

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>



QUOTATION

M/S : NG HUA KUAN

BLK 416 CHO A CHU KANG AVE 4
#10-362 S(680416)

H/P: 91088546

NO: WQT0801015

DATE: 07 Nov 2019

A/C CODE: C015382

YOUR REF: SLJ3328R

VEH REG NO: SLJ3328R

MAKE/MODEL: TOYOTA WISH 1.8 CVT

SALESMAN:

PAGE:1

Description	Quantity	Unit Price	%	Amount
		SS		SS
WE SUBMIT HERewith OUR ESTIMATED COST OF REPAIRED TO ABOVE MENTIONED VEHICLE.				
DOA: 07/11/2019 @0730 HRS				
ACCIDENT INVOLVING: SLJ3328R, GBC4416T, SHC459A & GBG8502E				
CLAIM TYPE: 3RD PARTY CLAIM AGAINST GBC4416T (INSURED WITH AIG)				
1 TAILGATE	1 PC	1,615.90		1,615.90
2 TAILGATE TOYOTA LOGO	1 PC	66.15		66.15
3 TAILGATE PLATE - " VALVE MATIC"	1 PC	45.00		45.00
4 TAILGATE OUTER GARNISH (CHROME)	1 PC	298.70		298.70
5 REAR LAMP LH & RH	2 PC	365.70		731.40
6 BACK DOOR TRIM BOARD	1 PC	375.40		375.40
7 BACK DOOR LOCK	1 PC	402.60		402.60
8 BACK DOOR OPENER	1 PC	149.80		149.80
9 BACK DOOR HINGES LH & RH	2 PC	68.70		137.40
10 REAR END PANEL	1 PC	580.20		580.20
11 BACK DOOR SCUFF PLATE	1 PC	278.66		278.66
12 REAR BUMPER	1 PC	688.90		688.90
13 REAR BUMPER CLIPS	10 PC	4.00		40.00
14 REAR BUMPER REFLECTOR LH	1 PC	54.70		54.70
15 REAR BUMPER ARM LH	1 PC	97.66		97.66
16 REAR BUMPER SIDE SUPPORT LH & RH	2 PC	95.00		190.00
17 REAR BUMPER SIDE RETAINER LH & RH	2 PC	93.10		186.20
18 REAR FENDER LH	1 PC	898.50		898.50
19 REAR COMBINATION LAMP LH	1 PC	289.70		289.70
20 BACK DOOR WEATHERSTRIP	1 PC	381.10		381.10
21 REAR FENDER INNER TRIM LH	1 PC	679.40		679.40
22 BACK WINDSCREEN MOULDING LH & RH	2 PC	70.20		140.40
23 BACK WINDSCREEN MOULDING TOP	1 PC	68.00		68.00
24 BACK WINDSCREEN MOULDING BOTTOM	1 PC	70.20		70.20
25 REAR NO. PLATE WITH HOLDER (NETT ITEM)	1 PC	45.00		45.00
26 SUPPLY WINDSCREEN SEALANT.	1 LOT	40.00		40.00

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M/S : NG HUA KUAN

NO:

WQT0801015

DATE:

07 Nov 2019

PAGE:2

Description	Quantity	Unit Price	%	Amount
		<u>S\$</u>		<u>S\$</u>
WE SUBMIT HERewith OUR ESTIMATED COST OF REPAIRED TO ABOVE MENTIONED VEHICLE. DOA: 07/11/2019 @0730 HRS ACCIDENT INVOLVING: SLJ3328R, GBC4416T, SHC459A & GBG8502E CLAIM TYPE: 3RD PARTY CLAIM AGAINST GBC4416T (INSURED WITH AIG)				
27 TO REMOVE & REPLACE REAR WINDSCREEN GLASS ENABLE TO REPLACE NEW BACK DOOR.	1 SVC	100.00		100.00
28 TO TUFF COAT REPAIRED AREA.	1 SVC	100.00		100.00
29 TO REMOVE INNER TRIM AND ATTACHED PARTS ENABLE TO REPLACE LH REAR INNER TRIM BOARD & FIX SAME.	1 SVC	300.00		300.00
30 TO CUT, WELD & STRAIGHTEN REAR PORTION OF CAR CAUSED BY ACCIDENT. ADJUST & REPLACE DAMAGE PARTS.	1 SVC	1,400.00		1,400.00
31 TO RESPRAY ON REPAIRED AREAS.	1 SVC	1,200.00		1,200.00
32 COMPUTERIZED WHEEL ALIGNMENT.	1 SVC	60.00		60.00
33 TO REPAIR EXHAUST TAIL PIPE.	1 SVC	80.00		80.00
Total				S\$ 11,790.97
Add GST @ 7%				825.37
Grand Total				<u>S\$ 12,616.34</u>

