



Tony Automotive Pte Ltd

8 Kaki Bukit Ave 4 #04-07 Premier @ KB Singapore 415875

Tel: 69763261 Fax: 69763271

Email: tony07auto@gmail.com

Co. Reg Nq.: 201939168R

Model : AUDI Q5

Veh No: SJZ2961H

Qty	List Items	Amount S\$
1	FRONT BUMPER ? X R	2326
1	FRONT GRILLE / CUT	1174
1	FRONT LOGO / MC	150
2	FRONT BUMPER RETAINERS @ 118 / BR	236
1	FRONT FOAM FILLER X NMI	95
1	FRONT REINFORCEMENT X NMI	882
2	FRONT SENSOR @ 196 X NMI	392
Sub Total		5255
Less 5%		262.75
		4992.25

Special Nett Items

Qty	List Items	Amount S\$
1	FRONT NUMBER PLATE / BR	60 /
1	FRONT NUMBER PLATE CASING / CUT	60 30
1 SET	FRONT BUMPER CLIPS / MK	80 30
1 SET	FRONT GRILLE CLIPS / MK	70 30
Sub Total		270

Labour charges

1	CHECK AND RECTIFY FRONT ELECTRICAL WIRING	250 30
1	REMOVE AND REPLACE FRONT SENSORS	200 30
1	TUFFKOTE	250 30
1	TO PUTTY, SPRAY PAINT ETC	1500 250
1	TO PANEL BEAT, WELD, ALIGN, REFIX ETC	1600 300
Sub Total		3800

ESTIMATE PARTS AND LABOUR GRAND TOTAL S\$ 9062.25

Steve (LKK) wtl Pnl
 4/6/20, 1.30pm
 L/S
 Rg AL M
 2 days

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer
 Signature:
 Date:

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 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 at the centre.

ACCIDENT STATEMENT

Date Of Report: 02/06/2020 16:23
Date Of Accident: 01/06/2020 19:40
Exact Location Of Accident: BLK 113 PASIR RIS ST 11 CARPARK
Country/State of Loss: SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number: SJZ2961H
Insured/Policyholder
Name Of Registered Owner: MOHAMED HUSSEIN BIN MOHIDEEN
NRIC No: SXXXX943A
Email Address: NENGNENG233@GMAIL.COM
Mobile Phone No: (LOCAL) +65-91393883
Alternative Phone No: OFFICE-91393883

Vehicle Particulars

Manufacturer: AUDI
Model: Q5
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: NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage: COMPREHENSIVE
Fleet Policy: NO
Policy Number: 5107171474-01
Cover Note Number:

Driver

Name of Driver: MUHAMMAD NURULLAH BIN MOHAMED HUSSEIN
NRIC No: SXXXX332Z
Date Of Birth: 09/05/1993
Occupation: INDOOR
Date Of Driving Pass: 05/12/2012
Driving Experience: 7 YEARS AND 5 MONTHS
Gender: MALE
Mobile Number: (LOCAL) +65-87671657
Fax Number:
Contact Number:
EMail Address: NENGNENG233@GMAIL.COM

Address APT BLK 113 PASIR RIS ST 11 #11-667
 Postcode 510113
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured CHILDREN
 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 (including own vehicle) 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) 1

Details of Police Action

Was the accident reported to the police? YES
 If Yes Please state which Police Station
 Police Station Name BEDOK DIVISION HQ
 Police Station Address ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: - FAX NO:
 Was notice of intended Prosecution given? NO
 If Yes against whom?

