

Block 9005 Tampines Street 93 #01-246/254 Singapore 528839 Tel: 67840663 (8 Lines) Fax: 67840692 GST Reg No: MX-0869103-NO Business Reg No: 394773/00D E-mail: nphauto@pacific.net.sg



Total

Your Ref Page 1/2

Our Ref : TP0028/08/20 Date : 19/08/2020

THIRD PARTY CLAIM

M/S : LAU WAI KIT PATRICK

BLK 298 BEDOK SOUTH AVE 3

#04-13

SINGAPORE 489298

Attn

Dear Sir/Madam

RE: ACCIDENT REPAIR ON : HONDA VEZEL

: CASH LOW NOW WI INSURED ENGINE# DATE OF ACCIDENT : 18/08/2020 CHASSIS# :

POLICY NO

APPENDED BELOW	ARE	THE	ESTIMATED	COST	OF	REPAIR	£,	TO	BE	REPLA	ACED:		
										Qty	U/Cost	U/Price	

			\$	\$	\$
Rep	lacement of Parts				
1	front headlamp LH	12	1850.40	1850.40	1,850.40
2	front headlamp lower bumper retainer	10	35.00	35.00	35.00
3	front bumper	10	459.80	459.80	459,80
4	front bumper side retainer LH	10	15.70	15.70	15.70
5	front bumper fog lamp grille	10	45.00	45.00	45.00
6	front bumper fog lamp LH	10	327.40		327.40
7	front bumper lower spoiler	10	351.00	351.00	351.00
8	front bumper reinforcement	10	321.80	321.80	321.80
9	front grille	10	385.00	385.00	385.00
10	front geille base outer garnish	10	351.80	351.80	351,80
11	front fender wheel arch garnish	10	153.00	153.00	153.00
				-	4,295.90
Les	s 20%				-859.18
Tot	al Material				\$3,436.72
Lab	our & Misc				,
1	Remove & install f/grille, f/headlamp, f/bumper, bumper lower spoiler, f/fender wheel arch, knock				
	f/fender, headlamp support panel and restraigthen body & chassos.				700.00
2	Spray painting.				80000
3	Check wiring system.				25.00
					1,525.00
Tot	al Labour				\$1.525.00

\$1,525.00 Nett Total Before Gst \$4,961.72

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 witholding of material facts may allow insurance companies to
- 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

	ACCIDENT STATEMENT				
0 . 0.0					
Date Of Report					

Date Of Report 18/08/2020 22:46 **Date Of Accident** 18/08/2020 17:00

Exact Location Of Accident CONDO CARPARK OF 299 BEDOK SOUTH AVE 3

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLR7329U

insured/Policyholder

Name Of Registered Owner PATRICK LAU WAI KIT

NRIC No SXXXX221E

Email Address PATRICKLAU_168@YAHOO.COM.SG

Mobile Phone No. (LOCAL) +65-93882256 Alternative Phone No. OTHERS-93882256

Vehicle Particulars

Manufacturer **HONDA**

Model VEZEL-1.5 X CVT (A)

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 MSIG INSURANCE (SINGAPORE) PTE. LTD.

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number A 29011350 QMX

Cover Note Number

Driver

Name of Driver PATRICK LAU WAI KIT

NRIC No SXXXX221E Date Of Birth 29/09/1954 Occupation **INDOOR** Date Of Driving Pass 03/11/1984

Driving Experience 35 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93882256

Fax Number

Contact Number OTHERS-93882256

EMail Address PATRICKLAU_168@YAHOO.COM.SG Address 299 BEDOK SOUTH AVE 3 #04-13

Postcode 469298

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

Cther Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle) involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

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) n

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?

If Yes, against whom?

Circumstances of Accident

ON 18/08/2020 AT AROUND 5PM @ 299 BEDOK SOUTH AVE 3 CONDO CARPARK. I CAME BACKED HOME AND WENT TO MY PARKED AND STATIONARY CAR TO FIND THAT THERE WAS DAMAGES ON THE LEFT HAND SIDE. THERE WAS A NOTE LEFT ON MY CAR. I HAVE CONTACTED THE OTHER PARTY AND GOT HIS PARTICULARS AND HE ADMITTED HE

NO

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SDM9119S

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR Name of Driver GILBERT GOH NRIC/Passport Number SXXXX258H Contact Number 96159119 Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

MALILH FLAN

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 <u>itsethful and accurate as notable</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy flability.
- 4. The Have and acceptance of this Form by insurance companies is not an admission of policy Rability on the part of the insurance companies
- 5. Any falsa reporting may be referred to the Police for investigation.
- 6. The report will be forwarded by the insurers of the GIA flacords 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 inturers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- B. 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 "losurers"), the insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s)
 - (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) earrying our 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 mae, 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 each installing, processing, handling and/or dealing with my claims (collectively the
- (b) all insurer(s) who have insured where the second of the arrident and the incurers' lawyers/law forms, may/ere personalited. to collect, use, disclose and/or process in the matter distination for one or more of the above Purposes; and
- (c) my Personal Information may/harrise to the state and a state of the state providers or agent (including their lawyers/ison) and any or past particle of Singapore, for one or more of the above Purposes.
- (d) my Personal information with all the second to completizing bistory for the purpose of fraud detection, investigation and management in an artist and claims claims
- (c) the information to collected under all above may be shared / disclosed:
 - [1] to all insurers and/or any other third parties that assist in availating, investigating, controlling or managing froud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - in) for complying with requirements under any regulations, laws or court profess.

Policyhelder's lignature

Date & Time:

Orlyse's Signa (If driver is not the policyholder)

Date & Time.

Reporting Centre Personal's Signature

Name

NAIC/FIN No :

SULLERS NUMBER OF SERVICE

SKETCH PLAN

A-SLR7329U B-SDM91195

Boilde Court Carport



DESCRIBE CIRCUMSTAJ	YCES OF THE ACCIDENT	v. da (=)
on 18/8/2020 HOLL 33 COV My parked 8 Ch the LH F	et around Spur &	299 Bedot South Avenue 3 backed home and went to d that there was damaged a note left on my car. and got his particulars my vehicle.
DECLARATION We declare the foregoing part obsynctoer Signature site & Time	Driver Signature (II driver A not the policyholder) Date & Time:	Reporting Centrophenocinel's Signature Name Name Nak /HN No.: