

CS/LPC 23005338/Tup3

TOTAL



簡福星摩多工廠

KAN FOOK SING MOTOR WORKSHOP

Headquarter: Blk 8 JTC Defu Industrial City #04-29 Defu South Street 1, S533758

Tel: (65) 6747 9560, 6743 5344 • Fax: (65) 6748 1006

E-mail: ryan@kanfs.net / patricia@kanfs.net

Branch: 1 Kaki Bukit Avenue 6 #01-13, Singapore 417883

Tel: (65) 6481 5150 • Fax: (65) 6481 8683

LONPAC INSURANCE BHD

DATE : 24-05-2023

300 BEACH ROAD #17-04/07 THE CONCOURSE SINGAPORE 199555

VEHICLE NO. : GBJ1820S

ACCIDENT DATE : 22-05-2023 15:00

THIRD PARTY REF. : SBH8899E

ATTN: MOTOR CLAIMS DEPT.

ESTIMATE COST OF REPAIR TO VEHICLE GBJ1820S MITSUBISHI CANTER FEA01BR2SDEK (CBU)

#	QTY	PARTS DESCRIPTION	AMOUNT (SG\$)
1	1	FRONT WINDSCREEN GLASS	530.00 <i>new</i>
2	1	FRONT WINDSCREEN RUBBER	200.00 <i>new</i>
3	1	FRONT WINDSCREEN PILLAR RH	650.00 ?
4	1	FRONT WINDSCREEN PILLAR OUTER RH	450.00 ?
5	1	FRONT WINDSCREEN PILLAR INNER RH	350.00 <i>Rx</i>
6	1	FRONT WINDSCREEN INNER GARNISH RH	145.00 <i>de</i>
7	1	FRONT BODY FAME RUBBER RH	150.00 ?
8	1	REAR FENDER RH	980.00 <i>Rx</i>
9	1	FRONT PANEL	580.00 <i>bt</i>
10	1	FRONT PANEL FUSO EMBLEM	100.00 <i>ne</i>
11	1	FRONT WIPER PANEL	450.00 <i>new</i>
12	2	FRONT WIPER ARM@\$80.00	160.00 x
13	2	FRONT WIPER BLADE@\$35.00	70.00 x
14	1	FRONT GRILLE	580.00 <i>new</i>
15	1	FRONT GRILLE EMBLEM	80.00 <i>new</i>
16	1	FRONT GRILLE CANTER EMBLEM	75.00 <i>ne</i>
17	1	FRONT GRILLE BRACKET	75.00 <i>ds</i>
18	8	FRONT GRILLE CLIP@\$2.50	20.00 <i>new</i>
19	2	FRONT HEADLAMP@\$420.00	LHX 840.00 <i>RH new</i>
20	2	FRONT HEADLAMP LOWER RUBBER@\$45.00	LHX 90.00 <i>RH new</i>
21	1	FRONT SIDE LAMP RH	155.00 <i>new</i>
22	1	FRONT SIGALLAMP RH	180.00 <i>new</i>
23	1	FRONT BUMPER	650.00 <i>bt</i>
24	2	FRONT BUMPER RUBBER@\$300.00	LHX 600.00 <i>RH?</i>
25	2	FRONT BUMPER BRACKET@\$95.00	LHX 190.00 <i>RH?</i>



