



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



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 Our Ref : TP0071/12/22 Date : 08/12/2022

THIRD PARTY CLAIM

M/S : JJ CONSTRUCTION PTE. LTD.
 175A Bencoolen Street
 #08-06 Burlington Square Singapore 189650

Attn :

Dear Sir/Madam

RE: ACCIDENT REPAIR ON : GBL7302X - KIA K250
 INSURED : JJ CONSTRUCTION PTE. LTD.
 DATE OF ACCIDENT : 03/12/2022
 POLICY NO :

ENGINE# :
 CHASSIS# :

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

	Qty	U/Cost	U/Price	Total
		\$	\$	\$
Replacement of Parts				
1 rear cabin tailgate center door	1@	1299.00	1299.00	1,299.00
2 rear 70 sticker	1@	147.00	147.00	147.00
3 rear lamp panel	1@	221.00	221.00	221.00
4 rear lamp assembly RH	1@	169.00	169.00	169.00
5 rear number plate lamp	1@	51.00	51.00	51.00
6 rear tailgate door lower body panel	1@	221.00	221.00	221.00
7 rear cabin lower step support bar	1@	399.00	399.00	399.00
8 rear cabin tailgate door top rubber	1@	480.00	480.00	480.00
				2,987.00
Less 10%				-298.70
Total Material				\$2,688.30
Special Nett Items				
1 rear parking sensor	1@	200.00	200.00	200.00
				200.00
Total S/Nett				\$200.00
Labour & Misc				
1 Remove and install rear door, rear lamp, rear lamp panel, rear step bar, cut out and renew rear cabin inner panel, knocking rear cabin floorboard, restraighthen body and chassis.				850.00
2 Spray painting				750.00
3 Check wiring system				25.00
4 Remove and install rear cabin and re-adjust rear cabin.				450.00
				2,075.00



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THIRD PARTY CLAIM

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

	Qty	U/Cost	U/Price	Total
		\$	\$	\$
Total Labour				0.00
Nett Total Before Gst				\$2,075.00
				\$4,963.30

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 Actual 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	05/12/2022 17:37 (SGT)
Reported by	Driver
Date of Accident	03/12/2022 16:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	X SIMEI AVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBL7302X
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	JJ CONSTRUCTION PTE. LTD
Company Reg No	2XXXXX182Z
Email Address	JJ_GLASS@LIVE.COM
Mobile Phone No	(Phone) +65-62429192
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Kia
Model	K250
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?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2500

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	-

DRIVER

Name of Driver	LANG HOI LEONG
NRIC No	SXXXX650J
Date Of Birth	15/05/1975
Occupation	Outdoor

Date Of Driving Pass	16/02/1998
Driving experience	24 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97555807
Alt. Phone Number	-
Email Address	JJ_GLASS@LIVE.COM
Address	674A CHOA CHU KANG CRESENT #06-427 S681674
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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 ATTACHED REPORT

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBF4261G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-

SKETCH PLAN

IMPORTANT NOTICE

1. Please report promptly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder under the Actual Driver.
3. Information provided must be as **honest and accurate** as possible. Any willful misrepresentation or withholding of material facts may allow the insurer to consider it as repudiate policy liability.
4. The issue and acceptance of this Form by the insurer does not imply any liability on the part of the insurer's companies.

5. Any false reporting may be referred to the Traffic Police Department for investigation.

1. This report will be forwarded by the insurers to the G.A. Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and the details of this report will for a fee be made available upon application by interested parties.
2. By the lodgement of this report to the insurers, you hereby consent to the disclosure of the report to the relevant bodies of the report being made available elsewhere.

6. Consent under the Personal Data Protection Act (PDPA)

I understand, without undue influence and consent that:

(a) My insurer, my workshop and the General Insurance Association of Singapore (GIA) may be permitted to collect, use, disclose, store, transfer, my personal data and information and put it in its (their) and/or other personal information provided by me or disclosed by my insurer (collectively the **"Personal Information"**) and disclose and transfer such Personal Information to any person who have insured with (has) involved in this accident and/or insurance who have insured with (has) involved in this accident and/or insurance referred to as the **"Insurer"**, the Insurance Regulatory Authority, the Monetary Authority of Singapore and any relevant government agency or authority (such as the police) for the purpose of:

(i) investigating, handling and/or dealing with my claim including the settlement of the claims and any necessary investigations relating to the claims;

(ii) carrying out and/or dealing with my instructions or responding to my enquiries; and

(iii) administering my claims including the making of correspondence, statements, inquiries, requests or notices to me, which could involve disclosure of underwritten information and/or to bring action in respect of the claims or with respect to the external cover of any optional package(s), and/or

(iv) complying with any applicable law, regulation, processing, handling and/or dealing with my claims.

(collectively the **"Purposes"**);

(b) I understand I will have a reasonable opportunity to review the details of the accident and the insurers' investigation and may have the right to request

and/or delete or stop processing my Personal Information for use or reuse of the above Purposes; and

(c) my Personal Information may not be disclosed by any of the insurers and/or GIA to their subsidiaries or other providers or agents

with whom they have or may have a relationship with in Singapore, for use or reuse of the above Purposes.



Policyholder's Signature and Date: _____

5/2/2022 2:25 P.m.
 Signature of the Policyholder
 S. S. S.

Signature of the Insurer
 Signature of the Insurer
 Signature of the Insurer

(Sketch Plan)



Describe Circumstance of the Accident

At the stop road, I stop my vehicle to check oncoming traffic. Suddenly veh B from behind hit onto my rear portion.

Before Please note that your insurer may have 14 days time frame for you to submit an own damage claim under your own policy, please check your policy for more information.

Declaration

We declare that the above information is true and correct.



Signature of Insured Person

Signature of Driver

Signature of Witness

5/12/2022
H.257m