



NPH AUTO SERVICE

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



Your Ref : Page : 1/2
 Our Ref : TP0051/12/20 Date : 22/12/2020

THIRD PARTY CLAIM

M/S : CHUAN MENG ELECTRICAL CONTRACTOR
 9003 Tampines Street 93
 #02-182 Singapore 528837

Attn :
 Dear Sir/Madam

RE: ACCIDENT REPAIR ON : SLT8222B - BMW 730LI
 INSURED : CHUAN MENG ELECTRICAL CONTRACTOR ENGINE# :
 DATE OF ACCIDENT : 19/12/2020 CHASSIS# :
 POLICY NO : MA010371

APPENDED BELOW ARE THE ESTIMATED COST OF REPAIR & TO BE REPLACED:

	Qty	U/Cost	U/Price	Total
		\$	\$	\$
Replacement of Parts				
1 front bumper side retainer RH	1@	28.40	28.40	28.40 <i>rel</i>
2 front bumper parking sensor RH	1@	238.05	238.05	238.05 <i>act</i>
3 front bumper chrome RH	1@	48.95	48.95	48.95 <i>X</i>
4 front bumper	1@	1565.90	1565.90	1,565.90 <i>dev</i>
				<u>1,881.30</u>

Total Material
Labour & Misc

1 Remove and install front bumper, front headlamp, front fog lamp L & R, indicator lamp, front bumper chrome L & R, wiper nozzle cover, towing hook cover & parking sensor.	350.00	<i>250.</i>
2 Spray Painting	300.00	<i>250</i>
3 Renew parking sensor and setting.	80.00	<i>30</i>
4 Check Wiring system.	25.00	<i>✓</i>
	<u>755.00</u>	

Total Labour

Nett Total Before Gst

\$755.00
\$2,542.23

Tampan 97415447 / 67418434
wp' 23/12/20 e 1245
L/S Resurvey after repair
- 2 days
Tampan 97415447

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Part's 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 aforesaid.

ACCIDENT STATEMENT

Date of Submission	22/12/2020 13:44 (SGT)
Date of Accident	19/12/2020 19:30 (SGT)
Exact Location of Accident	8 Stadium Walk, Singapore 397699
Additional Location Information	KALLANG LEISURE PARK TOWARDS NATIONAL STADIUM
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT8222B
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	CHUAN MENG ELECTRICAL CONTRACTOR
Company Reg No	1XXXXX826E
Email Address	jamestan@cmelect.com.sg
Mobile Phone No	(Phone) +65-90077008
Alternative Phone No	(Office) +65-90077008

VEHICLE PARTICULARS

Manufacturer	BMW
Model	730li
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company	Etiqua
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	MA010371
Cover Note Number	-

DRIVER

Name of Driver	TAN CHEK CHUAN
NRIC No	SXXXX006J
Date Of Birth	23/03/1974
Occupation	Indoor

Date Of Driving Pass	20/01/1999
Driving experience	21 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90077008
Alt. Phone Number	-
Email Address	jamestan@cmelect.com.sg
Address	APT BLK 213A PUNGGOL WALK
Address complement	#14-745
Postcode	821213
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Change/cross lane
Weather Conditions	Raining
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED 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 OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLZ9512B
Vehicle Manufacturer	Audi
Vehicle Model	Q5
Vehicle Variant	-
Vehicle Colour	Blue
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	AIG

Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

-
-
-

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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.
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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:

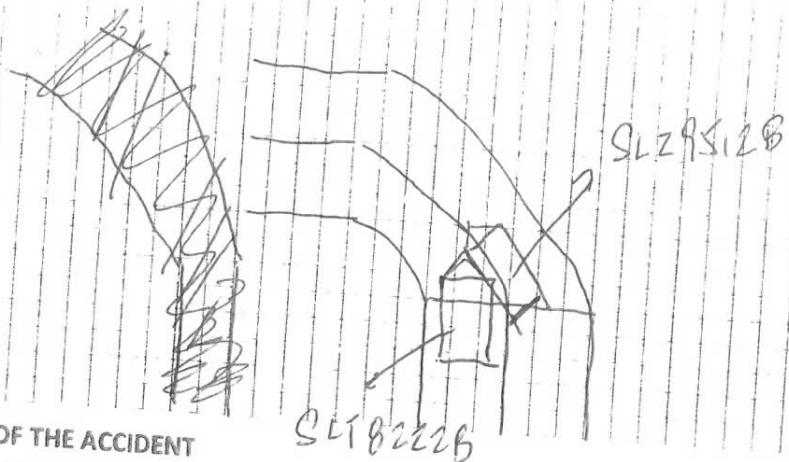
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

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

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 19 DEC 2020 AROUND EVENING 19:30 PM TO 19:40 PM, MY CAR SLT8222B WAS HIT BY SLZ9S12B WHILE TURNING LEFT FROM STADIUM WALK (KALLANG LEISURE PARK) TOWARDS STADIUM WALK (NATIONAL STADIUM). BOTH CARS WERE SIDE BY SIDE AT THE STOP LINE. HOWEVER, WHEN BOTH CARS STARTED TO MOVE ^{TO} TURN LEFT, SLZ9S12B SPEED UP & CUT INTO MY LANE & HIT ME. HIS TURNING ANGLE WAS TOO ACUTE. AT THAT POINT OF TIME, MY CAR WAS SLIGHTLY OVER THE STOP LINE. IN THE END, WE BOTH STOP AT STADIUM BLVD & TAKE PHOTOS OF EACH OTHER CARS.

Alone.

No injuries.

Drizzling

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.:

INTERVIEW FORM

Name (Driver) : TAN CTEK CHUAN

Policy No : MA 010371

Vehicle No : SLT8222B

Place of Accident : STADIUM WALK

Insured Driver's relationship with Insured : owner of company

Drink Driving of Insured and/or Insured Driver : NO

No of passenger(s) in Insured vehicle : NO

Injury to Insured and/or Insured driver, please indicate which hospital:
NO

Third Party Vehicle No (if any) : SLZ9512B

No of passenger(s) in Third Party Vehicle : 2

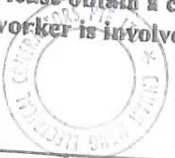
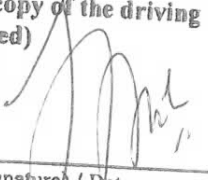
Injury to Third Party driver and/or passenger(s), please indicate which hospital:
NO

Type of collision and the extensiveness of the damages to all vehicles/Third Party property involved:
3rd party cut to my lane while turning left

Any witness to the accident (if yes, please indicate Name, Contact No and a copy of the statement):
NO

Traffic Police report (enclosed) : Yes / ☒ No

Please obtain a copy of the driving licence of Insured driver and/or work permit (where foreign worker is involved)

Driver (Name & Signature) / Date
I, affirmed the above information is given to
my best knowledge

Attended by (Name & Signature) / Date

Workshop Name: _____

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