簡福星摩多工廠

KAN FOOK SING MOTOR WORKSHOP

Headquarter: Blk 8 JTC Defu Industrial City #04-29 Defu South Street 1, S533758

Tel: (65) 6747 9560, 6743 5344 • Fax: (65) 6748 1006

E-mail: ryan@kanfs.net / patricia@kanfs.net

Branch: 1 Kaki Bukit Avenue 6 #01-13, Singapore 417883

Tel: (65) 6481 5150 • Fax: (65) 6481 8683

VEHICLE NO. : GBJ1820S
ACCIDENT DATE : 22-05-2023 15:00
THIRD PARTY REF. : SBH8899E

#	QTY	PARTS DESCRIPTION	AMOUNT (SG\$)
26	2	FRONT BUMPER INNER BRACKET@	156.00 RH ?
27	1	FRONT CORNER PANEL RH	320.00 cur ✓
28	1	FRONT CORNER PANEL TOP GARNISH RH	40.00 mil ✓
29	1	FRONT SIDE MIRROR RH	250.00 dis ✓
30	1	DASHBAORD	1080.00 ?
31	1	DASHBOARD REINFORCEMENT	850.00 ?
32	1	DASHBOARD METER CASING	285.00 ?
33	1	DASHBOARD CENTRE CONSOLE	380.00 ?
34	1	FRONT STEP GARNISH RH	260.00 cur ✓
35	1	FRONT STEP PANEL INNER RH	385.00 ?
36	1	WHEEL ARCH PANEL RH	325.00 Ry ✓
37	1	WHEEL ARCH GARNISH RH	235.00 ?
38	1	FRONT DOOR RH	900.00 bt ✓
39	1	FRONT DOOR HINGE TOP RH	65.00 bt ✓
40	1	FRONT DOOR HINGE LOWER RH	65.00 bt ✓
41	1	FRONT DOOR CHECKER RH	75.00 ?
42	1	FRONT DOOR GLASS RH	350.00 pro ✓
43	1	FRPMT DOOR GLASS STAND RH	75.00 bt ✓
44	1	FRONT DOOR RUN CHANNEL RH	108.00 de ✓
45	1	FRONT DOOR OUTER MOUDLING RH	125.00 de ✓
46	1	FRONT DOOR 1/4 GARNISH RH	65.00 cur ✓
47	1	FRONT DOOR LOCK RH	150.00 jm ✓
48	1	FRONT DOOR RUBBER RH	145.00 cur ✓
49	1	FRONT DOOR REGULATOR RH	280.00 ?
50	1	FRONT DOOR REGULATOR MOTOR RH	420.00 ?



簡福星摩哆工廠

KAN FOOK SING MOTOR WORKSHOP

Headquarter: Blk 8 JTC Defu Industrial City #04-29 Defu South Street 1, S533758

Tel: (65) 6747 9560, 6743 5344 • Fax: (65) 6748 1006

E-mail: ryan@kanfs.net / patricia@kanfs.net

Branch: 1 Kaki Bukit Avenue 6 #01-13, Singapore 417883

Tel: (65) 6481 5150 • Fax: (65) 6481 8683

VEHICLE NO. : GBJ1820S
ACCIDENT DATE : 22-05-2023 15:00
THIRD PARTY REF. : SBH8899E

#	QTY	PARTS DESCRIPTION	AMOUNT (SG\$)
51	1	FRONT DOOR TRIMBOARD RH	650.00 <i>de</i>
52	1	FRONT DOOR COIN BOX RH	108.00 ?
53	1	FRONT DOOR TRIMBOARD TOP RH	265.00 <i>de</i>
54	1	FRONT DOOR AIR VENT RH	75.00 ?
55	1	FRONT DOOR POWER SWITCH RH	155.00 ?
56	1	FRONT DOOR LOWER GARNISH RH	220.00 ?
57	1	RADIATOR	780.00 ?
58	1	RADIATOR FAN COWLING	255.00 ?
59	1	RADIATOR FAN BLADE	180.00 ?
60	1	FAN CLUTCH	450.00 ?
61	1	ENGINE MOUNTING RH	180.00 ?
62	1	ENGINE MOUNTING LH	180.00 ?
63	1	ENGINE MOUNTING RR	180.00 ?
64	1	ENGINE MOUNTING FRT	180.00 ?
65	1	AIR CON BLOWER	1550.00 ?
66	1	HEATER UNIT	980.00 ?
67	1	FRONT CABIN BAR	780.00 ?
68	2	FRONT CABIN BAR BRACKET@\$480.00	960.00 ?
69	2	FRONT CABIN SEAL @\$125.00	250.00 ?
70	1	STEERING BOX	0.00 ?
71	1	STEERING SHAFT	0.00 ?
72	1	STEERING COUPLING	0.00 ?
73	1	BRAKE BOOSTER	0.00 ?
74	1	BRAKE MASTER PUMP	0.00 ?
75	1	CLUTCH PUMP	0.00 ?