TOTAL: SINGAPORE DOLLAR TWELVE THOUSAND SIX HUNDRED SIXTEEN AND CENTS THIRTY FOUR ONLY

NG HUA KUAN

For RICARDO AUTO CENTRE PTE LTD

CONFIRMED & ACCEPTED BY

AUTHORISED SIGNATURE

☒ Scene Pic
☐ Auth Letter

☒ Owner
☒ Driver

ACCIDENT STATEMENT

Date of Accident	Time (24 HRS)	Location of Accident
7-Nov-2019	0730	KJE towards BKE, Lampost #18

OWNER/ POLICY HOLDER (VEHICLE A) - CLIENT INFORMATION

Vehicle Registration Number	✓ SLJ 3328R
Name of Policyholder	NG HUA KUAN
NRIC/ FIN/ Passport/ ROC (if Policyholder is company)	S77853386
Address	BLK 416, HOA CHU KANG AVE 4, #10-362
Address	S' 680 416
Contact Number	Tel: Hp: 91088546
Email Address	huakuan.ng@gmail.com

VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model	TOYOTA WISH
Type of Vehicle	Saloon, MPV CRV, Van, Lorry, Bus M/cycle, Others:
Are you claiming under your own insurance policy?	<input type="radio"/> Yes <input checked="" type="radio"/> No Remarks: TP (other ins)
Vehicle category	<input type="radio"/> Private Hire <input checked="" type="radio"/> Private <input type="radio"/> Commercial <input type="radio"/> Motorcycle

INSURANCE COMPANY (VEHICLE A)

Name of Insurance Company	MSIG
Type of Policy	<input checked="" type="radio"/> Comprehensive <input type="radio"/> TP Fire & Theft <input type="radio"/> Third party
Fleet Policy	<input type="radio"/> Yes <input checked="" type="radio"/> No
Policy Number	D 300159226 QMY

DRIVER

PLS SKIP THIS SECTION IF OWNER IS DRIVER

Name of Driver	As Above
NRIC/ FIN/ Passport	11/11/1977
Date of Birth	07/07/2007
Occupation	
Driving Pass Date	
Gender	<input checked="" type="radio"/> Male <input type="radio"/> Female
Contact Number	Tel: Hp:
Address	
Address	
Email Address	
Was driver an employee of the Insured's Company?	<input type="radio"/> Yes <input checked="" type="radio"/> No owner
If No, relationship of Driver with the Insured.	

No. of Passenger in vehicle (including Driver)	1 (including Driver)
Please state Passenger Names:	Name: Gender:
	Name: Gender:
	Name: Gender:

Vehicle Number of Driver's Own Vehicle (if applicable)	
Insurance of Driver's Own Vehicle (if applicable)	

GENERAL INFORMATION OF THE ACCIDENT

Weather Conditions	<input checked="" type="radio"/> Clear <input type="radio"/> Raining <input type="radio"/> Others:
Road Surface	<input type="radio"/> Wet <input checked="" type="radio"/> Dry <input type="radio"/> Others:

OTHER INFORMATION

Was there any foreign vehicle(s) involved? (Malaysia car)	<input checked="" type="radio"/> No <input type="radio"/> Yes
Was anybody injured in the accident? (Including Witness)	<input type="radio"/> No <input checked="" type="radio"/> Yes Ambulance - Yes
Was any other vehicle(s) or property damaged?	<input type="radio"/> No <input checked="" type="radio"/> Yes
Was there any video captured? (in-car camera in YOUR CAR)	<input type="radio"/> No <input checked="" type="radio"/> Yes with Traffic Police

DETAILS OF POLICE ACTION

Was the accident reported to the Police?	<input type="radio"/> No <input checked="" type="radio"/> Yes KIV
If Yes, please state which police station & Report No.	
Was notice of intended Prosecution given?	<input checked="" type="radio"/> No <input type="radio"/> Yes
If Yes, against whom?	

OWN VEHICLE REGISTRATION NUMBER

QLJ3328R**DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED (OTHER PARTY INFORMATION)****Other Vehicle or Property 1 (VEHICLE B) - OTHER PARTY INFORMATION**

Vehicle Registration Number	<input checked="" type="checkbox"/> GBC 4416T
Make/ Model/ Others	NISSAN
Vehicle category	<input type="radio"/> Private <input checked="" type="radio"/> Commercial <input type="radio"/> Motorcycle
Name of Driver	MUHAMMAD FAHMI BIN MASHWARI
NRIC/ FIN/ Passport	390309091
Contact Number	96976008

Other Vehicle or Property 2 (VEHICLE C)

Vehicle Registration Number	SHC459A
Make/ Model/ Others	
Vehicle category	<input type="radio"/> Private <input type="radio"/> Commercial <input type="radio"/> Motorcycle
Name of Driver	
NRIC/ FIN/ Passport	
Contact Number	

