

# 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

Vehicle Insured : PC3304Z  
Accident Date : 26-Jul-2018  
Our Ref : 218129 (III) / CHAN

No. : 05824

Date : 27-Jul-2018

PAGE : 1

Q & F LEASING  
10 WOODLEIGH CLOSE  
#01-05  
Singapore 357905

## ESTIMATED COST OF REPAIR FOR M/BENZ S400 HYBRID 3.0 SLE480D

=====

1 pc	Front bumper fascia	2,019.00
1 pc	Frt n/s bumper parking sensor	306.00
1 pc	N/s headlamp	6,280.00
1 pc	N/s headlamp lower bracket	300.00

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8,905.00

Less 10% : 890.50

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8,014.50

To rewire damaged parts and refocus  
headlamp beam, programme & reset

380.00

To putty and spray replaced parts

450.00

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

500.00

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Total : S\$ 9,344.50

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Singapore Dollars Nine Thousand Three Hundred  
and Forty Four and Cents Fifty Only

## 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	26/07/2018 15:53
Date Of Accident	26/07/2018 11:30
Exact Location Of Accident	MINISTRY OF MANPOWER CP COMPOUND
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLE480D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	Q & F LEASING
Co Reg No	53343448C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91727123

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	S400 HYBRID 3.0

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 PRIVATE CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5083216410-01
Cover Note Number	

### Driver

Name of Driver	KUAN CHEOW FUI@SHANGGUAN CHEOW FUI
NRIC No	S1538838B
Date Of Birth	26/07/1962
Occupation	INDOOR
Date Of Driving Pass	06/10/1979
Driving Experience	38 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97695115
Fax Number	
Contact Number	
Email Address	YITING@QUANFENG.COM.SG

Address	10 WOODLEIGH CLOSE 01-05
Postcode	357905
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	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	
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

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 Witness 1

Name	TAI EE LYNE (SECURITY GUARD CISCO)
Phone Number	
Email Address	

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PC3304Z
Vehicle Make/Model/Colour	HYUNDAI
Details Of Properties	
Vehicle Category	BUS
Name of Driver	VERN VISHNU CHANDRA
NRIC/Passport Number	S7420170I
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

**SKETCH PLAN**

**IMPORTANT NOTICE**

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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:

*[Signature]*

*[Signature]*

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

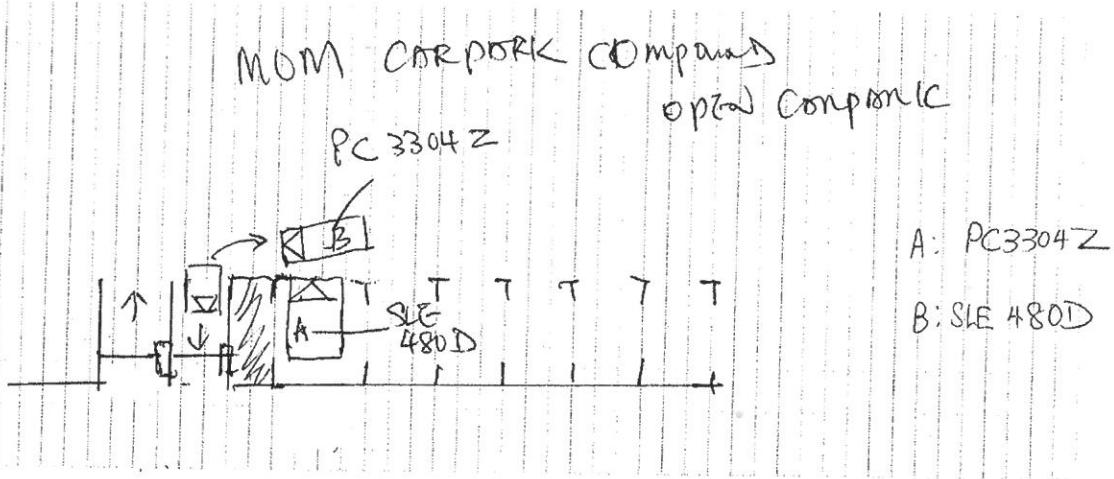


Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

*[Signature]*

16/1/2018 @  
3.30pm

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 26-07-2018 AT ABOUT 10:30 A.M I HAVE PARKED MY VEHICLE AT THE CARPARK LOT OF MOM CARPARK COMPOUND AND WENT FOR MY MEETING, AT ABOUT 12:00PM AFTER MY MEETING, I WENT DOWN TO DRIVE MY VEHICLE, UPON RETURN TO MY VEHICLE SAW SECURITY GUARDS AND INDIA MAN STAND BESIDE MY VEHICLE, I ALSO SAW MY VEHICLE FRONT LEFT WAS DAMAGED, SAME THE GUARD WAS TELLING ME THAT HE SAW VEHICLE PC 3304 Z FRONT LEFT HIT ONTO MY VEHICLE WHEN DOING THE REVERSING, AND TOLD ME THE DRIVER OF PC 3304 Z NAME VIGN VISHNU CHANDRA NRIC 87420170 I ALSO ADMIT THAT HE HIT ONTO MY VEHICLE <sup>HIS LOSS</sup> ASK TO CLAIM WORKER HIS INSURANCE FOR REPAIR MY VEHICLE, NO ONE WAS INJURED.

