

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 : 18/12/2024

ATTN: MOTOR CLAIM DEPARTMENT

INSURED: IRENE CHONG

POLICY NUMBER : 7230082516-01

Dear Sirs / Madam,

Accident Claim for Vehicle No. EG 388 K, Involving Vehicle No. GBM 543 H.

Accident on 07/12/2024 at 21:00pm along St. Thomas Suites Carpark.

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 BUMPER / BR	1PC	\$ 1,917.00
2	FRONT BUMPER TOP FRAME ? / BR	1PC	\$ 318.00
3	FRONT BUMPER INSIDE CENTRE REINFORCEMENT	1PC	\$? X 120.00
4	FRONT BUMPER REINFORCEMENT ? X	1PC	\$ 673.00
5	FRONT BUMPER SPONGE ? / BR	1PC	\$ 287.00
6	FRONT BUMPER LOWER CHROME ? X	1PC	\$ 330.00
8	FRONT BONNET / DO (Aluminum)	1PC	\$ 2,592.00
10	FRONT BONNET LOCK X	1PC	\$ 348.00
11	FRONT BONNET BAGS (12yo) / BR	1PC	\$ 96.00
12	FRONT HEAD LAMP (LH) / BR	1PC	\$ 4,427.00
13	FRONT HEAD LAMP PANEL X	1PC	\$ 180.00
14	FRONT GRILLE / BR	1SET	\$ 980.00
15	FRONT BONNET HINGS X	2PCS	\$ 312.00
	TOTAL LIST PRICE		\$ 12,580.00
	LESS 10%		\$ (1,258.00)
	TOTAL AMOUNT		\$ 11,322.00

NO	PARTS REPLACEMENT	QTY	SPECIAL NETT PRICE
1	FRONT NUMBER PLATE X	1SET	\$ 60.00
7	FRONT BUMPER SENSOR ? / Short	2PCS	\$ 680.00
	TOTAL LABOUR		\$ 740.00
	TOTAL AMOUNT		\$ 12,062.00

LABOUR :			
1	LABOUR TO SPRAY PAINT	\$ 440	800.00
2	LABOUR TO PANEL BEATING	\$ 450	800.00
3	RESET OF HEAD LAMP LIGHT	\$ 80	350.00
	TOTAL LABOUR	\$	1,950.00
	TOTAL AMOUNT	\$	14,012.00

FROM:

Twin Wheels Auto Trading Enterprise

Steve (LKK)

18/12/24, 10.00CL

W R

L/S

W R L

4 days

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	16/12/2024 19:40 (SGT)
Reported by	Actual Driver
Date of Accident	07/12/2024 21:00 (SGT)
Exact Location of Accident	31-35 St Thomas Walk, Singapore 238141
Additional Location Information	ST. THOMAS SUITES CAR PARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	EG388K
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHONG IRENE MRS.IRENE CHEN
NRIC No	S1638085G
Email Address	TWINAUTO@SINGNET.COM.SG
Mobile Phone No	(Phone) +65-97355181
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	C180
Variant	MERCEDES BENZ / C180 AVANTGARDE (R17 LED)
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?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1595
Vehicle Fuel	-
First Registration Date	-
Chassis no	WDD2050402R216856
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	AIG Asla Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7230082516-01

DRIVER

Name of Driver	ONG TUN YONG
NRIC No	S7236826F
Date Of Birth	06/10/1972
Occupation	Indoor
Driving Pass Date	17/06/2003
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	21 YEARS AND 6 MONTHS
Gender	Female
Mobile Number	(Phone) +65-94597477
Alt. Phone Number	-
Email Address	TWINAUTO@SINGNET.COM.SG
Address	BLK 658 YISHUN AVENUE 4 11-355 SINGAPORE 760658
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Friend
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	Hit and run / Vandalism / Damaged whilst parked
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)	0
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

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	GBM543H
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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

VEH NO EG 388 K
 INSURER Chong Irene Mrs. Irene Chong
 DATE OF ACC: 7/12/24

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 willful 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:

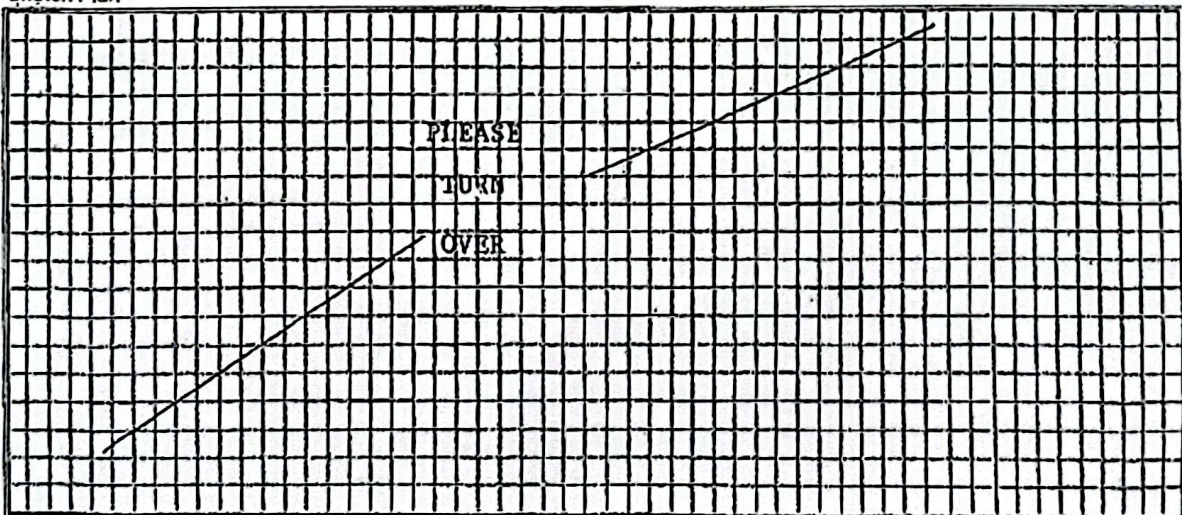
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "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.

Irene Chong
 Policyholder's Signature / Date & Time

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

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

Sketch Plan



Describe Circumstance of the Accident

** NOTE PLEASE TAKE NOTE THAT YOUR INSURER HAVE 14DAYS TIME FRAME for you to submit OWN DAMAGE Claim under your Own Comprehensive policy. Pls check your policy for more information.

() Claim Own Policy () Claim Third party () Reporting Only

☒ Claim OD/ TP at other workshop (_ _ _ _ _)

Sketch Plan

A => EG 38 K

B => Gbm 543H

Inside car park lot

Inside car park lot

I was parking at my condo car park, and I was not inside the car. I received a letter from vehicle B, he said the van auto reverse to hit my car front portion. And I also received a message from the police for my vehicle been involved in an accident. I will attach these two letter as evidence that he hit my car.

Declaration

We declare the foregoing particulars are true in every respect.

Jane Chin *Alvin*

Policyholder's Signature / Date & Time Driver's Signature (if driver is not the policyholder) / Date & Time Witnessed by Reporting Centre Personnel (Name at IN NRIC/ID card)

Hi, Sir

In the driver of van GBM543H, i was hit
 ur car, sorry for my poor english. i was so
 sorry about hitting your car. I was not in
 purposely hit it. It is Saturday evening, i was
 arguing wit a food panda rider, and after i go back
 inside my van that park at Lot 60, oppisite ur car
 and i was in reverse gear and suddenly the food
 panda rider open my door, and i fell out from my
 van, and van was auto reverse and hit ur car. Im so
 sorry about it. I alredy make a police report. and
 food panda rider IS under Rush Act. and i was hope
 the sire can contact me via whatsapp 97267622
 or my boss phone 86686661 to discuss on private
 settlement for ur car. Thank you. Sir. Hope listen
 from u asap. Very Sorry Sir.

Im OOI CHIN SOON J&T Parcel Driver.
 Thank you.

MESSAGE FROM THE POLICE

Dear vehicle owner E6308K,
your vehicle has been
involved in an accident.

For more information, please
contact us below.

Investigation officer in charge:

A/D Macey Soh 85001610

Incident no: E/2024/207/0124

Sender: SGT 2 Priny
Contact Number: 1800 735 9999
Police Station: Orchard NPC
Date/Time: 7/12/24 8.55 pm

NP 104 (1/08)

