

email estimate, GIA
report on 75/4/18 & Taufik Ch

Woon Meng Motor Pte Ltd

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Co Reg No. 200603678M GST Reg No. 20-0603678M

Estimate

TP CLAIM

To : First Capital Insurance Ltd
Motor Claims Dept

Date : 17 Apr 2018

Dear Sirs :

Fax : 6507 3849

RE : ESTIMATE COST FOR MERCEDES BENZ SPRINTER - YP4049D
ACCIDENT INVOLVING YP4049D & SHC2028Y ON 06/03/2018

<u>ITEMS</u>	<u>DESCRIPTION</u>	<u>QTY</u>	<u>PRICE</u>
1	Front fender o/s.	1pc	\$ 379.00
2	Front bumper retainer o/s	1pc	\$ 38.00
3	Front bumper.	1pc	\$ 835.00
4	Front fender garnish o/s	1pc	\$ 155.00
			\$ 1,407.00
5	Front tyre hub	1pc	\$ 155.00
<u>Labour Charge & Misc</u>			
	To remove, repair, replace & install front damaged parts.	}	\$ 800.00
	To numbering logo.	}	\$ 450.00
	To putty & spray painting.		\$ 500.00
Total			<u>\$ 3,312.00</u>

All prices quoted are subjected to 7% GST.

This is a computer generated document. No signature is required.

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 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 ability.
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 Report	07/03/2018 14:12
Date Of Accident	06/03/2018 10:35
Exact Location Of Accident	NGEE ANN CITY DROP OFF POINT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP4049D
Insured/Policyholder	
Name Of Registered Owner	AETOS SECURITY MANAGEMENT PTE LTD
Co Reg No	200208601N
Email Address	MURUGAN.ARUNACHALM@AETOS.COM.SG
Mobile Phone No	(LOCAL) +65-83399759
Alternative Phone No	OFFICE-85697790

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	SPRINTER

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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D-18089436MFCV127
Cover Note Number	

Driver

Name of Driver	MUHAMMED FIRDAUS BIN SHARUDIN
NRIC No	S9110973E
Date Of Birth	24/03/1991
Occupation	OUTDOOR
Date Of Driving Pass	04/07/2014
Driving Experience	3 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83399759
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address -
Postcode
Was driver an employee of the Insured's Company YES
If No, Relationship of the Driver with the Insured
Vehicle Registration Number of Driver's Own Vehicle -
Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident SIDE SWIPE
Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
Number of vehicles involved in the accident
Was any body injured in the Accident? NO
Was any injured conveyed to hospital by ambulance? NO
Was any other material or property damaged? YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO
Number of Passengers (Including Driver) 3
Passenger 1
NAME: TIONG MANG CHIU
GENDER: MALE
Passenger 2
NAME: DEVARAJ
GENDER: MALE

Details of Police Action

Was the accident reported to the police? NO
If Yes, Please state which Police Station
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? NO
Was there any audio recorded? NO

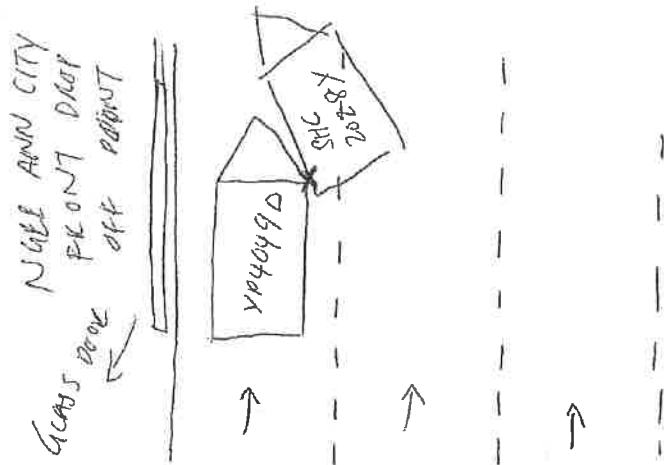
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHC2028Y (first)
Vehicle Make/Model/Colour HYUNDAI I40 TAXI
Details Of Properties
Vehicle Category TAXI
Name of Driver QUEK KIM SENG
NRIC/Passport Number S0019200G
Contact Number 90489033
Address
Postcode
Insurance Company Name

Nature Of Damage
No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 06/03/2018 @ 1035HRS MY COMPANY VEHICLE YP4049D WAS @ STATIONARY POSITION AS I WAS DROPPING OFF 2 WORK COLLEAGUE / OFFICERS AT THE DROP OFF POINT WHEN SUDDENLY ONE COMPACT TAXI REGISTRATION NO: SHC 7028Y SWEERVED INFRONT OF AETOS VEH (YP4049D) & SCRATCHED THE FRONT PORTION OF AETOS VEHICLE. YP4049D WAS EQUIPPED W/ INBUILT CAR-CAM FOR EVIDENCE.

DECLARATION

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

Policyholder's Signature _____
Date & Time: _____

Driver's Signature _____
(If driver is not the policyholder)
Date & Time: 06/03/2014

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

SKETCH PLAN

IMPORTANT NOTICE

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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 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: 06/03/2018

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