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

No.: 07109

Vehicle Insured : SNB9122X

Accident Date : 03-Jul-2024

Date: 04-Jul-2024

Our Ref : 024130 (III) / CHAN PAGE : 1

TEW SI KAI EDWARD BLK 635A SENJA ROAD

#30-255

Singapore 671635

ESTIMATED COST OF REPAIR FOR KIA CERATO SLP5146D

1	рс	Front n/s fender	342.00
1	рс	Front n/s fender inner shield	86.00
1	рс	Front n/s fender side retainer	18.00
4	рс	Front bumper fascia	634.00
1	рс	N/s healamp	2,370.00
		Front n/s shock absorber	283.00
		Front n/s knuckle arm	316.00
1	рс	Front n/s knuckle bearing hub	135.00
1	рс	Front n/s wheel bearing	118.00
4	pc	Front n/s lower arm	343.00

4,645.00 Less 10%: 464.50

<pre>1 pc Front bumper lower spoiler 1 pc Front n/s sport rim</pre>	300.00 sn 700.00 sn
To rewire damaged parts and refocus headlamp beam.	20.00
To dismantle and lower front undercarriage	200.00
To check and adjust wheel alignment	65.00

To putty and spray replaced parts 600.00

Con't Page 2 ...

4.180.50

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GST Reg. No.: 201113667N

Vehicle Insured: SNB9122X Page: 2

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

500.00

Total: S\$ 6,565.50

=========

Singapore Dollars Six Thousand Five Hundred and Sixty Five and Cents Fifty Only



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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 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 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

Reported by Date of Accident

Exact Location of Accident

Additional Location Information

Country/State of Loss

04/07/2024 12:32 (SGT)

Both Policyholder and Actual Driver

03/07/2024 18:20 (SGT)

Collyer Quay, Singapore

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SLP5146D

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No.

Email Address Mobile Phone No

Alternative Phone No

TEW SI KAI EDWARD

SXXXX640Z

ETOTHEED@GMAIL.COM (Phone) +65-93850380

VEHICLE PARTICULARS

.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

Kia

Cerato

Private use

No - Claiming third party

Private car

Auto

1591

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

ERGO Insurance Pte. Ltd.

DMPG24008065

DRIVER

Name of Driver NRIC No

Date Of Birth

Occupation

Accident report SA1E24740001

TEW SI KAI EDWARD

SXXXX640Z

03/08/1993

Indoor

Driving Pass Date

Driving experience

Gender

Mobile Number Alt. Phone Number

Email Address

Address

Address complement

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 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?

Police Station Name Police Station Phone No

Alt. Police Station Phone No Police Station Address

Was notice of intended Prosecution given?

If yes, against whom?

Yes

25/10/2013

Male

671635

Yes

No

Clear

Dry

No

No

Yes

No

2

10 YEARS AND 9 MONTHS

ETOTHEED@GMAIL.COM

Collision - Head on collision

BLK 635A SENJA ROAD #30-255

(Phone) +65-93850380

Central Division Headquarters (Phone) +65-18002240000

(Fax) +65-62200877

391 New Bridge Road #03-112 Police Cantonment Complex Block

A Singapore 088762

No

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN & POLICE REPORT

ATTACHMENT(S)

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

Yes No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

SNB9122X

Accident report SA1E24740001

Page 2 of 16

Vehicle Variant Vehicle Colour

Vehicle Category Private hire

Name of Driver

NRIC No SXXXX057B

Contact Number (Phone) +65-88759178 Address

Address complement Postcode

Insurance Company Name

Nature Of Damage

Details of property damaged in accident No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful 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 liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Traffic Police Department for investigation.
- 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.
- 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 (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

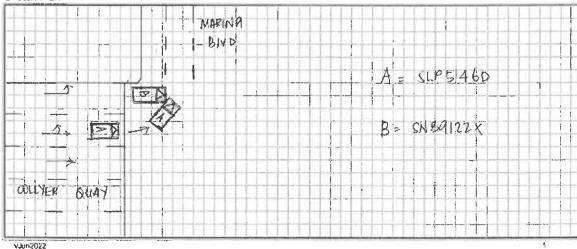
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GtA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

04.07.7024

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

Sketch Plan



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Declaration

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

04 07.2024

Policyholder's Signature / Date & Time Actual Driver's Signature (if driver is not the policyholder) Witnessed by Reporting Centre Personner (Name as in NRICAD card)

vJun2022





1 of 2

Report No. A/20240703/7082

POLICE REPORT (NP299)

Police Station Of Origin Central Division HQ 391 New Bridge Road #03-112 Police Cantonment Complex SINGAPORE 088762 Tel No:1800-2240000

Date/Time Report Made 03/07/2024 23:36	Vide Repo	rt No.	Station Diary No.					
Name Of Informant TEW SI KAI, EDWARD	Address 635A SEN	Address 635A SENJA ROAD #30-255 SINGAPORE 671635						
ID Type / ID No.	Contact No	Contact No.						
NRIC NO / S9327640Z	Home/Office	ce:						
Nationality	Email Addı	Email Address						
SINGAPORE CITIZEN	ETOTHEE	ETOTHEED@GMAIL.COM						
Occupation Other aircraft pilots and related associate professionals	Sex Male	Age 30	Date of Birth 03/08/1993	Race Chinese				
Institution/School Name	Language	Language						
· <u></u>	English							
Date/Time Of Incident	Location O	Location Of Incident						
03/07/2024 18:20 - 03/07/2024 18:30	1 RAFFLE: 048583	1 RAFFLES QUAY ONE RAFFLES QUAY SINGAPORE 048583						

Brief details.

I was driving on 5th lane making a left turn into marina boulevard, a vehicle that was behind in my lane with the license plate of SNB9122X filtered out to the 6th lane which was a left turn only lane proceeded and went straight on to Raffles Quay which collided with the left front side of my vehicle when I made the turn. No party were injured, the driver of SNB9122X admitted that he was at fault and did not know that the 6th lane was a left turn only lane.

Signature Of Officer Recording The Report:	Signature Of Informant:
Not applicable	The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 03/07/2024 23:36
Officer In-Charge Of Case:	Classification Of Case:





2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20240703/7082

Subjects Involve	d								
Suspect									
Person Name	John								
ID Type	NRIC NO	ID No	S7230057B						
Gender	Male	Race	Chinese						
Language	Chinese	Mobile No	88759178						
Victim									
Person Name	ame TEW SI KAI, EDWARD								
ID Type	NRIC NO	ID No	S9327640Z						
Gender	Male	Age	30						
Race	Chinese	Language	English						
Occupation	Other aircraft pilots and related associate professionals	Address	635A SENJA ROAD #30-255 SINGAPORE 671635						
Mobile No	93850380	Is Informant A Victim?	Yes						
Person Name	TEW SI KAI, EDWARD (Informant)								

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 03/07/2024 23:36
Officer In-Charge Of Case:	Classification Of Case: