

TWIN WHEELS AUTO TRADING ENTERPRISE

38 Woodlands Industrial Park E1 #03-14

Singapore 757700

TEL: 6457 0410 / 6765 2616

EMAIL: twinauto@singnet.com.sg

Date : 07/10/2024

ATTN: MOTOR CLAIM DEPARTMENT

INSURED: ALPHA FUMIGATION SERVICES PTE LTD

H/P: 6465 5787

*Stene (LKK)
7/19/24, 2.77p
u R
P/P
ly Al sy
2 days*

Dear Sirs / Madam,

Accident Claim for Vehicle No. GBC 3218 E, Involving Vehicle No. YQ 2540 J.
Accident on 03/10/2024 at 10:25am along ESR Reit Building.

With reference to the above vehicle. We hereby submit a list of parts required to be changed and append below the charges for changing and repairing ;

NO	PARTS REPLACEMENT	QTY	LIST PRICE
1	FRONT HEAD LAMP - R/H / BR	1PC	\$ 720.00
2	FRONT BUMPER RETAINER X	1PC	\$ 110.00
3	FRONT BUMPER x R	1PC	\$ 890.90
4	FRONT SPORT LIGHT X	1PC	\$ 300.50
TOTAL LIST PRICE			\$ 2,021.40
LESS 10%			\$ (202.14)
TOTAL AMOUNT			\$ 1,819.26

LABOUR :		
1	LABOUR TO SPRAY PAINT	\$ 200 600.00
2	LABOUR TO PANEL BEATING	\$ 400 250.00
3	TO FOCUS HEAD LAMP	\$ 30 50.00
TOTAL LABOUR		\$ 900.00
TOTAL AMOUNT		\$ 2,719.26

THANK YOU

FROM:

Twin Wheels Auto Trading Enterprise

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:

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	03/10/2024 19:10 (SGT)
Reported by	Actual Driver
Date of Accident	03/10/2024 10:25 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ESR REIT BUILDING
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBC3218E

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ALPHA FUMIGATION SERVICES PTE LTD
Company Reg No	200714862C
Email Address	twinauto@singnet.com.sg
Mobile Phone No	(Phone) +65-64655787
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Ssangyong
Model	ACTYON SPORTS 2.2D 6AT 2WD ABS E6
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	2157
Vehicle Fuel	-
First Registration Date	17/10/2018
Chassis no	KPADA1EESJP329632
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Policy Number / Cover Note Number	Z24VC05023665

DRIVER

Name of Driver	MOHAMAD HENDRASHAHRI BIN MOHAMAD HANAFI
NRIC No	S8471535B
Date Of Birth	24/08/1984
Occupation	Outdoor
Driving Pass Date	12/08/2013
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	11 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91767817
Alt. Phone Number	-
Email Address	twinauto@singnet.com.sg
Address	BLK 323B SUMANG WALK #02-935
Address complement	-
Postcode	822323
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	Side Swipe
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)	2
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	-

PASSENGER 1

Name	RAHMAT BIN MOHD
Gender	Male

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 SKETCH ATTACHED

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	YQ2540J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	ARIF AZRI BIN KAMAMDIN
Passport No/FIN	G8514280T
Contact Number	(Phone) +65-88818426
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

IMPORTANT NOTICE

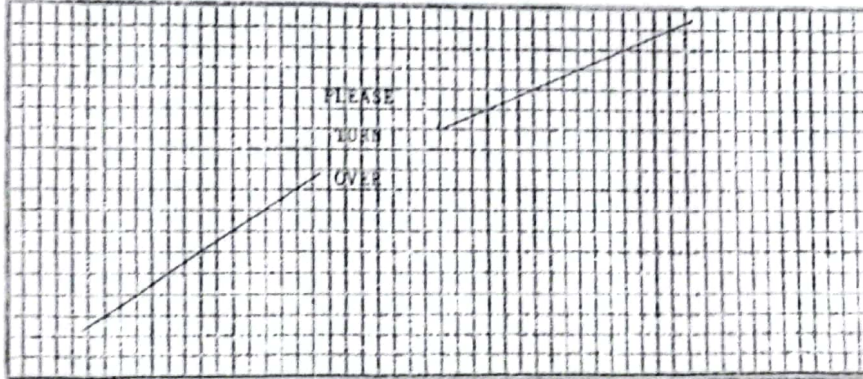
1. This form is to be used for reporting an accident involving a motor vehicle.
2. Information provided must be as true and accurate as possible. Any information given which is knowingly false or misleading may be treated as an offence under the Road Traffic Act.
3. The completion and submission of this form by the insured does not constitute an admission of liability or the fault of the insured or any other party.
4. **Any false reporting may be referred to the Traffic Police Department for investigation.**
5. This report will be forwarded by the Insurer to the G.A. Records Management Centre established by the General Insurance Association of Singapore (GIAS) for archiving and purposes of a report will for a fee be made available upon application by interested parties.
6. By the submission of this report, the insured agrees to the handling of this report in the future and to copies of the report being made available as stated.
7. **Consent under the Personal Data Protection Act (PDPA)**
I, the insured, hereby agree and consent that:
(a) My insurer, my workshop and the General Insurance Association of Singapore (GIAS) may be 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 individuals who have insured vehicle(s) involved in the accident (all Insurers) who have insured vehicle(s) involved in the 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 envelope/postal packages); and/or
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes").
(b) All Insurers who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may be 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 also be disclosed by any of the Insurers and/or G.A. 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:  (Print Name)

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

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

Sketch Plan



Describe Circumstances of the Accident

NOTE: PLEASE TAKE NOTE THAT YOUR INSURER HAVE 14 DAYS TIME FRAME to you to submit CLAIM DAMAGE

Claim under your Own Comprehensive policy. P's check your policy for more information

☐ Claim Own Policy ☐ Claim Third party ☐ Reporting Only

☒ Claim OD (IP) at other workshop ()

Sketch Plan

I was driving out along ESR Port Building. Infront of vehicle B stopped at the middle red road without signal lamp then I overtake vehicle B on the left and stopped beside of him and waiting for the traffic in my right to clear before I move out then vehicle B move out and turn left and hit rear portion hit onto my vehicle right side portion.

Declaration
We declare the foregoing particulars are true in every respect.

Policyholder's Signature & Date & Time

[Signature]

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

[Signature]

Witnessed by Reporting Centre Personnel (Name as in NRIC/ND cards)

[Signature] 3/10/24



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SC1124A30009 Vehicle Registration No: GBC3218E
 Name (as shown in NRIC): Alpha Fininvest Services Pte NRIC/FIN/Passport No: 2007148620
 (*Vehicle Driver/Policyholder) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): 64655787 Mobile No.: _____
 Email Address: _____
 Date of Accident: 3-10-24 Time of Accident: 1025
 Place of Accident: ESR REIT Building
 Insurance Company: Longac

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Typo error on (1) Should be Third party claim
 (2) Video was captured
 (3) Contact no should be 64655787

Policyholder / Actual Driver's Signature
 Date:

Reporting Centre Personnel's Signature
 Name (as in NRIC/ID card):
 Date: 4/10/24