DETAILS OF WITNESS

Name	(Vehicle D) GBG 8502E
Phone / Email Address	
NRIC/ FIN/ Passport	

DETAILS OF INJURED PERSON 1

Name	Passenger of vehicle C
Contact Number	
Injuries Sustained	
If Vehicle Occupants, state in which vehicle?	SHC 459A
Were Seat Belts Worn?	<input type="radio"/> Yes <input type="radio"/> No
Was Injured conveyed to hospital by ambulance?	<input checked="" type="radio"/> Yes <input type="radio"/> No

DETAILS OF INJURED PERSON 2

Name	
Contact Number	
Injuries Sustained	
If Vehicle Occupants, state in which vehicle?	
Were Seat Belts Worn?	<input type="radio"/> Yes <input type="radio"/> No
Was Injured conveyed to Hospital by Ambulance?	<input type="radio"/> Yes <input type="radio"/> No

Declaration

I/We declare that the above particulars & information provided above are true in every aspect.

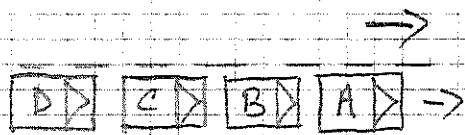

Signature of Policy Holder
(Company Chop if applicable)

Date & Time 7-NOV-2019 10.02 AM

Signature of Driver / Date & Time
(If Driver is not the Policy Holder)

Date & Time

SKETCH PLAN



A = SLJ3328R

B = GBC4416T

C = SHC4E9A

D = GBB2502E

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

The traffic was congested at the point of accident. My vehicle was stationary when vehicle B hit into my rear. I alight my vehicle to check my damage and realise it was a 4 vehicle chain-collision.

* Third Party Repair other workshop *

DECLARATION

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

Policyholder's Signature

Date & Time:

Company Chop (if applicable)

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

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.
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 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:

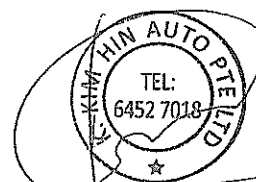
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

7/11/19 10.02am

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



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



**SINGAPORE
POLICE FORCE**



T/20191107/2041

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

1 of 3

Report No. T/20191107/2041

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/11/2019 11:38	Vide Report No.: J/20191107/0059	Station Diary No.: 37
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Informant's Particulars

Name of Informant: NG HUA KUAN		Address: APT BLK 416 CHOA CHU KANG AVENUE 4 #10-362 SINGAPORE 680416	
ID Type / ID No.: NRIC NO / S7785338C		Contact No.: Home/Office: Mobile: 91088546	
Nationality: MALAYSIAN		Email:	
Sex: Male	Age: 41	Date of Birth: 11/11/1977	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: ENGINEER		Driving Licence Information: Class: 2B,3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 07/11/2019 07:35	Type of Location: Straight Road
Location: Along Road 1 KRANJI EXPRESSWAY KJE towards BKE Lamp Post Number: 18				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
GBC4416T	Van					0
GBG8502E	Lorry					0
SHC459A	Taxi					1
SLJ3328R	Car	TOYOTA	WISH 1.8 CVT	White		0



**SINGAPORE
POLICE FORCE**



T/20191107/2041

2 of 3

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

Report No. T/20191107/2041

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SLJ3328R	MSIG INSURANCE (SINGAPORE) PTE. LTD.	300159226	26/07/2019	25/07/2020

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	NG HUA KUAN	ID No.	S7785338C
Related Vehicle	SLJ3328R (Car)	Contact No.	91088546
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the above mentioned date and time, I was driving my vehicle SLJ3328R along KJE heading towards BKE. At the point of time, I was driving along lane 3. The traffic volume was heavy at lanes 3 and 4 as both lanes could exit to BKE. As the traffic ahead was congested, my vehicle came to a complete stop.

While my vehicle was stationary, I noticed that another vehicle (Van, GBC4416T) had also stopped his vehicle behind me. A few moments later, I felt an impact from the rear. When I alighted from my vehicle to make a check, I noted that a chain accident involving a total of 4 vehicles had just occurred with my vehicle at the most front.

Police and ambulance was activated to scene. The passenger from the third vehicle (taxi, SHC459A) was also conveyed to hospital by ambulance at scene. My vehicle's in-car camera footages had also been handed over to the traffic police at scene and was advised to lodge a police report about the matter.

The impact from the rear had caused some damages to the rear portion of my vehicle. There was no damages to the front of my vehicle.

Vehicles involved (According to sequence):

V1: SLJ3328R
V2: GBC4416T
V3: SHC459A
V4: GBG8502E



**SINGAPORE
POLICE FORCE**



T/20191107/2041

3 of 3

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

Report No. T/20191107/2041

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

E /

Sgt 2 PUA JIAN YAN, JEREMIAH

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt RAZIZ BIN TAHAR

Contact No.: 65476200



Signature Of Informant:

Date/Time:

07/11/2019 11:38

Classification Of Case:

Authentication Stamp

 NR158 SINGAPORE POLICE FORCE	 SN 061
SIGNATURE	