簡福星摩多工廠

KAN FOOK SING MOTOR WORKSHOP

Headquarter: Blk 8 JTC Defu Industrial City #04-29 Defu South Street 1, S533758

Tel: (65) 6747 9560, 6743 5344 • Fax: (65) 6748 1006

E-mail: ryan@kanfs.net / patricia@kanfs.net

Branch: 1 Kaki Bukit Avenue 6 #01-13, Singapore 417883

Tel: (65) 6481 5150 • Fax: (65) 6481 8683

VEHICLE NO. : GBJ1820S
ACCIDENT DATE : 22-05-2023 15:00
THIRD PARTY REF. : SBH8899E

QTY PARTS DESCRIPTION

AMOUNT (SG\$)

ADD 10 %

TOTAL (A)

24,117.00

2,411.70

26,528.70

SPECIAL NETT ITEMS

1 1 FRONT NUMBER PLATE

TOTAL (C)

40.00 *4-*

40.00

LABOUR CHARGES

1 1 TO CHECK WIRING SYSTEM

2 1 TO REMOVE/REFIT FRONT WINDSCREEN GLASS

3 1 TO REMOVE/REFIT DASHBOARD

4 1 TO REMOVE/REFIT AIR CON BLOWER SYSTEM AND REFILL AIR CON GAS

5 1 TO REMOVE/REFIT CUSHION CARPET AND ETC

6 1 TO REMOVE ALL NECESSARY AFFECTED PARTS WELD CUT PANEL BEAT AND FITTING NEW PARTS

7 1 SPRAYPAINTING CHARGES

TOTAL (D)

ESTIMATE TOTAL

100.00 *40*

120.00 *✓*

280.00 *200? plus*

180.00 *?*

220.00 *100*

1080.00 *900*

1000.00 *900*

2,980.00

29,548.70

** Panel: - by the oil leak after the accident*
Taufik 97495749 / 62563561
Not Authorise 25/5/23 R 1115
Exit to be advise
taufik@kkhauto.com
L/S Resurvey after repair
10 days.

UKK 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	23/05/2023 10:42 (SGT)
Reported by	Actual Driver
Date of Accident	22/05/2023 15:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CHANGI ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ1820S
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	PLATINUM WINES & SPIRITS PTE LTD
Company Reg No	2XXXXX547K
Email Address	farhan@platinumpws.com
Mobile Phone No	(Phone) +65-98153175
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	CANTER FEA01BR2SDEK (CBU)
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?	Yes
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2998

INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Policy Number / Cover Note Number	Z23VC05015699

DRIVER

Name of Driver	NUR IRFAN BIN SAZALI
NRIC No	SXXXX705Z
Date Of Birth	25/05/1999
Occupation	Outdoor

Date Of Driving Pass	23/01/2018
Driving experience	5 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-85081693
Alt. Phone Number	-
Email Address	farhan@platinumpws.com
Address	APT BLK 881 TAMPINES ST 84 #12-108 (S) 520881
Address complement	-
Postcode	-
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
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
Yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER WITH ATTACHED.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	SD CARD WITH TRAFFIC POLICE

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SBH8899E
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)

-
-
-
-
-
-
-
-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SFW9905M
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)

-
-
-
-
-
-
-
-
-
-
-
-
-
-
-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person NUR IRFAN BIN SAZALI
Gender Male
Phone No (Phone) +65-85081693
Address APT BLK 881 TAMPINES ST 84 #12-108 (S) 520881
Address Complement
Post Code
Approximate Age Years Old
Injuries Sustained
Injured person in which vehicle? CHANGI GENERAL HOSPITAL
Were seat belts worn? GBJ1820S
Was this injured conveyed to hospital by ambulance?

-
-
-
-
-
-
-

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 & 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

Handwritten sketch plan showing vehicle positions and details:

- Vehicle A: HBJ 18205
- Vehicle B: SBH 8899E
- Vehicle C: SFW 9905M

Diagram showing vehicle positions relative to a road:

- Vehicle A is on the left side of the road.
- Vehicle B is on the right side of the road.
- Vehicle C is on the right side of the road.

Handwritten text: "Changi rd" with an arrow pointing upwards.

Describe Circumstance of the Accident

I drove my lorry FB318205 along Changi road. Next moment, my lorry hit onto the rear of car SBH8899E.

After the accident, I was stuck inside lorry. Soon after, ambulance, SCDF & traffic police arrived at scene.

Then I was conveyed to Changi General Hospital by ambulance and discharged same day night time.

Note: Please note that your insurer may have 14 days time frame for you to submit an own damage claim under your own policy, please check your policy for more information.

Declaration

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



Policyholder's Signature / Date & Time

23/05/23 10:06am

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



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