# **SME MOTOR PTE LTD**

1 Kaki Bukit Ave 6, #02-15@ Kaki Bukit, Singapore 417883 TEL: 6747 6106 (6 lines) Fax: 6744 2368 Email: service@smemotor.com.sg GST:201119451E RCB NO:201119451E

M/S:

Lonpac Insurance BHD

300 Beach Road #17-04/07

The Concourse Singapore 199555

TEL: FAX:

Motor Claim Department o: 22/LP/OD-079 (02) ATTN: Your Ref No :

Claim Type : OD Claim Accident Date: 15/02/2022 Claim No:

No: Date:

17/02/2022 Policy No: Z21VP05029081

Veh Reg No: Make / Model

SKP6911S Mercedes C180 WDD2040312A841590

Chasis No : Engine No:

Reg. No:

### ESTIMATE FOR VEHICLE NO: SKP6911S

	Discription	Quantity	List Price	Amount
	Cost Price		S\$	S
1	FRT BONNET	1 PC	\$1,350.00	
2	FRT BONNET HINGE	2PCS	\$190.00	
3	BONNET INSULATOR CLIP	15PCS	\$52.50	
4	FRT BUMPER	1 PC	\$1,050,00	
5	FRT BUMPER RETAINER RH	1 PC	\$28.00	
6	FRT BUMPER CLIP	10PCS	\$45.00	
7	HEADLAMP RH	1 PC	\$650.00	
8	HEADLAMP PANEL RH	1 PC	\$195.00	
9	FRT FENDER RH	1 PC	\$540.00	
10	FRT FENDER LOWER CHROME RH	1 PC	\$35.00	
11	FRT FENDER INNER COWLING RH (FRT)	1 PC	\$95.00	
12	FRT FENDER INNER COWLING RH (REAR)	1 PC	\$125.00	
13	FRT WHEEL HOUSING PANEL RH	1 PC	\$3,200.00	
14	FRT RH DOOR	1 PC	\$1,250,00	
15	DOOR RIVERTS	15PCS	\$75.00	
16	FRT RH DOOR LOWER CHROME	1 PC	\$80.00	
17	FRT RH DOOR 'A' PILLAR	1 PC	\$850.00	
18	SIDE SKIRT RH	1 PC	\$580.00	
19	SIDE SKIRT CLIP	15PCS	\$90.00	
20	SIDE MIRROR RH (HOUSING)	1 PC		
21	SIDE MIRROR COVER RH		\$750.00	
22	SIDE MIRROR LOWER COVER RH	1 PC	\$280.00	
23		1 PC	\$90.00	
	SIDE MIRROR GLASS RH	1 PC	\$900,00	
24	SIDE ROOF MOULDING	2PCS	\$470.00	
25	FRT SHOCK ABSORBER RH	1 PC	\$460.00	
26	FRT SHOCK ABSORBER TOP MOUNTING RH	1 PC	\$175,00	
27	FRT KNUCKLE ARM RH	1 PC	\$510,00	
28	FRT KNUCKLE BEARING RH	1 PC	\$400.00	
29	FRT LOWER ARM RH	1 PC	\$330.00	
30	FRT UPPER ARM RH	1 PC	\$330.00	
31	FRT ANTI ROLL BAR LINK RH	1 PC	\$75.00	
32	FRT TIE ROD END RH	1 PC	\$150.00	
33	FRT RACK END RH	1 PC	\$150.00	
34	STEERING RACK	1 PC	\$4,900.00	
35	STEERING CROSSMEMBER	1 PC	\$1,550,00	
36	FUSE BOX TOP COVER RH	1 PC	\$70.00	
37	FUSE BOX LOWER RH	1 PC	\$195.00	
38	FUSE BOX CENTER	1 PC	\$1,350.00	
39	FRT RH SPORT RIM (ORI)	1 PC	\$750.00	
40	FRT WINDSCREEN	1 PC		
41	FRT WINDSCREEN MOULDING		\$580.00	
42	FRT BONNET LOGO	1 PC	\$85.00	
42	FRI BONNET LOGO	1 PC	\$65.00	
	4.11.400/		\$25,095.50	
	Add 10%		\$2,509.55	\$27,605.05
23	Special Net FRT RH TYRE	1 PC		BOOF 00
24				\$265.00
24	FRT WINDSCREEN GUM	1 PC		\$60.00
	Labour			\$325.00
1	WIRE CHECKING			\$30.00
2	REMOVE & REFIX FRT WINDSCREEN			\$120.0
3	REMOVE & REFIX DASHBOARD			\$250.00
4	REMOVE & REFIX FUSE BOX			\$120.0
5	REMOVE & REFIX UNDERCARRIAGE (WITH CROSSME	MBER)		\$350_0
0	WHEEL ALIGNEMENT			\$100.0
6				\$100.00
7	TRANSFER DOOR COMPONENTS			Φ100-00
	TRANSFER DOOR COMPONENTS  LABOUR CHARGE			
7	· · · - · · - · · -			\$1,500.00 \$1,300.00

