

ACCORD AUTO SERVICES PTE LTD

10 Ang Mo Kio Industrial Park 2A

#03-11 AMK Autopoint Singapore 568047

Tel: 6481 9518 / 6481 9517 Fax: 6481 9516 email: claims@mycarworkshop.com.sg

Not Notified
1/By 8
Review After Party
4 days

ESTIMATE

3RD PARTY

AUTO & GENERAL INSURANCE
ATTN: ACCIDENT CLAIMS DEPARTMENT

FIRST REGISTRATION: 14.06.2011

DATE : 25.04.2023
VEHICLE NO : SLF3848C
VEH MAKE/MODEL : HYUNDAI ELANTRA
YOM : 2011
CHASSIS NO : KMHDH41CMCU173858
DATE OF ACCIDENT : 25.04.2023

NO	QTY	DESCRIPTION	AMOUNT \$
		LISTT PRICE:-	
1	1	FRONT BUMPER	\$ Bu 498.20
2	1	FRONT BUMPER SIDE RETAINER LH	\$ D.1 21.50
3	1	FRONT HEADLAMP LH	\$ 763.60
4	1	FRONT HEADLAMP BRACKET LH	\$ 24.00
5	1	FRONT FENDER LH	\$ R 566.70
6	1	FRONT FENDER INNER SHIELD LH	\$ D.1 87.80
7	1	FRONT LH DOOR	\$ R 1,993.00
8	1	REAR LH DOOR	\$ R 1,643.00
9			
10			
11			
12			
13			
14			
15			
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17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
TOTAL - LIST ITEM			\$ 5,597.80
LIST 20%			\$ 1,119.56
TOTAL			\$ 6,717.36

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:

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		<u>SPECIAL NETT ITEMS:-</u>	
1	SET	FRONT BUMPER CLIPS	\$ 50.00
2	SET	FRONT FENDER INNER SHIELD CLIPS	\$ 50.00
3	1	RIM <i>P.A.</i>	\$ 900.00
4	1	TYRE (225/45R17)	\$ 300.00
5			
6			
		Total - SN Item	\$ 1,300.00
		<u>Labour Charges:-</u>	
1		SPRAY PAINT ON ALL AFFECTED AREA	\$ 1,200.00
2		LABOUR REMOVE/REFIX ACCIDENT DAMAGE PARTS TO KNOCK, JACK, CUT WELD AND REALIGN ACCIDENT AFFECTED AREA	\$ 1,000.00
3		TO CHECK WIRING SYSTEM	\$ 100.00
		TO APPLY ANTI RUST TREATMENT	\$ 120.00
4		TO CHECK & ADJUST WHEEL ALIGNMENT	\$ 100.00
5		TO REMOVE/REFIX/REPLACE FRONT & REAR LH WINDOW GLASS, MECHANISM & ETC TO NEW DOOR	\$ 300.00
6		TO REMOVE/REFIX/REPLACE TYRE & RIM	\$ 100.00
7			
		Total - L/C	\$ 2,920.00
		Sub-Total	\$ 10,937.36
		8% GST	\$ 874.99
		Total	\$ 11,812.35

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	25/04/2023 16:21 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	25/04/2023 09:55 (SGT)
Exact Location of Accident	Near 215C Compassvale Dr, Singapore 543215
Additional Location Information	ALONG SENGKANG EAST RD & COMPASSVALE DRIVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLF3848C

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MOHAMMED RAZID BIN ABDUL LATIF
NRIC No	SXXXX760Z
Email Address	AJID1783@GMAIL.COM
Mobile Phone No	(Phone) +65-84986140
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Elantra
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	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2001777594-01

DRIVER

Name of Driver	MOHAMMED RAZID BIN ABDUL LATIF
NRIC No	SXXXX760Z
Date Of Birth	17/10/1983
Occupation	Indoor

IMPORTANT NOTICE

SKETCH PLAN

VEH A: SLF3848C
VEH B: SL69157T
VEH C:

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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.

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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

