

MY CAR CONSULTANT PTE LTD

Reg no.: 201605878Z

Address: 60 JALAN LAM HUAT, CARROS CENTRE #05-68 S737986

HP: 98888885

Estimation

Date:

23/5/2023

Vehicle: Make / Model: SLG4140Z TOYOTA PRIUS

Chassis:

No.	Description	Unit	Uı	Init Price		mount	
1	BONNET	1	\$	1,025.00	\$	1,025.00	
2	BONNET LOCK	1	\$	312.00	\$		X
3	FRONT BUMPER	1	\$	798.00	\$_	798.00	
4	FRONT BUMPER LOWER	1	\$	651.00	\$?
5	FRONT BUMPER LOGO	1	\$	68.00	\$		مراحمين
6	FRONT BUMPER SIDE RETAINER	2	\$	58.00	\$_		?
7	FRONT BUMPER BRACKET	2	\$	52.00	\$		م ا
8	FRONT BUMPER SPONGE	1	\$	215.00	\$	215.00	
9	FRONT BUMPER REINFORCEMENT	1	\$	412.00	\$	412.00	?
10	FRONT BUMPER FOGLAMP	2	\$	312.00	\$		X
11	FRONT BUMPER LOWER GRILLE CENTRE	1	\$	259.00	\$	259.00	2
12	FRONT GRILLE	1	\$	498.00	\$	498.00	de -
13	FRONT SUPPORT PANEL	1	\$	898.00	\$	000.00	×
14	FRONT SUPPORT PANEL TOP GARNISH	1	\$	184.00	\$	184.00	?
15	HEADLAMP	2	\$	2,591.00	\$	5,182.00	?
16	HEADLAMP LOWER BRACKET	2	\$	42.00	\$	84.00	2
17	AIRCON CONDENSOR	1	\$	1,225.00	\$		X
18	RADIATOR	1	\$	1,325.00	\$	1,325.00	×
19	TAILGATE	1	\$	1,359.00	\$	1,359.00	X
20	TAILGATE WEATHERSTRIP	1	\$	212.00	\$	212.00	×
21	TAILGATE OUTER GARNISH	1	\$	598.00	\$	598.00	Ry
22	TAILGATE LOGO	1	\$	95.50	\$	95.50	na —
23	TAILGATE EMBLEM PRIUS t	1	\$	89.40	\$	89.40	ue_
24	TAILGATE EMBLEM HYBRID	1	\$	82.30	\$	82.30	19/
25	TAILGATE DETECTOR	1	\$	321.00	\$	321.00	×
26	TAILGATE LOCK	1	\$	312.00	\$	312.00	X
27	TAILGATE WINDSCREEN MOULDING	1	\$	198.00	\$	198.00	×
28	REAR BUMPER	1	\$	658.00	\$	658.00	de
29	REAR BUMPER SIDE RETAINER	2	\$	112.00	\$	224.00	X
30	REAR BUMPER REINFORCEMENT	1	\$	350.50	+	350.50	10
31	REAR BUMPER BRACKET	2	\$	114.00		228.00	7
32	REAR BUMPER LIP	1	\$			728.90	4 7
33	REAR BUMPER UNDER COVER	1	\$			298.00	- ``
34	REAR END PANEL	1	\$			612.00	⊣′ ``
35	REAR END PANEL TOP GARNISH	1	\$		_	212.00	-1 '
36	REAR FLOOR PANEL TOP BOARD	1	\$		_	325.00	⊣ '
37	REAR FLOOR PANEL TOP SPONGE	1	\$		_	411.00	
37	REAL POOR FAIRE 191 91 91 91	1	+	711.00	\$		-
		-	Less 20%		\$	21,294.60	-
		+				4,258.92	_
				Total	\$	17,035.68	5

ı		=							i
	S/Nett items:								11-
1	FRONT NUMBER PLATE		1	\$	50.00			50.00	2/
2	FRONT BUMPER CLIPS SET		1	\$	50.00	\$	/_	50.00	12,-
4	FRONT SUPPORT TOP GARNISH CLIP SE	T	1	\$	30.00	\$	X	30.00	
5	REAR BUMPER CLIPS		1	\$	80.00		30	80.00	ra _
6	REAR TAILGATE INNER TRIM BOARD CLII	PS	1	\$	80.00	\$	X	80.00	1
_ 7	REAR WINDSCREEN SEALANT		1	\$	80.00	\$		80.00	
8	REAR WINDSCREEN INNER SEAL		1	\$	80.00	\$	×		
9	REAR FENDER INNER TRIM CLIPS SET		1	\$	50.00	\$	X		
12	REAR REVERSE SENSOR		1	\$	250.00	\$	7	250.00	200
14	REAR END PANEL TOP GARNISH CLIPS		1	\$	80.00	\$	イ	80.00]
15	REAR END PANEL SEALANT		1	\$	60.00	\$	×	60.00	j
						\$		890.00	1
	Labour to:FRONT AND REAR								
1	TO CHECK REAR ELECTRICAL WIRING		1	\$	150.00	\$	×	150.00	1
2	REALIGN HEADLAMP		1	\$	50.00	\$	30	50.00	1
3	RESET TROUBLE CODE		1	\$	300.00	\$	×	300.00	1
4	TO REMOVE AND RENEW REVERSE SENS	OR	1	\$	150.00	\$	30?	150.00	1
5	TO REMOVE AND REFIT REAR GLASS		1	\$	150.00	\$	X	150.00	1
6	REMOVE AND RENEW REAR GARNISH / UPHO	LSTERY	1	\$	200.00	\$	60	200.00	1
7	REMOVE AND RENEW TAILGATE MECHAN		1	\$	80.00	\$	X	80.00	1
9	TO RESPRAY UNDERCOATING		1	\$	150.00	\$	X	150.00	1
10	APPLY ANTI RUST ON AFFECTED AREAS	;	1	\$	200.00	\$	X	200.00	1
11	SPRAY PAINTING ON AFFECTED AREAS		1	\$	1,800.00	\$	1,	800.00	800
12	PANEL BEATING ON AFFECTED AREAS		1		1,800.00	\$		800.00	600
					•	\$		030.00	1
			<u> </u>	-		H			1
	Parts Replacement Amount						17	925.68	1
		Total Amount for Labour				\$	-	030.00	
						١	رڊ	030.00	
		Total Amount					22,	955.68	1