\$31,800.05 Amount Before Excess \$0.00 Less Excess \$31,800.05 \$2,226.00 Amount Before GST Add GST @7% \$34,026.05 Total Amount Payable

# 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 16/02/2022 17:26 (SGT) Date of Accident 15/02/2022 20:30 (SGT) **Exact Location of Accident** Nicoll Dr, Singapore Additional Location Information Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

No

Private use

Vehicle Registration Number SKP6911S

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner

**PEGGY TAN HUAY BENG** NRIC No SXXXX230A **Email Address** alanngkm@hotmail.com Mobile Phone No (Phone) +65-98394004

Alternative Phone No. +65-98394004

VEHICLE PARTICULARS

Manufacturer Mercedes Model C180 Variant

Exact purpose for which vehicle was being used at time of

accident

Are you claiming under your own insurance policy for repair to

your vehicle?

Yes Vehicle Category Private car Transmission Auto CC 1600

INSURANCE COMPANY

Name of Insurance Company Lonpac Insurance Bhd Type of Coverage Comprehensive

Fleet Policy

**Policy Number** Z21VP05029081

Cover Note Number

DRIVER

Name of Driver NRIC No

NG KOK MING SXXXX230A



Date Of Birth Occupation Date Of Driving Pass Driving experience

Gender

Mobile Number Alt. Phone Number **Email Address** 

Address

Address complement

Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

Vehicle Registration Number of Other Vehicle Owned by Driver

14/10/1966 Outdoor 19/12/1986

35 YEARS AND 2 MONTHS

Male

(Phone) +65-87222242

alanngkm@hotmail.com

BLK 416 PASIR RIS DRIVE 6 #05-229

510416 No Friend No

Insurance Company of Other Vehicle Owned by Driver

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Weather Conditions Road Surface

Collision - Head to Rear

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? Yes Was any injured conveyed to hospital by ambulance? Yes Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

**PEGGY TAN HUAY BENG** 

Female

PASSENGER 1

Name Gender

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Police Station Name Police Station Phone No Alt. Police Station Phone No

Police Station Address

Was notice of intended Prosecution given?

If yes, against whom?

Yes

Traffic Police

(Phone) +65-65470000 (Fax) +65-65474900

10 Ubi Avenue 3 Singapore 408865

No

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: T/20220216/2001.

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?

Yes No

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number Vehicle Manufacturer

FBR9055P



# **INJURED PERSONS DETAILS**

#### INJURED 1

Name of injured person

Gender

Phone No

Address

Address Complement

Post Code

Approximate Age Years Old

Injuries Sustained

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

RIDER OF VEH B

RIDER OF VEH B

RIDER OF VEH B

FRESOF VE

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please 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 insceptesentation 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
- G. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Shigapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- 7 By the loggement 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, acknowledge, agree and consent that

- (a) My insurer limy 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 bisurers' law yers/law firms, the Monotary Authority of Singapore and any resevant government agency/authority (such as the police), for the purposets) of
- (ii) 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/mat/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 yersilaw firms, may/are permitted to collectuse, 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 (moluding their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &

Diver's Signature (if driver is not the policyholder) / Date 8 Times

Witnessed by Reporting Centre Personnel

α.

