

Main Office:
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Block 1008,
Bukit Merah Lane 3,
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Singapore 159722

Tel: (65) 6272 3892
Fax: (65) 6270 8314
Co. Reg. 198904033G
GST Reg. M2-0088864-2

ESTIMATE

15/5/2023

MS FIRST CAPITAL INSURANCE LIMITED

36 ROBINSON ROAD
#16-01 CITY HOUSE
SINGAPORE 068877

Page: 1
Vehicle No: SLF1315L
Vehicle Model: MIT ATTRAGE
Est No: CD3287
Claims ref:
Accident Date: 11/05/23
In Charge: ONG
Remarks:

No	Description	Qty	U. Price	Amounts S\$
LIST ITEMS:				
1	FRONT BONNET <i>bt</i>	1	PC \$ 891.00	\$ 891.00
2	FRONT GRILLE <i>cm</i>	1	PC \$ 725.00	\$ 725.00
3	FRONT GRILLE EMBLEM <i>an</i>	1	PC \$ 69.00	\$ 69.00
4	FRONT BUMPER <i>de</i>	1	PC \$ 766.00	\$ 766.00
5	FRONT BUMPER REINFORCEMENT <i>bt</i>	1	PC \$ 243.00	\$ 243.00
6	FRONT BUMPER LOWER GRILLE <i>cm</i>	1	PC \$ 196.00	\$ 196.00
7	FRONT BUMPER SIDE RETAINER BRKT LH <i>Xnn</i>	1	PC \$ 52.00	\$ 52.00 X
8	FRONT BUMPER SIDE RETAINER BRKT RH <i>Xnn</i>	1	PC \$ 52.00	\$ 52.00 X
9	FRONT BUMPER TOWING COVER <i>Xnn</i>	1	PC \$ 69.00	\$ 69.00 X
10	FRONT HEADLAMP LH <i>cm</i>	1	PC \$ 694.00	\$ 694.00
11	FRONT HEADLAMP RH <i>cm</i>	1	PC \$ 694.00	\$ 694.00
12	FRONT DEFLECTOR COVER LH <i>Xcm</i>	1	PC \$ 98.00	\$ 98.00
13	FRONT DEFLECTOR COVER RH <i>Xcm</i>	1	PC \$ 98.00	\$ 98.00
14	FRONT DEFLECTOR COVER TOP <i>cm</i>	1	PC \$ 163.00	\$ 163.00
15	FRONT A/COND CONDENSOR <i>? Xnn</i>	1	PC \$ 883.00	\$ 883.00 X
16	FRONT RADIATOR <i>? Xnn</i>	1	PC \$ 872.00	\$ 872.00 X
17	FRONT FENDER LH <i>bt</i>	1	PC \$ 583.00	\$ 583.00
18	FRONT SUPPORT PANEL - REPAIR	1	PC	
19	FRONT FENDER RH - REPAIR	1	PC	
20	FRONT DOOR LH - REPAIR	1	PC	

LIST TOTAL S\$

10% DISCOUNT S\$

5220
10%
4698
\$ 7,148.00
\$ (714.80)
\$ 6,433.20

SPECIAL NET ITEMS:

1	FRONT GRILLE CLIPS <i>an</i>	1	SET \$ 40.00	\$ 40.00 <i>30</i>
2	FRONT BUMPER CLIPS <i>an</i>	1	SET \$ 50.00	\$ 50.00 <i>30</i>
3	FRONT NUMBER PLATE <i>3bt</i>	1	PC \$ 30.00	\$ 30.00 <i>35</i>
4	FRONT NUMBER PLATE HOLDER	1	PC \$ 20.00	\$ 20.00
5	FRONT RADIATOR COOLANT <i>? Xnn</i>	1	PC \$ 60.00	\$ 60.00 <i>40 ? Xnn</i>

ESTIMATE

15/5/2023

MS FIRST CAPITAL INSURANCE LIMITED
36 ROBINSON ROAD
#16-01 CITY HOUSE
SINGAPORE 068877

Rasme
Hp 9001068
6 days
4/5
EXCESS 750
Revers
Resur
after
repair
16/05/23 @ 1120

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No	Description	Qty	U. Price	Amounts S\$
6	FRONT FENDER INNER LINER CLIPS LH <i>re</i>	1 SET	\$ 40.00	\$ 40.00 20
SPECIAL NET TOTAL S\$				\$ 240.00 115

LABOUR CHARGE:

1	TO REMOVE, REPLACE, REFIT FRONT RADIATOR, RADIATOR FAN ASSY, AIR COND CONDENSOR, AIR COND PIPE & ETC. TO EFFECT REPAIR ON FRONT SUPPORT PANEL			\$ 120.00 80
2	TO REMOVE, REPLACE, REPAIR, READJUST FRONT ACCIDENT AREAS SUCH AS FRONT BONNET, FRONT BUMPER, FRONT SUPPORT PANEL, FRONT FENDER LH/RH, FRONT DOOR LH & ETC. BACK TO ORIGINAL CONDITIONS			\$ 700.00 600
3	TO SUPPLY PAINT & FURNISHING MATERIALS AT FRONT BONNET, FRONT BUMPER, FRONT SUPPORT PANEL, FRONT FENDER LH/RH, FRONT DOOR LH & ETC.			\$ 1,200.00 1100
4	TO CHECK WIRING & ELECTRICAL SYSTEM			\$ 80.00 30
5	TO REFILL AIR COND GAS & VACUUM			\$ 100.00 80
TOTAL LABOUR COST S\$				\$ 2,200.00 1890

