

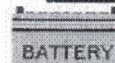


ALFRED AUTO

Services & Supplies

Blk 5035 Ang Mo Kio Ave 3 # 01-351 Industrial Park 2 Singapore 569538
Tel: 6483 4586 Fax: 6483 4882 Reg. No. 391089/00-E
Email: alfredauto@hotmail.com

Tyre &
Sports Rim



Reference No.: 010721

[WITHOUT PREJUDICE SAVE AS TO COSTS]

Date: 01.07.2021

Wen Xiao Meng

One Fort Road #08-04

Singapore 439069

Audi TT Coupe 2.0 TFSI

Estimate Repair Cost for Vehicle Reg. No: SKJ 8989 L

1 Pc. Front Grille Assy.		1,259.00
8 Pcs. Front Grille Clips	@ 6.00	48.00
1 Pc. Front Bumper		2,440.00
1 Pc. Front Bumper Sponge		698.00
10 Pcs. Front Bumper Clips	@ 6.00	60.00
1 Pc. Front No. Plate & Box		90.00 (S.Nett)

Total (Panels / Parts): 4,595.00 (SGD)

LABOR CHARGES

To repair & renew front grille, front panel, front support, Front bumper & all accident affected area.	900.00
To respray painting on all accident affected area.	900.00

Total (Labor Charges): 1,800.00 (SGD)

TOTAL COST SUMMARY

PANELS / PARTS	4,595.00
LABOR CHARGES	1,800.00

Grand Total: 6,395.00 (SGD)



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Tel: 6483 4586 Fax: 6483 4882 Reg. No. 391089/00-E
Email: alfredauto@hotmail.com



We shall be glad if you can forward the payment at your early convenience.

For internet banking transfer – OCBC Current Account No. 620-453233-001 or
PAYNOW UEN 39108900E

ACKNOWLEDGED BY	DATE	ALFRED AUTO SERVICES & SUPPLIES
		<i>Alfred Quah</i>

Note: Full payment must be completed 7 days from the invoice date. There will be an interest of 1.5% imposed per month on overdue invoice. Thank you.

Land Transport Authority
10 Sin Ming Drive
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 01 Jul 2021 / 20:41:26

Receipt Date/Time : 01 Jul 2021 / 20:41:25

Tax Invoice/Receipt

Receipt No. : ITNET-00000-210701-004023

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Result of Insurance Enquiry - SMX9166R				
As at 30 Jun 2021/17:30:00				
Insurance Co: CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD				
1	Insurance Enquiry - SMX9166R			
	Enquiry Fee	7.00	0.49	7.49
	20210701204045241460			
	Sub-Total	7.00	0.49	7.49
	Total Before Rounding	7.00	0.49	7.49
	Rounding Difference			0.04
	Total Amount Payable			7.45
	Paid By			
	0pc3xk55--		Credit Card	7.45
	73S96965GB548021H			
	Total			7.45
	Cash Change			0.00
	Tendered Amount			7.45
	Excess Refundable Amount			0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.

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	01/07/2021 15:12 (SGT)
Date of Accident	30/06/2021 17:30 (SGT)
Exact Location of Accident	10 Ang Mo Kio Industrial Park 2A, Singapore 568047
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKJ8989L
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	WEN XIAOMENG
Passport No/FIN	GXXXX385U
Email Address	MICHELLEWEN@OUTLOOK.SG
Mobile Phone No	(Phone) +65-90290301
Alternative Phone No	+65-90290301

VEHICLE PARTICULARS

Manufacturer	Audi
Model	Tt
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	1984

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	GA557367/1
Cover Note Number	13/11/2020 - 12/11/2021

DRIVER

Name of Driver	WEN XIAOMENG
Passport No/FIN	GXXXX385U

Date Of Birth	14/01/1981
Occupation	Indoor
Date Of Driving Pass	03/04/2014
Driving experience	7 YEARS AND 2 MONTHS
Gender	Female
Mobile Number	(Phone) +65-90290301
Alt. Phone Number	+65-90290301
Email Address	MICHELLEWEN@OUTLOOK.SG
Address	1 FORT RD
Address complement	#08-04
Postcode	439069
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	FENG WEI
Gender	Female

PASSENGER 2

Name	TYLER LEE
Gender	Male

PASSENGER 3

Name	MELODY HAN
Gender	Female

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

PLS REFER TO THE SKETCH PLAN BY DRIVER

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMX9166R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MUHD SHAH RAZLI
Contact Number	(Phone) +65-96346664
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

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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.
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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:

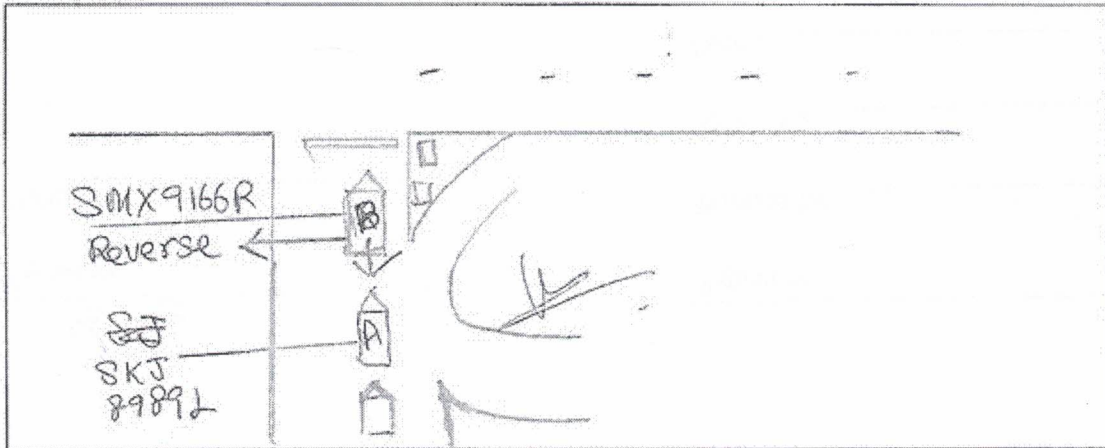


Driver's Signature
(If driver is not the policyholder)
Date & Time:



Reporting Officer's Signature
Name:
NRIC/FIN No.:

Date of accident: 30/06/2021 Time: 5.30pm Location: 10 Ang Mo Kio Ind PK2A Auto Point
 My Vehicle A: SKJ 8989L Vehicle B: SMX9166R Vehicle C: _____
 SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 30/6/2021 at about 5.30pm I was driving my car SKJ 8989L at NO 10 Ang Mo Kio Ind PK2A Auto Point. I was stopped behind SMX9166R queuing at the car park Exit, suddenly SMX9166R Reverse Very Fast & hit onto my car. Front Part & he ask me to claim his Insurance for my Repair. That all remarks my video has all the information of the Accident.

☐ Claim OD/TP at Ah Lim Motor ☒ Claim OD/TP at other workshop ☐ Reporting Only

Remarks: Please forward a copy of my efile accident report to:
 My workshop: Alfred Auto Services & Supplies
 Email address: alfredautos@gmail.com
 & myself:
 Email address: michellenen@outlook.sg.

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

DECLARATION

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

[Signature]
 Policyholder's Signature
 Date & Time:

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

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

AH LIM MOTOR COMPANY

Date: 01/07/2021

To The Motor Claims Manager

M/s _____

Singapore _____

Dear Sirs,

ACCIDENT ON 30/06/2021 INVOLVING VEHICLES NOS:
SKJ8989L AND SMX 9166R
ALONG / AT NO 10 Ang Mo Kio Ind Park 2A Singapore 568047

I/We. Wen Xiao meng of NRIC NO.: G0247385U
am/are the registered owner of motorcar no: SKJ 8989L. I/We, hereby
authorised you to release all compensation monies pertaining to the above-mentioned accident,
directly to my repairer, M/s Alfred Auto Services & Supplies.

I/We, hereby authorise the said repairer, M/s Alfred Auto Services & Supplies to collect all
compensation monies due to me from you or any other party, regarding the said accident.

Thank you.

[Signature]
Signature

Owner: Wen Xiao meng

[Signature]
Signature

Witness by: Quah Hock Wah

NRIC No: S1748849/2

Date: 01/07/2021

LETTER OF AUTHORISATION

ACCIDENT ON : 30/06/2021
AT/ALONG : N010 Ang Mo Kio Ind PK2A 8.568047
INVOLVING VEHICLE/S : SKJ 8989L & 8MX 9166 R.

I/We, (Name) Wen Xiao Meng of NRIC No / Business Registration
No Q 0247385 U hereby authorize **ALFRED AUTO SERVICES & SUPPLIES**, my
repairer to commence repair to my/our vehicle SKJ 8989L.


I/We also authorize my repairer to negotiate and settle my/our claim with the third party involved in the above-mentioned accident; and to give all further instructions on my/our behalf and to instruct a solicitor if needed. In which case, all future correspondences should be addressed to them.

My repairer is further authorized to receive on my/our behalf the settlement sum monies. **In the event if the cost of repair and/or rental is not recovered in full (100%), I/we acknowledged and agree to pay for the balance of the cost of repair and rental to my repairer.**

I/We, confirm in the event that my vehicle is required to be re-inspected and/or if I/we are required to attend Court proceedings, I/we agree to comply and extend my co-operation readily. Failing which I/we will be liable to pay the repair costs, disbursements and all legal costs incurred.

I/We, confirm in the event the Third Party claim is unsuccessful (E.g. In cases whereby the Third Party driver is driving under the influence of alcohol, driving without insurance coverage, driving without license, driving without authorization), I/we agree to pay for the repair costs, disbursements and all legal costs incurred by my repairer.

Dated this 01 day of 07 2021


Signature or Right Thumb Print

Company chop (if applicable)

Name : Wen Xiao Meng

NRIC No : Q 0247385 U