Circumstances of Accident

REFER TO ATTACHED

Attachment(s)

Are accident photos available for attachment? YES
 Was there any video captured by Car Camera? YES
 Remarks/ Reasons: WITH OWNER
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number CB7347H
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category COMMERCIAL VEHICLE
 Name of Driver
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	MUHAMMAD NURULLAH BIN MOHAMED HUSSEIN
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SJZ2961H
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	APT BLK 113 PASIR RIS ST 11 #11-667
Postcode	510113

Sketch Plan

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 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 within 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 vehicles involved in this accident (all insurer(s) who have insured vehicles 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 purposes 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 vehicles 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:

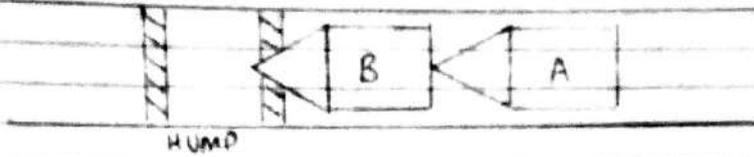


Reporting Centre Person's Signature
Name:
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN

A - SJZ2961H
B - CB7347H

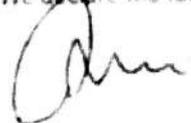


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

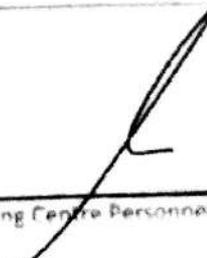
REFER TO POLICE REPORT - G/20200602/7076

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.:



POLICE REPORT (NP299)

Report No. G/20200602/7036

Police Station Of Origin
Bedok Division HQ
30 Bedok North Road SINGAPORE 469676
Tel No 1800-2440000

Date/Time Report Made 02/06/2020 15:11	Wide Report No.	Station Diary No.
Name of Informant MUHAMMAD NURULLAH BIN MOHAMED MUSSEIN	Address APT BLK 113 PASIR RIS STREET 11 #11-667 SINGAPORE 510113	
ID Type / ID No NRIC NO : S9318332Z	Contact No Home/Office	Mobile 87671657
Nationality SINGAPORE CITIZEN	Email Address perguneng233@gmail.com	
Occupation FOOTBALLER	Sex Male	Age 27
Institution/School Name	Date of Birth 09/05/1993	Race Malay
Date/Time Of Incident 01/06/2020 19:40 - 01/06/2020 19:55	Location Of Incident APT BLK 113 PASIR RIS STREET 11 #11-667 SINGAPORE 510113	

Brief details.

On the 1/6/2020 at around 740pm, as I was driving vehicle no. SJZ2961H to go out from my home carpark, as I approached a hump, vehicle number CB7347H in front of me was on the hump. I stopped my vehicle as vehicle CB7347H was stopped on the hump. Then vehicle CB7347H started to reverse. I honked multiple times, yet the vehicle CB7347H kept reversing and reversed into the front part of my vehicle. We took pictures and went our separate ways. I felt pain in my back and left knee the same night. I proceeded to see a doctor the next day and was awarded 3 days MC with a referral letter to do

Signature Of Officer Recording The Report Not applicable	Signature Of Informant The identity of the person making this report has been authenticated by SingPass. No signature is required
Signature Of Interpreter Not applicable	Date/Time 02/06/2020 15:11
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

Sketch Plan #4



**SINGAPORE
POLICE FORCE**



POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No G/20200602/7036

further medical check. I have picture and video evidence

Subjects Involved			
Victim			
Person Name	MUHAMMAD NURULLAH BIN MOHAMED HUSSEIN		
ID Type	NRIC NO	ID No	S9216332Z
Gender	Male	Age	27
Race	Malay	Language	English
Occupation	FOOTBALLER	Address Type	
Address	APT BLK 113 PASIR RIS STREET 11 #11-667 SINGAPORE 510113	Mobile No	87671657
Is Informant A Victim?	Yes		
Person Name	MUHAMMAD NURULLAH BIN MOHAMED HUSSEIN (Informant)		

Signature Of Officer Recording The Report. Not applicable	Signature Of Informant The identity of the person making this report has been authenticated by SingPass. No signature is required
Signature Of Interpreter. Not applicable	Date/Time 02/06/2020 15:11
Officer In-Charge Of Case.	Classification Of Case
Authentication Stamp	