Sketch Plan

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 To	POLICE	REPORT	
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		346	





Date of Expiry:

1 of 3

Report No. T/20220216/2001

Police Station Of Origin:

Traffic Police

Occupation:

SERVICE MANAGER

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

# REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/02/2022 00:01			Vide Report No.: G/20220215/0153	Station Diary No.:	
Informa	nt's Partic	ulars		CALL TO A CONTROL OF MANAGEMENT	
Name of Informant: NG KOK MING			Address: 416 PASIR RIS DRIV	E 6 #05-229 SINGAPORE 510416	
ID Type / ID No.: NRIC NO / S1739230A Nationality: SINGAPORE CITIZEN			Contact No.: Home/Office: Mobile: 87222242		
			Email:		
Sex:         Age:         Date of Birth:           Male         55         14/10/1966		Type of Informant: Driver			
Race: Chinese			Language: English	Institution / School Name:	

**Driving Licence Information:** 

Class: 3

Type of Accident:	Injury Conveyed By Ambuland	Drink e Drive: No	Date/Time of Accident: 15/02/2022 20:30	C	ype of Location: ar Park
Location:					
NICOLL DRIV	'E				
	_				
Woathor:		10. (			
Weather:		ad Surface;		Road S	peed Limit:
Clear	Dı	/			
Clear Traffic Flow:	Di Tr	/ affic Control:		Traffic \	√olume:
Clear Traffic Flow: One Way	Di Tr No	/		Traffic \ No Traf	Volume: fic
Clear Traffic Flow: One Way Type of Collisi	Di Tr No	/ affic Control:		Traffic \ No Traf	Volume: fic conveyed by

Details of V	ehicle Involve	d				NOT THE RESERVE
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBR9055P	Motorcycle	YAMAHA	FZS ABS MANUAL	Black		0
SKP6911S	Car	MERCEDES BENZ	C 180 BLUEEFFICI ENCY	Black		1

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20220216/2001

#### CONTINUATION OF REPORT

Driver			A STATE OF	STATE ST	Verbila	ent tremisiasias acumin
Name	NG KOK MING		ID No.		S1739230A	
Related Vehicle	SKP6911S (Car)		Contact No.		87222242	
Hospital/Clinic	NIL		Class Drivin Licend Expiry	g	Class: 3 Date of Expiry: NIL	
Date Treatment	NIL	Date Disc		NIL		
No. of Days granted Medical Leave NIL			Degree of		NIL	
Passenger	A MESSAGE SHOUL	Aug big will		NEW PARTY	KJA -	A COLUMN TO THE REAL PROPERTY.
Name	PEGGY TAN HUAY BENG			ID No.		S1544463J
Related Vehicle	SKP6911S (Car)		Contact No.		98394004	
Hospital/Clinic	NIL		Class Driving Licend Expiry	g ce &	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL		Date Discl		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL	

# Brief Details.

ON STATED DATE, TIME AND LOCATION

AS ABOVE MENTION I WAS AT OPEN SPACE CARPARK LOCATED AT NICOLL DRIVE. HENCE, I WAS PLANNING HEADING TOWARDS CHANGI VILLAGE. WHICH AFTER I DRIVE OUT OF THE PARKING LOT AND EXITING OUT FROM THE CARPARK TO THE MAIN ROAD. I DID ALL THE NECESSARY THING BY CHECK ON COMING TRAFFIC AND EVEN SWITCH MY SIGNAL LIGHT ON, AS I DRIVING OFF TOWARDS THE OPPOSITE LANES, OUT OF THE SUDDEN I REALISE A COLLISION HAPPEN ON MY FRONT RIGHT HAND SIDE. I ALIGHT FROM MY VEHICLE TO CHECK ON THE RIDER DUE TO FLEW OFF 30 METRES AWAY FROM THE ACCIDENT. WHILE I WAS THERE, I TALK WITH HIM AND CHECK IF HE STILL CONCIOUS, HENCE I CALLED THE AMBULANCE. WHICH AFTER I REALISE A POLICE OFFICER WAS AT SCENE TO ASSISTING US. THE RIDER WAS RIDER WAS CONVEY BY AMBULANCE, I WAS GIVEN A CASE CARD AND IO SYAKIR CALLED ME TO MAKE MY WAY DOWN TO TPHQ TO LODGE POLICE REPORT ACCORDINGLY. THAT'S ALL.

