



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 :
Our Ref : TP0060/08/21
THIRD PARTY CLAIM

Page : 1/2
Date : 27/08/2021

M/S : TAN WEE LIANG
BLK 601C TAMPINES AVE 9
#07-838
SINGAPORE 523601

Attn :

Dear Sir/Madam

RE: ACCIDENT REPAIR ON : SLX2575B - MAZDA 2
INSURED : TAN WEE LIANG
DATE OF ACCIDENT : 27/08/2021
POLICY NO : MA015032

ENGINE#
CHASSIS#

*not Adhond
du
2/55
4 days.
Edy jrb Hlo ref
30/8/21*

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

	Qty	U/Cost	U/Price	Total
		\$	\$	\$
Replacement of Parts				
1 front grille	10	101.90	101.90	101.90 ✓
2 front grille chrome moulding	10	166.00	166.00	166.00 ✓
3 front grille center logo	10	33.50	33.50	33.50 X
4 front bumper with nose	10	873.00	873.00	873.00 ✓
5 front bumper clips	80	5.90	5.90	47.20 ✓
6 front bumper air scoop grille	10	92.00	92.00	92.00 ✓
7 front bumper side retainer RH	10	38.00	38.00	38.00 ✓
8 front bumper reinforcement	10	529.00	529.00	529.00 ✓
9 front headlamp assy RH	10	580.00	580.00	580.00 ✓
10 front headlamp lower bumper retainer RH	10	42.00	42.00	42.00 X
11 front panel nose inner garnish top	10	98.00	98.00	98.00 X
12 front wiper reserve tank	10	68.00	68.00	68.00 ✓
13 front wiper reserve tank motor	10	79.00	79.00	79.00 X
14 front fender RH	10	339.00	339.00	339.00 ✓
15 front fender inner cowling RH	10	68.00	68.00	68.00 ✓
16 front fender inner cowling clip	80	4.80	4.80	38.40 ✓
17 front radiator support panel fibre	10	373.00	373.00	373.00 ✓
				3,566.00
				-713.20
				\$2,852.80

Less 20%

Total Material

Labour & Misc

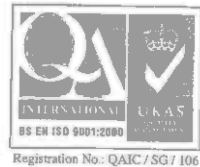
1 Remove & install f/bumper, f/grille, f/headlamp, f/fender, radiator support panel, knock wheel house panel, chassis member and restraigten body & chassis.	600	750.00
2 Spray painting.	880	1,000.00
3 Check wiring system.		25.00 ✓

*Supplementary: \$127/-
F/bumper sponge.*



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THIRD PARTY CLAIM

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

	Qty	U/Cost	U/Price	Total
		\$	\$	\$
4 Vacuum & top up gas.			17	100.00 X
				1,875.00

Total Labour

\$1,875.00

Nett Total Before Gst

\$4,727.80

Your faithfully

NPH AUTO SERVICE
(Manager)

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	27/08/2021 14:49 (SGT)
Date of Accident	27/08/2021 10:27 (SGT)
Exact Location of Accident	Tampines, Singapore
Additional Location Information	TAMPINES AVE 9 CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX2575B
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN WEE LIANG
NRIC No	SXXXX426E
Email Address	TANW33LIANG@GMAIL.COM
Mobile Phone No	(Phone) +65-98580667
Alternative Phone No	+65-98580667

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	2
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	1600

INSURANCE COMPANY

Name of Insurance Company	Etiga Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	MA015032
Cover Note Number	-

DRIVER

Name of Driver	TAN WEE LIANG
NRIC No	SXXXX426E

Date Of Birth	18/04/1988
Occupation	Indoor
Date Of Driving Pass	02/06/2014
Driving experience	7 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98580667
Alt. Phone Number	+65-98580667
Email Address	TANW33LIANG@GMAIL.COM
Address	BLK 601C TAMPINES AVE 9
Address complement	#07-838
Postcode	523601
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	Side Swipe
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	WIFE
Gender	Female

PASSENGER 2

Name	DAUGHTER
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

SEE ATTACHED REPORT

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	SMW2313J
Vehicle Manufacturer	-



Vehicle Model	
Vehicle Variant	
Vehicle Colour	
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	
Nature Of Damage	
Details of property damaged in accident	
No. Of Passenger (Including Driver)	

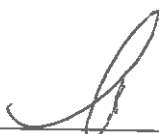
SKETCH PLAN

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**.
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 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.:

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

27/8/2021, 10:27 am

I was leaving the carpark at block 601, travelling on ~~the~~ my lane,
when SMW 2313J veer into my lane and continued in my direction.
His car then collided with my car at my right bumper.

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.:

eTiQa

Insurance

INTERVIEW FORM

Name (Driver) : Tan Wee Ling

Policy No : MA015032

Vehicle No : SLX2575B

Place of Accident : 601C Tampines Ave 9, S523601

Insured Driver's relationship with Insured : -

Drink Driving of Insured and/or Insured Driver : -

No of passenger(s) in Insured vehicle : 3

Injury to Insured and/or Insured driver, please indicate which hospital:
-

Third Party Vehicle No (if any) : SMW 2813 J

No of passenger(s) in Third Party Vehicle : 1

Injury to Third Party driver and/or passenger(s), please indicate which hospital:
-

Type of collision and the extensiveness of the damages to all vehicles/Third Party property involved:
Side swipe

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

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)

[Signature] 27/8/21
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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Singapore 048583

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