

Vin's

Vin's Motor Pte Ltd
 160 Sin Ming Drive
 #03-03 Sin Ming Autocity
 Singapore 575722
 Tel : 6453 2121 Fax : 6459 9795
 GST Registration No. 199906067G

Estimated Cost of Repair

Attention To : MSIG Insurance (Singapore) Pte Ltd
 No.4 Shenton Way,
 #21-01 SGX Centre 2
 Singapore 068807

Claim Details
Case Ref. No. : TP/092021/4987
Date : 20-09-2021
Accident Date : 17-09-2021

Vehicle Details

Make & Model : Mercedes Benz GLA180 URBAN EDITION AUTO
Chassis No : WDC1569422J670195
Registration No : SMW2350B

Third Party Vehicle Details

Registration No : SKZ265K

S/N	Description	Qty	Amount (\$)
1	REAR TAILGATE / BT	1.00	\$1,711.00
2	REAR TAILGATE EMBLEM /	1.00	\$43.00
3	REAR TAILGATE "GLA 180" EMLEM /	1.00	\$81.00
4	REAR TAILGATE LH REFLECTOR / Cut	1.00	\$475.00
5	REAR TAILGATE RUBBER / Twi	1.00	\$202.00
6	REAR TAILGATE LOCK / DM	1.00	\$256.00
7	REAR LH TAILLAMP / CAA	1.00	\$645.00
8	REAR BUMPER / Re	1.00	\$932.00
9	REAR BUMPER TOP CHROME MOULDING / Re	1.00	\$190.00
10	REAR BUMPER CENTRE PAD /	1.00	\$510.00
11	REAR BUMPER LOWER PAD /	1.00	\$730.00
12	REAR BUMPER RH SIDE RETAINER X	1.00	\$20.00
13	REAR BUMPER LH SIDE RETAINER X	1.00	\$20.00
14	REAR BUMPER INNER CENTRE BRACKET / BT	1.00	\$63.00
15	REAR BUMPER RH SIDE BRACKET X	1.00	\$57.00
16	REAR BUMPER LH SIDE BRACKET / CAA	1.00	\$57.00
17	REAR BUMPER REINFORCEMENT / BT	1.00	\$532.00
18	REAR BUMPER CLIPS / NGC	10.00	\$700.00
19	REAR END PANEL X Repair	1.00	\$1,147.00
20	REAR END PANEL TOP TRIM / Re	1.00	\$90.00
21	REAR EXHAUST SILENCER / BT	1.00	\$1,100.00
22	REAR EXHAUST SILENCER RH CHROME X NN	1.00	\$244.00
23	REAR EXHAUST SILENCER LH CHROME / BT	1.00	\$244.00
24	REAR EXHAUST SILENCER RH CHROME BRACKET X NN	1.00	\$95.00
25	REAR EXHAUST SILENCER LH CHROME BRACKET / BT	1.00	\$95.00
26	REAR EXHAUST SILENCER LH RUBBER BUSH /	1.00	\$35.00
27	REAR EXHAUST SILENCER HEAT SHIELD / BUC	1.00	\$116.00
28	REAR LH FENDER INNER SHIELD / Cut	1.00	\$165.00
29	REAR LH FENDER INNER SHIELD CLIPS / NGC	10.00	\$700.00
30	REAR LH LOWER ARM / NGC	1.00	\$185.00

Vin's

Vin's Motor Pte Ltd
1201 Hill Street
#01-01 Hill Street, Singapore 110156
Tel: 6344 3121 Fax: 6344 8086
GST Registration No: S40000000

31	REAR AXLE	1.00	\$3,100.00
			\$14,840.00
	Discount - 10%		(\$1,484.00)
			\$13,086.00
32	REAR BUMPER PARKING SENSOR / DM	1.00	\$280.00
33	REAR WINDSCREEN GUM / MCC	1.00	\$80.00
34	TO REMOVE AND REFIX REAR WINDSCREEN	1.00	\$180.00
35	TO CHECK WHEEL ALIGNMENT	1.00	\$120.00
36	TO REMOVE AND REFIX REAR UNDERCARRIAGE	1.00	\$280.00
37	TO REPAIR DAMAGES	1.00	\$880.00
38	TO SPRAY PAINTING	1.00	\$1,200.00
	Subtotal w/o GST:		\$16,086.00

Rear Bumper Bracket x 2 — BT
 " " Top Bracket — BT
 Rear wind screen with moulding ✓ MCC.
 Axle Assy ?
 7 Days.
 P/P
 before paint photos.
 Give Q&A
 20/9/21.

LMV Auto Consultants hereby notify the Reparer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts 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 Reparer
 Signature:
 Date:

Issued by Raymond Teo

This is a computer-generated document. No signature is required.

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	18/09/2021 15:23 (SGT)
Date of Accident	17/09/2021 17:20 (SGT)
Exact Location of Accident	Near No. 15 Upper Changi Rd N, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMW2350B
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	RAVI BEULAH
NRIC No	SXXXX460H
Email Address	BEULAHRAVI@HOTMAIL.COM
Mobile Phone No	(Phone) +65-91810807
Alternative Phone No	+65-92723109

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	GLA180 URBAN EDITION AUTO
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	1595

INSURANCE COMPANY

Name of Insurance Company	HL Assurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	MP315277
Cover Note Number	-

DRIVER

Name of Driver	RAVI BEULAH
NRIC No	SXXXX460H

Date Of Birth	06/08/1992
Occupation	Indoor
Date Of Driving Pass	31/07/2012
Driving experience	9 YEARS AND 2 MONTHS
Gender	Female
Mobile Number	(Phone) +65-91810807
Alt. Phone Number	+65-92723109
Email Address	BEULAHRAVI@HOTMAIL.COM
Address	BLK 224C SUMANG LANE #16-101
Address complement	-
Postcode	823224
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)	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 THE SKETCH PLAN

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	SKZ265K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	THAM YOKE SAN
NRIC No	SXXX357G
Contact Number	(Phone) +65-96363065
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 willful 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 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.
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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan


<p>Sketch Plan</p>		<p>A: 10MW2350B</p> <p>B: SK2 265K</p>
--------------------	--	--

Describe Circumstances of the Accident



On 17 Sept 2021 at around 17:20 hrs. I was driving along Changi North (opposite Japanese School) I slowed down until stopped as the vehicle in front of me stopped as well. Suddenly I felt an impact from the rear of my vehicle. I then realised the vehicle SKZ 265K hit onto my rear portion of vehicle.

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

 
Witnessed by Reporting Centre Personnel