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WIN WHEELS AUTO TRADING ENTERPRISE

38 Woodlands Industrial Park E1 #03-14

Singapore 757700

TEL: 6457 0410 / 6765 2616

EMAIL: twinauto@singnet.com.sg

9 November 2021

Steve (LKK) 83218813

ATTN: MOTOR CLAIM DEPARTMENT

ATTN: LOW JOO KIM Steve Chan O 1 KKAUTO. (20)

H/P: 9783 6533

Dear Sirs / Madam,

WIL PL 3 days L/S M/AL SY

LKK Auto Consultants hence notify the Repairer 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 Repairer

Signature:

Date:

Accident Claim for Vehicle No.SMD 1388 A, Involving Vehicle No.SLW 3510 L. Accident on 03 NOVEMBER 2021, AT BUANGKOK EAST DRIVE.

With reference to the above vehicle. We hereby submit a list of parts required to be changed and append below the charges for changing and repairing;

NO	PARTS REPLACEMENT	QTY	COST PRICE
1	TAILLAMP - RH / CUT	1PC	\$ 978.00
2	REAR BUMPER / Cuī	1PC	\$ 2,409.00
3	REAR BUMPER RETIANER ? / BR	/zPCS	\$ 260.00
4	REAR BUMPER REINFORCEMENT X NN	1PC	\$ 997.00
5	REAR BUMPER SPONGE X nn	1PC	\$ 220.00
6	REAR BUMPER LOWER CHROME / CVI	1PC	\$ 410.00
7	REAR BUMPER REFLECTOR - RH X (1/1)	1PC	\$ 68.00
	TOTAL COST PRICE		\$ 5,342.00
	LESS 10%		\$ (634.20)
	TOTAL AMOUNT		\$ 4,707.80

NO	PARTS REPLACEMENT	ΥTQ	SPECIAL NETT PRICE
1	REAR SPORT RIM - RH X	1PC	\$ 400.00
2	REAR BUMPER SENSOR * ! Shorted	2PCS	\$ 726.00
	TOTAL SPECIAL NETT PRICE		\$ 1,126.00

	LABOUR:		
1	LABOUR TO SPRAY PAINT	\$ 450	700.00
2	LABOUR TO PANEL BEATING	\$ 300	500.00
4	LABOUR TO APPLY RUST-PROOFING ON REPAIRED AND REPLACED PARTS	\$ 30	80.00
	TOTAL LABOUR	\$ 1	,280.00
	TOTAL AMOUNT	\$ 7	,113.80

THANK YOU

FROM:

Twin Wheels Auto Trading Enterprise

Mr Tan Leng Huat

SA1A21B50004 / Auto Insure Pte Ltd [739145] ENTRY DATE & TIME: 05/11/2021 17:17 (SGT) SUBMITTED BY: NGIAW JIE LING VERSION: 1 (05/11/2021 17:17 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 1. Please report contacts in the declare to the extra the Authorised Dilver.

 2. This Form must be completed by the Policyholder and/or the Authorised Dilver.

 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 ledgement 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

05/11/2021 17:17 (SGT) Date of Submission 03/11/2021 19:50 (SGT) Date of Accident ... Buangkok E Dr, Singapore Exact Location of Accident Additional Location Information Singapore Country/State of Loss

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMD1388A

INSURED/POLICYHOLDER

Is company? **LOW JOO KIM** Name Of Registered Owner S1550211H NRIC No Email Address lowjookim@hotmail.com (Phone) +65-96174251 Mobile Phone No +65-96174251 Alternative Phone No

VEHICLE PARTICULARS

Mercedes Manufacturer Model Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Private car Vehicle Category Transmission Auto

INSURANCE COMPANY

AIG Asia Pacific Insurance Pte. Ltd. Name of Insurance Company Type of Coverage Comprehensive Fleet Policy 1800103469-03 Policy Number Cover Note Number

DRIVER

LOW JOO KIM Name of Driver S1550211H NRIC No.

Accident report SA1A21B50004

Page 1 of 17

Date Of Birth	20/04/1962
Occupation	Indoor
Date Of Driving Pass	09/05/1985
Driving experience	36 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96174251
	+65-96174251
Alt. Phone Number	
Email Address	lowjookim@hotmall.com BLK 226C COMPASSVALE WALK #10-363
Address	BLK 559C COMPASSAVITE MACK 1110-300
Address complement	
Postcode	543226
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	•
Does Driver Own Other Vehicles?	Yes
Vehicle Registration Number of Other Vehicle Owned by Driver	
and to the supplier of the sup	SLZ1138B
Insurance Company of Other Vehicle Owned by Driver	AXA Insurance Pte Ltd
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Collision - Change/cross lane
Weather Conditions	Clear
Road Surface	
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?	-
if yes, against wrom?	
CIRCUMSTANCES OF ACCIDENT	
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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
DETAILS OF CITIES	
Vehicle Registration Number	SLW3510L
Vehicle Manufacturer	Honda
Vehicle Model	Vezel

Vehicle Model	Vezel
Vehicle Variant	
Vehicle Colour	•
Vehicle Category	Private car
Name of Driver	CHENG SHAO HAN

NRIC No S8041259B
Contact Number (Phone) +65-80281832



Page 2 of 17

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

SKETCH PLAN

IMPORTANT NOTICE

- 1. Rease report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful marepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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 talse reporting may be referred to the Police for Investigation.
- 6. The report will be forwarded by the insurers of the GM Records Management Centre established by the General Insurerce 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)

Lunderstand, ocknowledge, 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 sot 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 insurers) 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;
- (ii) carrying out and/or dealing with my instructions or responding to any enquiries by me.
- (v) 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/me3 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' law yers/law tirms, 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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Accident report SA1A21B50004

Page 4 of 17

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tWe declare the foregoing particulars are true in every respect.

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Policyholder's Signature / Date & Time & / (1/2-)

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Witnessed by Reporting Contre Personnel