MBM WHEELPOWER PTE LTD

Your Ref: SLA1950D

Our Ref:

SLL9240J

To:

CC

Fax

AXA INSURANCE

Date:

10/7/2018

From:

Danny

Fax:

64525333

Contact:

93288668

Make / Model:

MERCEDES CLA180 AMG

Chassis No.:

WDD1173422N479174

Engine No.: Year of Make: 27091031215249 2016

Accident Date:

10 July 2018

ESTIMATE FOR VEHICLE NO.:

SLL9240J

DESCRIPTION

RH SIDE MIRROR ASSY

QTY

List Price

mhiii wheelpower

\$ Total: \$ LESS 10% \$ 1,260.00 1,260.00 (126.00)

Parts Total: \$

1,134.00

LABOUR

TO REMOVE, REFIT & REPAIR AFFECTED DAMAGED PARTS. INCLUDING TO KNOCK-OUT, WELD & STRAIGHTEN ON THE AFFECTED PARTS. TO CHECK & RECONNECT ALL NECESSARY WIRING TO RESET AND DIAGNOSIS SYSTEM DUE TO ERROR TO SPRAY PAINT ON THE AFFECTED AREAS

\$ 400.00

80.00 \$ \$ 100.00

Total: \$ 7% GST: \$

\$

2,314.00 161.98

600.00

Grand Total: \$

2,475.98

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Driving Experience

Mobile Number Fax Number

Contact Number

EMail Address

Gender

- 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 witholding 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	10/07/2018 16:38
Date Of Accident	10/07/2018 08:50
Exact Location Of Accident	EAST COAST ROAD
Country/State of Loss	SINGAPORE
Security (Control of Control of C	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLL9240J
Insured/Policyholder	
Name Of Registered Owner	WONG FOONG HAR
NRIC No	S7023609E
Email Address	MELDW1207@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98782888
Alternative Phone No	OTHERS-98782888
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	CLA180-1.6 AMG LINE (R18 BI) (A)
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	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT/00454068
Cover Note Number	14/03/2018 - 14/03/2019
Driver	
Name of Driver	WONG FOONG HAR
NRIC No	S7023609E
Date Of Birth	12/07/1970
Occupation	OUTDOOR
Date Of Driving Pass	21/05/1992

26 YEARS AND 1 MONTH

(LOCAL) +65-98782888

MELDW1207@GMAIL.COM

OTHERS-98782888

FEMALE

Address

839 MOUNTBATTEN ROAD

#02-05

Postcode

437831

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OWNER

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

~

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 this accident?

NO

Number of vehicles involved in the accident

2

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)

0

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 ATTACHED STATEMENT AND SKETCH BY DRIVER

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

SLA1950D

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

ONG HUI SUAN MELINA CASSANDRA

NRIC/Passport Number

S1710458F

Contact Number

94502883

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

Direct Asia

- 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.
- Information provided must be as truthful and accurate as gossible. 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.
- 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 [fonn] 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:
 - 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:

10/7/18 2.2 pm

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

"""""" 1217

GIARMC StruckPleaform, 23

	о ло ± 0 l	
Date of accident: 10 - 3 - 2018 Time: 8:50 AU Location: My Vehicle A: SLL 9240 J Vehicle B: SLA 1950D	Vahiela Co	
SKETCH PLAN	A SUITIG C:	
Shops		1
car part 1012	IA	
Marcon and a second and a secon	or access	
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The state of the s		3.041.2
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT		
On 10/7/2018, at about 8.45 Am, 1 parked my	ear (SLL92405)	along side
at the designated parking lot (first let) to	r ny brandourt	at opposite
After breakfast and 9.05Am, I saw my car	right Side- Winy	ov Smashod
& shottered. Someone hit my car and I we	ann 4 around to	see what
had happened. But people around the Shops, r	restaurands and c	પ્રાંતિ શકાજી 🔝
opposite had witnessed the accident happened and hi	t muj car. Side	minor
drove past my car in a Nigh-speed and hi was totally somewhed broken grassed and unsure if the body of my car was scrate	Mires all discon	mected.
unsure if the body of my car was scrate my workshop for assessment).	ch or deut (Jea	ding the to
She wrote an advussion upte, rejev attach	ed	
☐ Claim OD/TP at Ah Lim Motor ☐ Claim Op/TP at other w		ing Only
Remarks: Please forward a copy of my efile accident report to: My workshop: MBM MOTOR Email address: danny.ongembm Wheelpow	rev. Com. Sq	
& myself : Emall address : meldw 1207 egmail. asm	J	
Note: Please take note that your insurer have 14 days timeframe for you own policy. Kindly check with your own insurer for more informat	ou to submit own damage ion.	-
DECLARATION I/We declare the foregoing particulars are true in every respect. Whi Cle : 2	SLL 9240 J	AH LIAN AND TO SHARE AND TO SHA
Policyholder's Signature Date & Time: (If driver is not the policyholder)	Reporting Centre Personn Name: +/\cub	el's Signature
CONTRACTOR Date & Time:	NRIC/FIN No.: 16/7	AHLIM MOTOR COMPANY

> Back to OneMotoring

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nquire Transfer Fee		territoria.	
Vehicle Details			
Vehicle No. :	SLL9240J		
Vehicle Type:	P10 - Passenger Motor Car		
Vehicle Attachment 1:	No Attachment		
Vehicle Scheme :	Normal		
Vehicle Make:	MERCEDES BENZ		
Vehicle Model :	CLA180 AMG LINE AUTO		
Chassis No. :	WDD1173422N479174		
Propellant:	Petrol		
Engine No. :	27091031215249		
Engine Capacity:	1595 cc		
Maximum Power Output :	90.0 kW (120 bhp)		
Maximum Laden Weight:	1920 kg		
Unladen Weight:	1430 kg		
Year Of Manufacture:	2016		
Original Registration Date :	15 Mar 2017		
Lifespan Expiry Date:	-		
COE Category :	A - Car up to 1600cc & 97kW (130bhp)		and the second control of the second
Quota Premium :	\$48,401.00		
COE Expiry Date :	14 Mar 2027		
Road Tax Expiry Date :	14 Sep 2018		
PARF Eligibility Expiry Date :	14 Mar 2027		
Inspection Due Date :	14 Mar 2020		
Intended Transfer Date:	11 Jul 2018		
CO2 Emission :	124.00 (g/km)	and the state of the	anta di Primino amena menandi di dalah
CEV/VES Rebate Utilised	\$5,000.00		
Amount:	45,000.00		
CO Emission :	-		
HC Emission :			
NOx Emission :	<u> </u>		
PM Emission:	and the second of the second o		totter of the colorest of the color
$(x,y) = (x-1)^{\frac{1}{2}} (x-1$	Sep 2018. You may renew the road tax from 15 Ju	in 2018 with all pre-requisite(s) fulfil	lled. If the road tax is
	renewal fee(s) will be imposed. Please use Enquire		
			ate fee(s) payable.
Road tax, including Over Paymen	and the control of th		
	t (if any), of a vehicle will follow the vehicle to the		
=	t (if any), of a vehicle will follow the vehicle to the		ership is being transferred.
	it (if any), of a vehicle will follow the vehicle to the ep 2018 to 14 Mar 2019)	new registered owner when its own	ership is being transferred. Amount After GS
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