WITNESS NAME (SECURITY GUARD) — TAN EE LYNE (FROM CISCO)

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:

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

Shumai.



26/7/18 @  
3:50pm

## THE SCHEDULE

### Private Car Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Policyholder named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

1. any Endorsement specified as operative in the Schedule
2. the Conditions and General Exclusions of this Policy, and
3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.

GST Reg No. M4-0003030-8

Policy Number	: 5083216410-01
The Policyholder	: Q & F LEASING 10 WOODLEIGH CLOSE #01-05 BLOSSOMS @ WOODLEIGH SINGAPORE 357905

Period of Insurance	: 24 Nov 2017 To 23 Nov 2018
Sum Insured	: Market Value of Insured Vehicle at Time of Loss
Premium (inclusive GST)	: S\$5,530.96

#### Interest Insured

Cover Type	: drive PREMIUM	
Primary Driver	: N/A	
Named Driver (1)	: N/A	
Named Driver (2)	: N/A	
Make/Model	: MERCEDES BENZ/S400 HYBRID	Capacity : 3000cc
Registration Number	: SLE480D	Registration Year : 2014
Chassis Number	: WDD2221652A095763	Off-peak Car : No
Repair at Owner's Preferred Workshop	: Yes	Insure with COE : Yes
Excess (Section 1)	: S\$2,000	NCD Entitlement : 10%
Excess (Section 2)	: S\$1,500	NCD Protection : No
Windscreen Excess	: S\$100	
Additional Excess	: N/A	
Unnamed Driver Excess	: Please refer to Terms and Conditions	
Hire Purchase Company	: MOTOR-WAY CREDIT PTE LTD	

#### Optional Cover

Transport Allowance	: No
Excess Waiver	: No

**Memo A** : The Policy does not cover any driver who is below 22 years old or with less than 2 years driving experience.

**Endorsement Operative** : M7

Agency	: LQ INSURANCE AGENCY PTE LTD (00000613125)
Date of Issue	: 04 Nov 2017 16:01 hrs
Reprint	: 04 Nov 2017 16:02 hrs

#### DUTY OF DISCLOSURE


We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors



Chief Executive

Text size + -

  
0% 25% 50% 75% 100%**Transfer Of Vehicle Ownership (Acknowledgement)****Vehicle Details**

Vehicle No.:	SLE480D		
Vehicle Type:	N19 - Passenger (Co) Company Station Wagon (Single Rate)	Vehicle Scheme:	Normal
Vehicle Make:	MERCEDES BENZ	Vehicle Model:	S400
Chassis No.:	WDD2221652A095763	Engine No.:	27682430085993
Motor No.:	-	Trailer Chassis No.:	-
Propellant:	Petrol	Passenger Capacity:	4
Engine Capacity:	2996 cc	Power Rating:	-
Unladen Weight:	1860 kg	Maximum Laden Weight:	2590 kg
Primary Colour:	White	Secondary Colour:	-
IU Label No.:	1125454073	Maximum Power Output:	245.0 kW (328 bhp)
First Registration Date:	24 Nov 2014	Original Registration Date:	24 Nov 2014
Manufacturing Year:	2014	Open Market Value:	\$95,582.00
PARF Eligibility:	Yes	Minimum PARF Benefit:	\$72,024.00
No. of Transfer:	1	Actual ARF Paid:	\$144,048.00

**Owner Particulars**

Owner Name: Q & F LEASING  
Owner ID Type: Business  
Owner ID: 53343448C  
Registered Address Type: Private Residential (Condo Apt or House) / Shopping / Office Complexes  
Registered Block/House No.: 10  
Registered Street Name: WOODLEIGH CLOSE  
Registered Unit No.: # 01 - 05  
Registered Building Name: BLOSSOMS @ WOODLEIGH  
Registered Postal Code: 357905  
COE No./Expiry Date: 2014120107000269C / 23 Nov 2024  
COE Bid Category: E - Open Category  
QP Paid: \$71,300.00

**Transaction Details**

Business Transaction Ref. No.: 20160824091347001204  
Business Transaction Date: 24 Aug 2016  
Business Transaction Time: 09:13:47

**Message**

Vehicle has been successfully transferred to Q & F LEASING (53343448C).

Please note that \$11.00 will be deducted from your GIRO account.

There will be a delay of notification delivery to the recipient due to need for validation with the source agency.