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: 6515 6888 / 9847 8613(HELPLINE)
EMAIL : enquiry@ricardo.com.sg WEBSITE: http://www.ricardo.com.sg

RICARDO

QUOTATION

M/S : YEOW TIAN SENG JEFFREY

7 MARYMOUNT TERRACE #15-06
SINGAPORE 573963

NO: **WQT0801163**
DATE: 20 May 2021
A/C CODE: C016816

YOUR REF: SMZ1535B
VEH REG NO: SMZ1535B
MAKE/MODEL: MERCEDES BEN E 250
SALESMAN:

	Description	Quantity	Unit Price S$	%	Amount S$
	WE SUBMIT HEREWITH OUR ESTIMATED COST OF REPAIR TO ABOVE MENTIONED VEHICLE. DOA: 14/05/2021 @1755 HRS ACCIDENT INVOLVING: SMZ1535B & SKT1933R & FBG3505E CLAIM TYPE: 3RD PARTY CLAIM AGAINST SKT1933R (INSURED WITH AIG ASIA PACIFIC INS)				
1	REAR BUMPER	1 PC	1,716.12		1,716.12
2	REAR BUMPER SIDE MOULDING LH & RH	2 PC	138.83		277.66
3	REAR BUMPER CENTRE MOULDING	1 PC	186.85		186.85
4	REAR BUMPER REINFORCEMENT	1 PC	922.37		922.37
5	REAR BUMPER SIDE RETAINER LH & RH	2 PC	43.16		86.32
6	REAR BUMPER CLIPS	1 LOT	30.00		30.00
7	TO TUFF COAT REPAIRED AREA	1 SVC	60.00		60.00
8	TO CUT, WELD & STRAIGHTEN REAR PORTION OF CAR CAUSED BY ACCIDENT, ADJUST & REPLACE DAMAGE PARTS.	1 SVC	500.00		500.00
9	TO SPRAY PAINT ON REPAIRED AREAS	1 SVC	500.00		500.00
10	TO CODING & PROGRAMMING REAR BUMPER SENSOR SYSTEM.	1 SVC	180.00		180.00

Total	S$ 4,459.32
Add GST @ 7%	312.15
Grand Total	S$ 4,771.47

TOTAL: SINGAPORE DOLLAR FOUR THOUSAND SEVEN HUNDRED SEVENTY ONE AND CENTS FORTY SEVEN ONLY

YEOW TIAN SENG JEFFREY

For RICARDO AUTO CENTRE PTE LTD

CONFIRMED & ACCEPTED BY

AUTHORISED SIGNATURE

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 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	17/05/2021 17:55 (SGT)
Date of Accident	14/05/2021 17:55 (SGT)
Exact Location of Accident	Ang Mo Kio Ave 3, Singapore
Additional Location Information	Ang Mo Kio Ave 3 (Towards Ang Mo Kio Ave 10).
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMZ1535B

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Yeow Tian Seng Jeffrey
NRIC No	SXXXX530H
Email Address	mary.chew@live.com
Mobile Phone No	(Phone) +65-96383770
Alternative Phone No	+65-96383770

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	E250
Variant	-
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 - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1796

INSURANCE COMPANY

Name of Insurance Company	Direct Asia Insurance (Singapore) Pte Ltd
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	MT/00923711
Cover Note Number	-

DRIVER

Name of Driver	Chew Mei Lee Mary
NRIC No	SXXXX597H

Date Of Birth	15/03/1968
Occupation	Indoor
Date Of Driving Pass	14/03/1986
Driving experience	35 YEARS AND 2 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96983770
Alt. Phone Number	-
Email Address	mary.chew@live.com
Address	7 Marymount Terrace #15-06
Address complement	-
Postcode	573963
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
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 - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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

Please refer attached.

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	SKT1933R
Vehicle Manufacturer	Mercedes
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Private car
Name of Driver	Lee Yi Peng, Gilbert
NRIC No	SXXXX075C
Contact Number	-
Address	-

Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	FBG3505E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	Yeo Wee Sen Wilson
NRIC No	SXXXX393J
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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.
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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	Driver's Signature (If driver is not the policyholder) Date & Time: 11/5/2021 15:50	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