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:

Taufihn 97495749

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faufihn C/Mantown

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> 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 witholding 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 the property of the contract of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of the contract of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and the copies of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and the copies of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and the copies of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and the copies of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and the copies of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and the copies of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and the copies of the GIA Records Management Centre established by the General Insurance Association of Centre (GIA) for archiving and the Centre (GIA) for archi

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.

CACCIDENT STATEMENT

Date of Submission Reported by **Date of Accident** Exact Location of Accident Additional Location Information Country/State of Loss

15/05/2023 15:34 (SGT) **Actual Driver** 13/05/2023 13:00 (SGT) KPE, Singapore

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SLG4140Z

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No **Email Address** Mobile Phone No

Yes FRESH CARS PTE LTD 2XXXXX540Z REPORTING@MYCAR.SG (Phone) +65-81684813 (Office) +65-65508768

VEHICLE PARTICULARS

Alternative Phone No

Manufacturer

Model Variant

Exact purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category

Transmission

CC

Private hire

Toyota

Prius

No - Claiming third party

Private hire Auto

1798

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number

India International Insurance Pte Ltd

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

PEH BENG GUAN SXXXX202B 27/02/1960 Outdoor

Date Of Driving Pass
Driving experience
Gender
Mobile Number
Alt. Phone Number
Email Address
Address
Address complement
Postcode

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

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Weather Conditions Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident?
Number of vehicles involved in the accident
Was anybody injured in the Accident?
Was any injured conveyed to hospital by ambulance?
Was any other vehicle or property damaged?
Number of Passengers (Including Driver)
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?
Translator's name
Translator's phone number
Translator's email

PASSENGER 1

Name Gender UNKNOWN Female

18/01/1980

Male

540124

Chain Collision

Clear

Dry

No

No

Yes

2

No

No

No

Hirer

43 YEARS AND 4 MONTHS

REPORTING@MYCAR.SG

124 RIVERVALE DRIVE #04-187

(Phone) +65-81684813

DETAILS OF POLICE ACTION

Original language used in the statement

Was the accident reported to the police?
Was notice of intended Prosecution given?
If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

ON 13/05/2023 AT AROUND 1300HRS, I WAS DRIVING VEHICLE A (SLG4140Z) ALONG KPE EXPRESSWAY. WHILE SLOWING DOWN, VEHICLE A COLLIDED ONTO THE REAR OF VEHICLE D (SLC6205D). SHORTLY AFTER, VEHICLE C (UNKNOWN) REAR ENDED VEHICLE B (SLG8113H) AND CAUSED VEHICLE B TO SURGE FORWARD AND COLLIDE ONTO THE REAR OF VEHICLE A.

No

No

NOBODY WAS INJURED AND NO OTHER VEHICLES INVOLVED IN THE CHAIN COLLISION.

ATTACHMENT(S)

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

Yes No

DETAILS OF OTHER VEHICLE PROPERTY 11

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model Vehicle Variant

Vehicle Colour

Vehicle Category

Name of Driver

Contact Number

Address Address complement

Postcode

Insurance Company Name

Nature Of Damage

Details of property damaged in accident

SCG8113H

Private car

(Phone) +65-96925982

No. Of Passenger (Including Driver)

默DETAILS OF OTHER VEHICLE PROPERTY 2 3

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Category

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)

UNKNOWN

Private car

(Phone) +65-88123398

DETAILS OF OTHER VEHICLE PROPERTY STATE

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Category

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)

SLC6205D

Private car

(Phone) +65-97867893

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please correctly report the details of the accident to speed up the claims process
- 2. This Form must be completed by the Policyholder and/or the Authorized Driver.
- Information provided must be as <u>truthful</u> and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy flability 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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 (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.
- (ii) 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 times, 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 Sinbapore, for one or more of the above Purposes

FRESH CARS PTE LTD UEN: 201608540Z

Policyholder's Signature / Date & Time

Sketch Plan

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

13/05/2023 1830HRS

FLASH ACCIDENT

FRO SUFIYAN

Witnessed by Reporting Centre Personnel

A - SLG4140Z

B-SCG8113H

C-UNKNOWN

D-SLC6205D

KPF

Describe Circumstances of the Accident

ON 13/05/2023 AT AROUND 1300HRS, I WAS DRIVING VEHICLE A (SLG4140Z) ALONG KPE EXPRESSWAY. WHILE SLOWING DOWN, VEHICLE A COLLIDED ONTO THE REAR OF VEHICLE D (SLC6205D). SHORTLY AFTER, VEHICLE C (UNKNOWN) REAR ENDED VEHICLE B (SLG8113H) AND CAUSED VEHICLE B TO SURGE FORWARD AND COLLIDE ONTO THE REAR OF VEHICLE A.

NOBODY WAS INJURED AND NO OTHER VEHICLES INVOLVED IN THE CHAIN COLLISION.

Declaration

I've declare the foregoing particulars are true in every respect

FRESH CARS PTE LTD UEN: 201608540Z

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date 8 Time 13/05/2023 1830HRS

FLASH ACCIDENT

FRO SUFIYAN

Witnessed by Reporting Centre Personnel