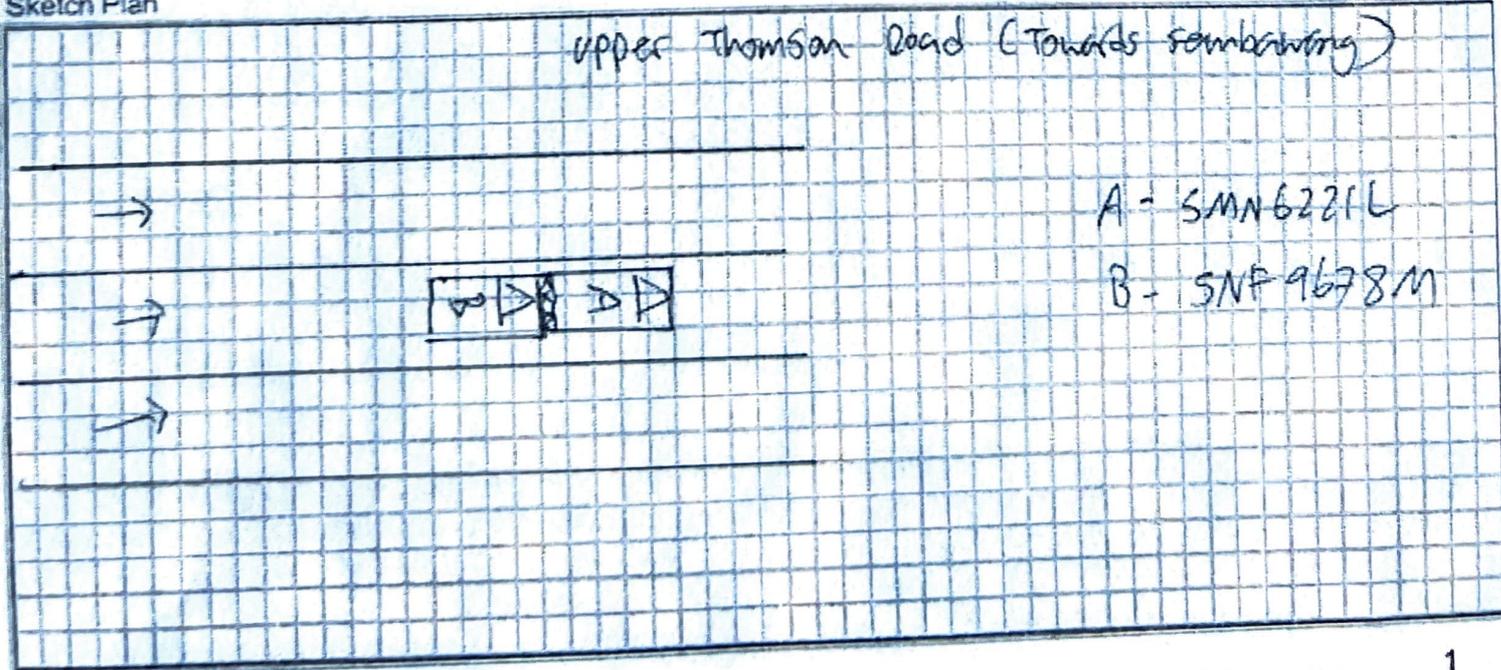
Signature

Wong
Policyholder's Signature / Date & Time

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

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

Sketch Plan



Describe Circumstance of the Accident

On 4 Feb 2023 at about 1810hrs, I was travelling ~~up~~ along Upper Thomson Rd towards Sembawang ~~at about~~.
The car I was driving was hit by another car.
The impact was at the back of my car. The damages was to my rear bumper and rear door.

Repair will be done at ALAN'S UNITED AUTO PTE. LTD
Weyan

Declaration

We declare the foregoing particulars are true in every respect.

Weyan

Weyan



Weyan