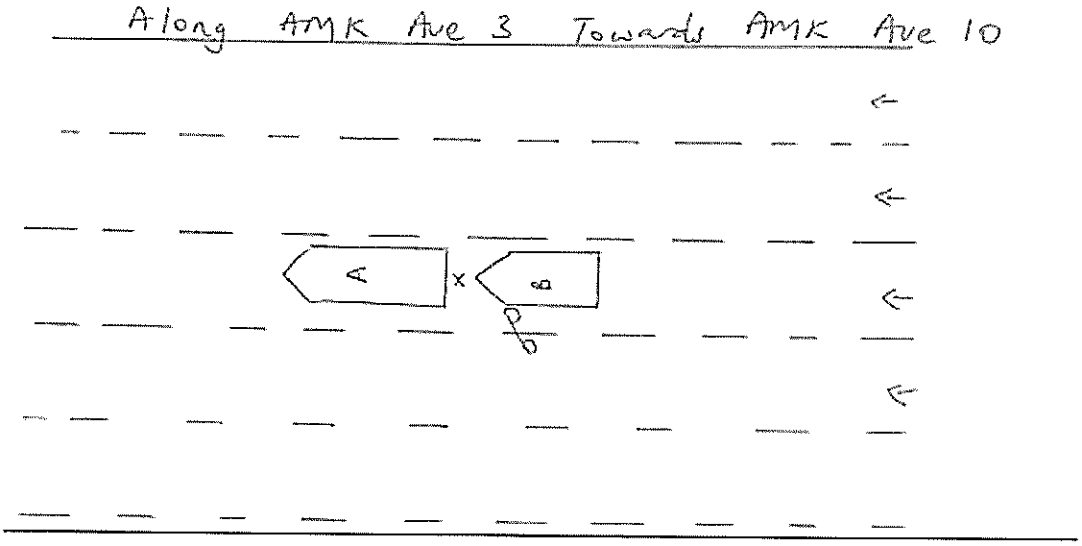
Accident Toolkit

Sketch plan

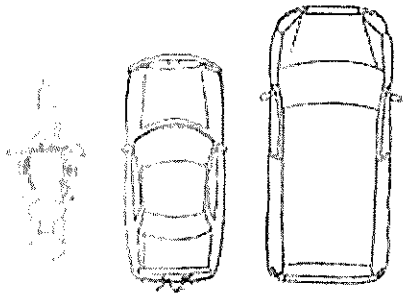
Sketch of accident scene:

Please illustrate the layout of roads with arrows showing the direction and position of vehicles at the time of impact. Also please note the road names, road signs and vehicle registration numbers.

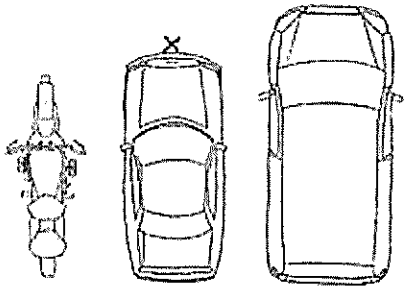
If safe, please take photos or videos from all angles.



Please indicate on vehicle A (your vehicle) and, vehicle B(third party vehicle), the point of impact and area(s) of visible damage with an arrow.



Vehicle A
SMZ 1535 B



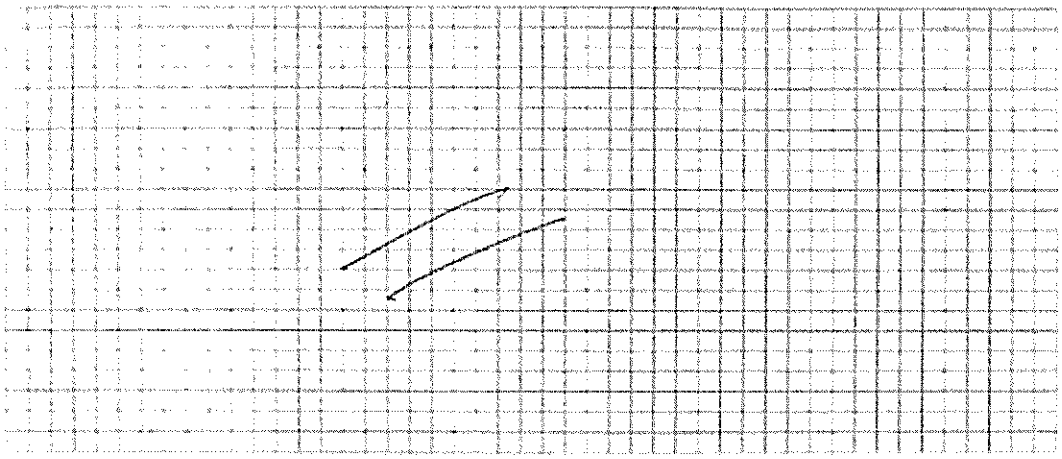
Vehicle B
SKT 1933R

direct asia insurance

19/5/2021
13:55pm

Call us direct
Customer Care
6665 5555
Claims Support 24/7 Hotline
6532 1818
(65 6603) 3699 (from overseas)

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 14 May 2021 at around 17:55 hours, I was driving (SMZ1535B) along Ang Mo Kio Ave 3 (towards AMK Ave 10). When I was slowing down to a point of stopping, I felt an impact my body was thrust forward & pulled back. I realized my vehicle was rear-ended.

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: 14/5/2021 17:55 pm	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

INSURER ENQUIRY

Find insurer

Vehicle reg. no.

SKT1933R

Date of Accident

14/05/2021

Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance	**AIG Asia Pacific Insurance Pte....**
Period of Insurance	**05/12/2020 - 04/12/2021**
Requested By	**Grace Tan (Ricardo Auto Centr...**
Requested Date	**20/05/2021 17:01**

Payment details
Request Amount: **S$1.87**
GST Amount: **S$0.13**
Total Amount Due (GST Inclusive): **S$2**

General Insurance Association
Records Management Centre
GST Registration No: **M400017735**