

# OPTIMA WERKZ PTE LTD

Head office : 6 Kung Chong Road Singapore 159143

Tel : +65 6472 1313 Fax : +65 6472 2112

Branch office : 9A Serangoon North Ave 5 Singapore 554500 Tel : +65 6484 9919 Fax : +65 6481 1011

Co. Reg. No. 201212455W

Date:	19 March 2018	Third Party Insurer:	INDIA
Vehicle No:	SFJ8111L	Third Party Veh No:	SHB4085Z
Model:	MERCEDES BENZ A45	Date of Accident:	16/03/18
Chassis:	WDD1760522J272590		

## ESTIMATE

QTY	DESCRIPTION	UNIT S\$	AMOUNT S\$
1	REAR TAILGATE		\$1,767.00
1	REAR TAILGATE LOGO EMBLEM		\$47.00
3	REAR TAILGATE LOGO EMBLEM CLIP	\$9.00	\$27.00
1	REAR TAILGATE AMG EMBLEM		\$152.00
1	REAR TAILGATE WINDSCREEN MOULDING		\$582.00
2	REAR TAILLAMP LOWER BRACKET LH + RH	\$49.00	\$98.00
1	REAR BUMPER		\$1,513.00
4	REAR BUMPER REVERSE SENSOR	\$280.00	\$1,120.00
4	REAR BUMPER REVERSE SENSOR RUBBER SEAL	\$12.00	\$48.00
4	REAR BUMPER REVERSE SENSOR HOLDER	\$28.90	\$115.60
1	REAR BUMPER REVERSE SENSOR WIRE HARNESS SET		\$121.00
1	REAR BUMPER TOW HOOK COVER		\$53.00
2	REAR BUMPER SIDE SPOILER LH + RH	\$142.00	\$284.00
1	REAR BUMPER LOWER DIFFUSER		\$228.00
2	REAR BUMPER SIDE RETAINER LH + RH	\$26.00	\$52.00
10	REAR BUMPER CLIP	\$9.00	\$90.00
8	REAR BUMPER RIVET	\$9.00	\$72.00
1	REAR BUMPER TOP RETAINER		\$106.00
1	REAR BUMPER REINFORCEMENT		\$456.00
2	REAR BUMPER SIDE AIR GUIDE LH + RH	\$33.00	\$66.00
2	REAR EXHAUST END CHROME PIPE LH + RH	\$418.00	\$836.00
2	REAR EXHAUST END PIPE LH+ RH	\$430.00	\$860.00
2	REAR EXHAUST END PIPE GASKET LH + RH	\$48.00	\$96.00
1	REAR EXHAUST ALUMINIUM HEATSHIELD		\$193.00
		SUB TOTAL	\$8,982.60
		Less 10%	-\$898.26
		PARTS TOTAL	\$8,084.34

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Third Party Veh No:

SHB4085Z

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16/03/18

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## ESTIMATE

QTY	SPECIAL NETT	UNIT S\$	AMOUNT S\$
1	REAR TAILGATE WINDSCREEN SEALANT WITH PRIMER		\$100.00
1	REAR BUMPER TOP CARBON STICKER		\$200.00
1	REAR BUMPER LOWER LIP CARBON FIBER		\$2,800.00
1	REAR BUMPER LOWER LIP CARBON FIBER RED STICKER		\$100.00
1	REAR BUMPER LOWER LIP CARBON FIBER CARBON STICKER		\$180.00
		S/N TOTAL	\$3,380.00

### LABOUR CHARGES:

TO REMOVE & REPLACED WITH PANEL BEATING ALL ACCIDENT PORTION	\$1,000.00
TO PUTTY & SPRAY PAINTING WITH SEALANT ALL ACCIDENT PORTION	\$800.00
TO DIAGNOSTIC CHECK & RESET MEMORY TO IDENTIFICATION STANDARD	\$180.00
TO CHECK WIRING WITH TEST	\$80.00
TO DISMANTLE & REALIGNED REAR EXHAUST SILENSER BOX	\$200.00
TO DISMANTLE & REFIX REAR TAILGATE REVERSE CAMERA	\$80.00
TO DISMANTLE & REPLACED REAR BUMPER REVERSE SENSOR	\$80.00
TO REMOVE AND REINSTALL REAR WINDSCREEN PERFORM AND WATER LEAK TEST	\$150.00
TO DISMANTLE & REINSTALL INTERIOR CARPET WITH OTHER ATTACHMENT PARTS COMPONENT TO FACILITATE REPAIR	\$230.00

LABOUR TOTAL	\$2,800.00
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WINSON	TOTAL	\$14,264.34
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## 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	16/03/2018 19:08
Date Of Accident	16/03/2018 10:10
Exact Location Of Accident	AYE (CITY) BEFORE CLEMENTI AVENUE 6 EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFJ8111L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHARLES SEO CHYE BOON
NRIC No	S7637498H
Email Address	ALWINCHAN@SEJ.COM.SG
Mobile Phone No	(LOCAL) +65-96887577
Alternative Phone No	OTHERS-96887577

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	A45
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	UNITED OVERSEAS INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DHOM110137761403
Cover Note Number	

### Driver

Name of Driver	ALWIN CHAN KIN PENG
NRIC No	S7635908C
Date Of Birth	20/10/1976
Occupation	INDOOR
Date Of Driving Pass	19/08/1996
Driving Experience	21 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96887577
Fax Number	
Contact Number	OTHERS-96887577
EMail Address	ALWINCHAN@SEJ.COM.SG

Address	BLK 272A JURONG WEST STREET 24 #11-84
Postcode	641272
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### 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 this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	YES
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: : FRIEND GENDER: : MALE
Passenger 2	NAME: : FRIEND 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

PLEASE 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	SHB4085Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	SIMON LIM MENG HAN
NRIC/Passport Number	S7200220B
Contact Number	98501763
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name ALWIN CHAN KIN PENG

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? SFJ8111L

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

## Sketch Plan

### SKETCH PLAN

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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 lodging 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:

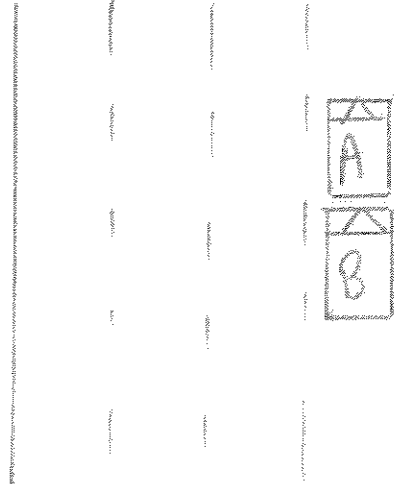
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 16/3/18 15:15pm

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

# Sketch Plan #2

SKETCH PLAN

AYE (CITY) BEFORE CUMMANTH AVU 6 EXIT



A) SFJ8111L

B) SHB 40852

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along lane 1 when the car in front of me slowed down. Traffic was heavy at that time so I applied my brakes, that's when I felt an impact from the rear. I came down and realised that a car had bumped into the rear of my car.

## 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: 16/3/18 15:15pm

Reporting Centre Personnel Signature  
Name: 19/03/2018  
NRIC/TIN No. [Signature]