IO IN-CHARGE: SYAKIR





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

3 of 3 Report No. T/20220216/2001

**CONTINUATION OF REPORT** 

# Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature of Officer Recording The Report: Signature Of Informant: TP / SCCPL MUHAMMAD SYAFIQ BIN ABDULLAH Signature Of Interpreter: Date/Time: Not applicable 16/02/2022 00:01 Officer In Charge Of Case: Classification Of Case: TP / GIT / STAFF SGT MUHAMMAD NOOR BIN ABDUL SINGAPORE **RAHMAN** POLICE FORCE Contact No.: 65476201 NP168 Signature: ..





REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1544463J



PEGGY TAN HUAY BENG

CHINESE Date of birth 20-09-1962 Country/Place of birth SINGAPORE

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Motor cars with unladen weight =< 3000kg With =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

NP 428A

Licence No:S1739230A

21-10-2009 APT BLK 416 PASIR RIS DRIVE 6 #05-229 SINGAPORE 510416 NRIC No: \$1739230A Date: 28/02/2019

6432360





03-06-2020

APT BLK 117 PASIR RIS STREET 11 #04-533 \$5/0(1)

Singapore Office: 300, Beach Road #17-04/07, The Concourse, Singapore 199555, Tel: (65) 6250 7388 Fax: (65) 6296 3767 Website: www.lonpac.com.sg

GST Reg No.: F0-0005635-C

# THE SCHEDULE

**Class of Policy** 

MOTOR CAREPLUS

Policy No.

Z21VP05029081

Insured

: PEGGY TAN HUAY BENG

Type of Cover

COMPREHENSIVE

Address

**BLK 117 PASIR RIS STREET 11 #04-533** 

Replacing

SINGAPORE 510117

CN/Policy No.

Z20VP05026428

**Business** or **Profession** 

: MANAGER

**Account No** 

: Z10719

### Period of Insurance

(a) From 22/05/2021 To 21/05/2022 (both dates inclusive)

(b) Any subsequent period for which the Insured shall pay and the Company shall agree to accept a renewal premium.

H.P. Owner

MAYBANK

Description	of Vehicle
-------------	------------

Vehicle/Trailer Regn.

\* SKP6911S

Make & Model of

Vehicle

MERCEDES-BENZ C180 Saloon

Type of Body

SALOON - 4 DR

**Engine No** 

27491030042350

Chassis No

WDD2040312A841590

Year of Registration

2013

c.c./Tonnage

: 1,595

Seating Capacity

5 .

Sum Insured

MARKET VALUE

The Policy's Premium

Premium Component	%	Amount (S\$)	Total (S\$)	
Basic Premium			1,824.56	
NCD	-50.00%	-912.28		
OFD	-5.00%	-45.61		
Workshop Discount	-25.00%	-216.67		
Premium After Discount			650.00	
Gross Premium			650.00	
Actual Gross Premium			650.00	
GST	7.00%	45.50		
Premium Payable			695.50	

Excess

S\$ 0.00 (SECTION 1) INSURED / NAMED DRIVERS

S\$ 1,000.00 (SECTION 1) UNNAMED DRIVERS S\$ 3,000.00 (SECTION 1) ADDITIONAL EXCESS FOR ELDERLY OR YOUNG AND/OR INEXPERIENCED

DRIVERS

S\$ 100.00 WINDSCREEN EXCESS

LONPAC'S AUTHORISED WORKSHOPS AN ADDITIONAL EXCESS OF \$500 FOR 2ND & SUBSEQUENT CLAIM DURING THE POLICY PERIOD (FOR COMPREHENSIVE COVER ONLY).

Condition

ACCIDENT REPAIRS AT LONPAC'S AUTHORISED WORKSHOPS

695.50