

ALAN'S UNITED AUTO PTE. LTD.

Block 7, Sin Ming Industrial Estate, #01-76, Singapore 575642.

Tel: 6453 8686 (3 Lines) Fax: 6459 6550

Company Reg. No.: 201113667N

GST Reg. No.: 201113667N

Vehicle Insured : SH110Z
Accident Date : 13-Aug-2024
Our Ref : 024158 (III) / CHAN

No. : 07139

Date : 14-Aug-2024

PAGE : 1

TNG ENG LOON
BLK 25 SHELFORD ROAD
#03-02
Singapore 288415

ESTIMATED COST OF REPAIR FOR MAZDA 3 SMS4219G

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1 pc	Front bumper fascia	995.00
1 pc	Front n/s bumper side retainer	24.00
1 pc	Front n/s fender	477.00
1 pc	Front n/s sport rim	1,265.00
1 pc	N/s side mirror assy	756.00
1 pc	N/s side mirror cover	87.00

3,604.00

Less 20% : 720.80

2,883.20

To transfer sport rim 50.00

To check and adjust wheel alignment 65.00

To putty and spray replaced parts 600.00

To remove, cut-out damaged parts,
panel beating, welding, align,
refix and to renew above parts 600.00

Total : S\$ 4,198.20

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Singapore Dollars Four Thousand One Hundred and
Ninety Eight and Cents Twenty Only

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 First Submission	13/08/2024 14:37 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	13/08/2024 07:10 (SGT)
Exact Location of Accident	Sungei Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMS4219G
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TNG ENG LOON
NRIC No	SXXXX864G
Email Address	TNGENGLOON@GMAIL.COM
Mobile Phone No	(Phone) +65-91707844
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	MAZDA3 4DR 1.5 AT M-HYBRID ELEGANCE
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	1496
Vehicle Fuel	Petrol-Electric
First Registration Date	26/02/2020
Chassis no	JM6BP2SAAK1101973
Effective Date/Time of Ownership	26/02/2020 10:02 (SGT)

INSURANCE COMPANY

Name of Insurance Company	HL Assurance Pte Ltd
Policy Number / Cover Note Number	MP321490

DRIVER

Name of Driver	TNG ENG LOON
NRIC No	SXXXX864G
Date Of Birth	07/10/1980
Occupation	Indoor
Driving Pass Date	05/06/2001
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	23 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91707844
Alt. Phone Number	-
Email Address	TNGENGL0ON@GMAIL.COM
Address	BLK 25 SHELFORD ROAD 03-02 SINGAPORE 288415
Address complement	-
Postcode	-
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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

REFER TO SKETCH PLAN

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	SH110Z
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	MR ANG
Contact Number	(Phone) +60-167506600
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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 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 making 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

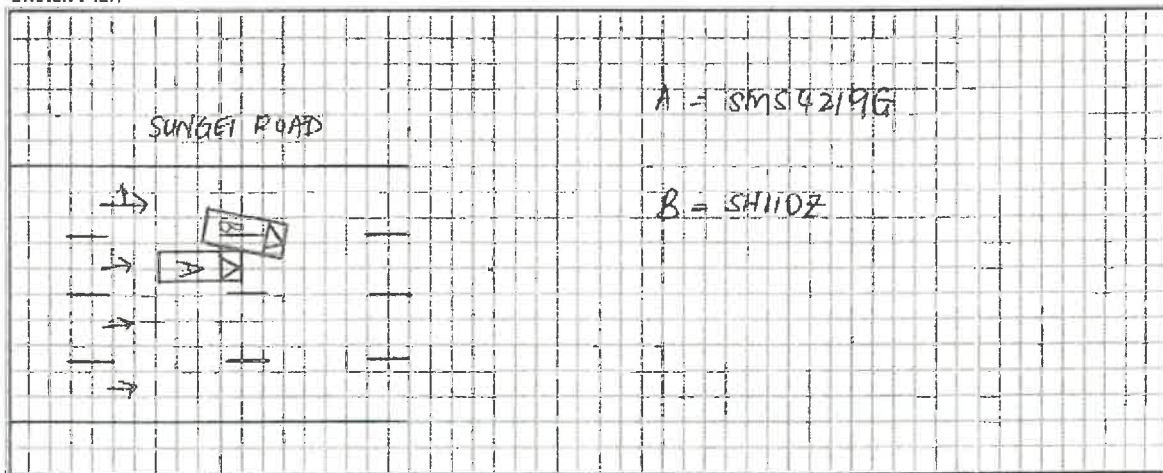
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

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

Sketch Plan



WJun2022


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Describe Circumstance of the Accident

On 13.08.2024 at about 07:00hrs, I was travelling along
 Sungai Road on the 3rd lane.
 SH1102 was travelling on the 4th lane (extreme left lane) when
 he did a lane change into mine without due care.
 His bus right rear portion grazed against my vehicle's
 left side mirror and my left side front portion. The accident
 was captured by my in-car camera.
 No injuries for this accident.



Declaration

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


 13/8/24

Policyholder's Signature / Date & Time

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

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