RICARDO AUTO CENTRE PTE LTD

GST: M2-0053787-4 RCB NO: 198102182M

160 SIN MING DRIVE #02-02/03 SIN MING AUTOCITY SINGAPORE 575722

TEL: 6475 2112 FAX: 6475 4666 WEBSITE: http://www.ricardo.com.sg

CONFIRMED & ACCEPTED BY



QUOTATION

	<u>VOOTATION</u>				
M/S:	HUANG WEI MING RUSSELL	NO:	WQT08		
		DATE:	11 Nov	2019	
	308B PUNGGOL WALK #16-388	A/C CODE:	C01494	7	
	SINGAPORE 822308				
		YOUR REF:	SMD80	01U	
		VEH REG NO): SMD80	01U	
H/P:	96741109	MAKE/MODI	EL: VOLVO) V40 T	Γ2 (A)
		SALESMAN:			
					PAGE:1
De	escription	Quantity	Unit Price	%	Amount
			<u>S\$</u>		<u>S\$</u>
	E SUBMIT HEREWITH OUR ESTIMATED COST OF REPAIR	R TO ABOVE M	ENTIONED	VEHI	CLE.
	OA: 11/01/2019				
	CCIDENT INVOLVING: SMD8001U & SLX7821H				
CI	LAIM TYPE: 3RD PARTY CLAIM AGAINST SLX7821H (INS	URED WITH AI	G)		
1 T(PANEL BEAT AND SPRAY PAINT ON FRONT BUMPER.	1 SVC	400.00		400.00
A WHITE STATE OF THE STATE OF T			Total	~	S\$ 400.00
		Add GST @ 7%		28.00	
		G	rand Total		S\$ 428.00
TOTAL	.: SINGAPORE DOLLAR FOUR HUNDRED TWENTY EIGHT	ONLY			

HUANG	G WEI MING RUSSELL Fo	For RICARDO AUTO CENTRE PTE LTD			

AUTHORISED SIGNATURE

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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 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 Report	18/01/2019 18:07
Date Of Accident	11/01/2019 18:40
Exact Location Of Accident	BOON TAT STREET TOWARDS ROBINSON ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMD8001U
Insured/Policyholder	
Name Of Registered Owner	HUANG WEI MING RUSSELL
NRIC No	S8317657A
Email Address	RUSCALIOUS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96741109
Alternative Phone No	OFFICE-96741109
Vehicle Particulars	
Manufacturer	VOLVO
Model	V40-1.5 T2 (A)
Exact Purpose for which vehicle was being used a time of accident	t 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	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT108809
Cover Note Number	
Driver	
Name of Driver	HUANG WEI MING RUSSELL
NRIC No	S8317657A
Date Of Birth	13/06/1983
Occupation	INDOOR
Date Of Driving Pass	20/09/2004
Driving Experience	14 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96741109
Fax Number	
Contact Number	OFFICE-96741109

RUSCALIOUS@GMAIL.COM

Address 308B PUNGGOL WALK #16-388 Postcode 822308 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 SIDE SWIPE Weather Conditions **CLEAR** Road Surface DRY Other Information Was any foreign vehicle involved in this accident? NO Number of vehicles (including own vehicle) 2 involved in the accident Was any body injured in the Accident? NO Was any injured conveyed to hospital by NO ambulance? Was any other material or property damaged? YES I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. Number of Passengers (Including Driver) 1 **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 RTY 1

was there any addition recorded?	NO		
The first of the f	DETAILS OF OTHER VEHICLE PROPE		
Vehicle Registration Number	SLX7821H	(AICT)	
Vehicle Make/Model/Colour			
Details Of Properties			
Vehicle Category	PRIVATE CAR		
Name of Driver			
NRIC/Passport Number			
Contact Number			
Address			
Postcode			
Insurance Company Name			
Nature Of Damage			
No. Of Passenger (Including Driver)			

Sketch Plan Pg. 1

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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 [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:
 - 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.

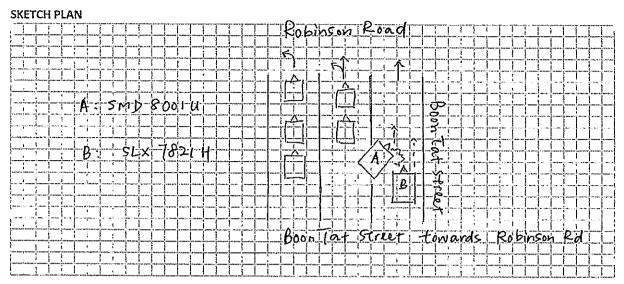
Policyholder's Signature
Date & Time:

18/1/19

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name: Thw ド(カル カルベ

NRIC/FIN No.: 5/549534-J

Sketch Plan #2 Pg. 1



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 11 Jan 2019, it was at or around 6-40 pm. I was				
reating a traffic junction and traffic condition was very				
heavy as it was peak hour traffic on a weekday.				
As the cars in foot was jammed, I turned to my right and				
initiated the 'right filter' light and turned right after				
checking blind spot (to the right). It can now travelling at				
(SLX 7821H)				
a high speed and brushed against my right front bumper.				
AST TO SEE SEE				
The driver did not stop and drove past. As the traffic				
was heavy there was no way I could have caught up.				
In the evening, I realised there were scratches at the right				
front burger and only realised a claim was made inaccurately				
appliest me.				

DECLARATION

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

Policyholder's Signature

Charlet Henrichman V.

Date & Time: 18/Jan/19

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature
Name: TAN KIAN ANN
NRIC/FIN No.: 5/549534J