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 included in the estimate from Insurance Company

Customer's Signature

Acknowledged by Repairer

Signature:

Date:

AMOUNT S\$ \$ 8,873.20
GST @ 8% \$ 709.86
AMOUNT DUE S\$ \$ 9,583.06

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	11/05/2023 17:43 (SGT)
Reported by	Actual Driver
Date of Accident	11/05/2023 06:45 (SGT)
Exact Location of Accident	Bedok S Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF1315L
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	LEGEND INTEGRATED LOGISTICS PTE LTD
Company Reg No	2XXXXX162H
Email Address	AILING.TAY@LEGENDLOGISTICS.LTD.COM
Mobile Phone No	(Phone) +65-62214844
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	ATTRAGE 1.2 CVT
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1193

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Policy Number / Cover Note Number	-

DRIVER

Name of Driver	TAY AI LING
NRIC No	SXXXX584J
Date Of Birth	07/03/1968
Occupation	Indoor

Date Of Driving Pass	16/09/1988
Driving experience	34 YEARS AND 8 MONTHS
Gender	Female
Mobile Number	(Phone) +65-92358308
Alt. Phone Number	-
Email Address	AILING.TAY@LEGENDLOGISTICSLTD.COM
Address	BLK 169 BEDOK SOUTH AVENUE 3
Address complement	05-445
Postcode	460169
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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

-

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	SDN3198Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-

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

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.

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.

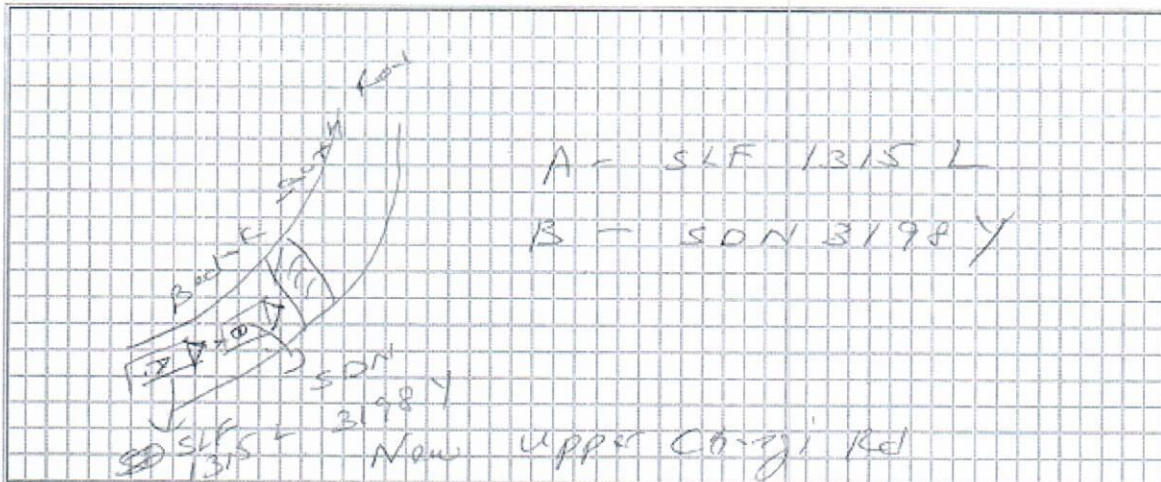


Policyholder's Signature & Date

[Signature] 11/5/23
Driver's Signature (if driver is not the policyholder) / Date & Time

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

Sketch Plan



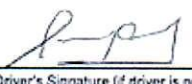
Describe Circumstance of the Accident	
VEHICLE NO: SLF 1315 L	ACCIDENT DATE & TIME: 11/5/23 - 6.45 PM.
CONTACT NUMBER: 92358328	E-MAIL: ailing.tay@legendlogisticsltd.com
LOCATION: Bedok South Road	
<p>I am driving along New Upper Changi Road towards ECP, turning into Bedok South Road, could not stop in time and hit the vehicle in front of me.</p>	
<p>NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE A 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.</p>	
<p>PLEASE STATE: <input checked="" type="checkbox"/> CLAIM OWN POLICY <input type="checkbox"/> CLAIM THIRD PARTY <input type="checkbox"/> CLAIM OD/TP AT OTHER WORKSHOP <input type="checkbox"/> REPORTING ONLY</p>	

Declaration

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



 Policyholder's Signature / Date & Time



 Driver's Signature (if driver is not the policyholder) / Date & Time 11/5/23



 Witnessed by Reporting Centre Personnel
 Name as in NRIC card