



NPH AUTO SERVICE



Block 9005 Tampines Street 93 #01-246 Singapore 528839 Tel: 67840663 (5 Lines) Fax: 67840692

Business Reg No: 394773/00D

E-mail: nphauto@pacific.net.sg GST Reg No: MX-0869103-N

Your Ref : Page : 1/2
Our Ref : TP0042/06/24 Date : 11/06/2024

THIRD PARTY CLAIM

M/S : HONG GHIM GUAN
BLK 61 NEW UPPER CHANGI RD
#04-1204
SINGAPORE 46062

Attn :

Dear Sir/Madam

RE: ACCIDENT REPAIR ON : SNL8840K - Mercedes Benz GLC250
INSURED : HONG GHIM GUAN ENGINE# :
DATE OF ACCIDENT : 09/06/2024 CHASSIS# :
POLICY NO : MA035568

APPENDED BELOW ARE THE ESTIMATED COST OF REPAIR & TO BE REPLACED:

	Qty	U/Cost	U/Price	Total
		\$	\$	\$
Netts Items				
1 rear bumper	1@	1400.00	1400.00	1,400.00
2 rear bumper lower spoiler	1@	902.00	902.00	902.00
3 rear bumper towing hook cover	1@	80.00	80.00	80.00
4 rear bumper lower spoiler black moulding center	1@	495.00	495.00	495.00
5 rear exhaust chrome L&R	2@	430.00	430.00	860.00
6 rear number plate garnish	1@	90.00	90.00	90.00
7 rear number plate lamp L&R	2@	35.00	35.00	70.00
8 rear bumper parking sensor	2@	280.00	280.00	560.00
9 rear bumper sponge	1@	300.00	300.00	300.00
10 rear bumper reinforcement	1@	800.00	800.00	800.00
				5,557.00

Total Nett

\$5,557.00

Special Nett Items

11 rear number plate w/casing	1@	45.00	45.00	45.00
				45.00

Total S/Nett

\$45.00

Labour & Misc

1 Remove & install r/lamp, r/bumper, bumper enforcement, knock end panel and restraigthen body.				750.00
2 Spray painting.				600.00
3 Check wiring system.				40.00
4 Remove & install rar boot carpet garnish.				100.00



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THIRD PARTY CLAIM

APPENDED BELOW ARE THE ESTIMATED COST OF REPAIR & TO BE REPLACED:

	Qty	U/Cost	U/Price	Total
		\$	\$	\$
5 Reset parking sensor.				100.00
				1,590.00

Total Labour

\$1,590.00

Nett Total Before Gst

\$7,192.00

Your faithfully

NPH AUTO SERVICE
(Manager)

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	10/06/2024 14:56 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	09/06/2024 13:40 (SGT)
Exact Location of Accident	Geylang, Singapore
Additional Location Information	MAIN RD OUTSEIDE LOR 21A GEYLANG
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNL8840K
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	HONG GHIM GUAN
NRIC No	SXXXX197E
Email Address	GGHONG26@GMAIL.COM
Mobile Phone No	(Phone) +65-90991977
Alternative Phone No	

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	Glc250
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	2500

INSURANCE COMPANY

Name of Insurance Company	Etiga Insurance Pte Ltd
Policy Number / Cover Note Number	MA035568

DRIVER

Name of Driver	HONG GHIM GUAN
NRIC No	SXXXX197E
Date Of Birth	26/06/1977
Occupation	Indoor

Driving Pass Date	22/07/1999
Driving experience	24 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90991977
Alt. Phone Number	-
Email Address	GGHONG26@GMAIL.COM
Address	BLK 61 NEW UPPER CHANGI RD
Address complement	#04-1204
Postcode	461061
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 - Head to Rear
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)	5
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	WIFE
Gender	Female

PASSENGER 2

Name	FATHER-IN-LAW
Gender	Male

PASSENGER 3

Name	MOTHER-IN-LAW
Gender	Female

PASSENGER 4

Name	SON
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

SEE ATTACHED REPORT.

ATTACHMENT(S)

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

Yes
Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC1433S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	LOH CHOON SIONG
NRIC No	SXXXX989I
Contact Number	(Phone) +65-90568373
Address	-
Address complement	-
Postcode	-
Insurance Company Name	MS First Capital Insurance Ltd
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 completed by the Policyholder and/or the Authorised 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. The 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 lodgment 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.
 - (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
 - (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date
& Time:

Driver's Signature
(If driver is not the policyholder) Date
& Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 9/6/24 at about 1340 hrs i was travelling along Geylang main road. Infront car stop due to traffic light and i follow to stop, Suddenly a taxi SHC 1433S behind me bump into my rear

* Kindly take note that you have 14 days to revert to Own Insurance Claim (own damage).

Claim OD / TP At NPH


Claim OD / TP Own W/shop

Reporting Only

DECLARATION

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

Policyholder's Signature Date
& Time:

 10/6/24

Driver's Signature
(If driver is not the policyholder) Date
& Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: