

C

Kenneth

TOTAL

KUM CHEW MOTOR WORKSHOP

160, SIN MING DRIVE #05-08
SIN MING AUTOCITY, SINGAPORE 575722.
Tel No. : 64536256/64563715 Fax No. : 64557754
E-Mail : kumchew1@singnet.com.sg
GST Reg.No. : M90367665T

Not Authorized
Resurvey B4 paint
3 days
1/Sing @ 1450/-

SOMPO INSURANCE (SINGAPORE) PTE LTD
50, RAFFLES PLACE #03-03
SINGAPORE LAND TOWER, SINGAPORE 048623.
CLAIM OFFICIER : 63295170

Attention : Motor Claim Department
Contact : 62235293 Fax No. : 63224626

Estimate : ES005753

Date : 30/03/2023
Vehicle Num. : SNG 2351 X
Make/Model : TOYOTA COROLLA
Chassis/Eng# :
Accident Date : 26/03/2023
Claim No. :
Reference : KC/TP2351/2303-14
Policy No. :

S/N	Quantity	Particular	Unit Price	Amount S\$
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- | | | | | |
|----|------|--------------------------|--|--|
| 1. | 1 PC | LIST ITEMS : | | |
| 2. | 1 PC | FRT BUMPER | | |
| 3. | 1 PC | FRT BUMPER RETAINER - LH | | |
| 4. | 1 PC | FRT HEADLAMP - LH | | |
| | | FRT FENDER - LH | | |

List Total S\$:
25.00% Discount S\$:

LABOUR :
TO PULL, KNOCK ON ACCIDENT PORTION & CHANGE ABOVE PART.
TO SPRAY PAINT ON FRT ACCIDENT PORTION.
TO CHECK ELECTRICAL WIRING SYSTEM.
TO CHECK ELETRICAL AND FOCUS HEADLAMP.

Labour Total S\$:

Bul/ret 498.36 ✓
In 59.84 ✓
Car 967.24 ✓
R 489.74 X
2,015.18
503.80
1,511.38

480.00 300 ✓
580.00 400 ✓
60.00 } 20 ✓
60.00 }
1,180.00

SingDollars : Two Thousand Six Hundred Ninety-One & Cents Thirty-Eight Only

Total S\$: 2,691.38
=====

KUM CHEW MOTOR WORKSHOP

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	27/03/2023 10:44 (SGT)
Reported by	Actual Driver
Date of Accident	26/03/2023 19:15 (SGT)
Exact Location of Accident	Orchard Rd, Singapore
Additional Location Information	TOWARDS PETERSON ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNG2351X
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	COMFORTDELGRO RENT A CAR PTE LTD
Company Reg No	1XXXXX775H
Email Address	dannying@cdgrentacar.com.sg
Mobile Phone No	(Phone) +65-81573585
Alternative Phone No	(Office) +65-68820888

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D18MFL0003414_03

DRIVER

Name of Driver	HEW YIN FEI
NRIC No	SXXXX005D
Date Of Birth	23/07/1982
Occupation	Outdoor

Date Of Driving Pass	02/03/2009
Driving experience	14 YEARS
Gender	Male
Mobile Number	(Phone) +65-81573585
Alt. Phone Number	-
Email Address	dannyng@cdgrentacar.com.sg
Address	BLK 226B SUMANG LANE #06-220
Address complement	-
Postcode	822226
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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 - Change/cross lane
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

ON 26/03/23 AT AROUND 1915HRS I WAS DRIVING VEHICLE A (SNG2351X) AT ORCHARD ROAD TOWARDS PETERSON ROAD. AS I WAS TURNING IN THE JUNCTION, VEHICLE B(SBV1301X) ON MY LEFT SUDDENLY WENT ONTO MY LANE AND SWIPE MY LEFT FRONT SIDE. WE STOPPED AND EXCHANGED PARTICULARS AND NO ONE WAS INJURED AT THE MOMENT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SBV1301K
Vehicle Manufacturer	Lexus
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

SKETCH PLAN

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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. The 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 lodgment of this report to the insurers, you hereby consent to the archiving of this report at the center 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 be 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 be 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 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.

**FLASH ACCIDENT
REPORTING OFFICER**
FRO ZIKRUL



Policyholder's Signature / Date &
Time

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

27/03/23 0000HRS

Witnessed by Reporting Centre Personnel

Sketch Plan



ORCHARD ROAD X PETERSON ROAD

A-SNG2351X
B-SBV1301K

Name of Driver	UNKNOWN
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

Describe Circumstances of the Accident

ON 26/03/23 AT AROUND 1915HRS I WAS DRIVING VEHICLE A (SNG2351X) AT ORCHARD ROAD TOWARDS PETERSON ROAD. AS I WAS TURNING IN THE JUNCTION, VEHICLE B(SBV1301X) ON MY LEFT SUDDENLY WENT ONTO MY LANE AND SWIPED MY LEFT FRONT SIDE. WE STOPPED AND EXCHANGED PARTICULARS AND NO ONE WAS INJURED AT THE MOMENT

Declaration

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



FLASH ACCIDENT
REPORTING OFFICER
FRO ZIKRUL



Policyholder's Signature / Date &
Time

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

27/03/23 0000HRS

Witnessed by Reporting Centre Personnel

