

Our ref: SKQ7L
Your ref: _____

Date: 18 MAY 2023

Direct Settlement

To: Allianz

Singapore _____

Attn: Motor Claims Department

Re: Accident Involving Motor Vehicle Nos. SKQ7L & SNH8059X
At/Along Wheelock Place car park On 08 FEB 2023 @ 1510
82

I am the owner of vehicle no. SKQ7L that was involved in an accident with your insured vehicle no. SNH8059X of the above accident.

As the accident was caused by your insured negligent/inconsiderate driving, thus I am claiming from you for the following: -

1. Cost of Repairs	\$ <u>14,754.92</u>
2. Loss of Use / Rental <u>4</u> days @ \$ <u>180</u> per day)	\$ <u>720</u>
3. LTA/GIA Search Fee	\$ _____
4. GIA Report Fee	\$ _____
5. Others	\$ _____
Total: \$ <u>15,474.92</u>	

I hereby give you fourteen (14) days to comply with the above, failing which, I shall instruct my solicitor to commence legal action against you. If you have any queries, please contact the representative of **CYCLE & CARRIAGE INDUSTRIES PTE LTD** at Telephone No: **67714336 (Mr Go Chee Han) / 67714304 (Ms Amanda Ang)**.

I hereby give full authority to CYCLE & CARRIAGE INDUSTRIES PTE LTD and their representative to negotiate/comprise settlement of the above claim on my behalf.

Your co-operation and immediate attention to the above is greatly appreciated. I hereby look forward to hearing from you soon.

Yours faithfully



Name & Signature

Address: C/o. 188 Pandan Loop Singapore 128378
Cc: Mr Go Chee Han/ Ms Amanda Ang
E-mail: cheehan.go@cyclecarriage.com.sg / amanda.ang@cyclecarriage.com.sg
Fax No. 67795383



Mercedes-Benz

Cycle & Carriage
Industries Pte Limited
Authorised Dealer
Company No. 196400367W
GST Reg No. MR-8500111-X

TAX INVOICE

Invoice Name & Address	Owner Name & Vehicle Info
ALLIANZ INSURANCE SINGAPORE PTE. LTD. MOTOR CLAIM DEPARTMENT 79 ROBINSON ROAD #09-01 SINGAPORE 068897 Contact No 67143369	Cust No/Name /Mr Liow Soon Tar (Liao Shunda) Reg No/Reg Date SKQ7L / 04/08/2020 Date In/Mileage 10/04/2023/ 22141 Chassis No W1K2906892A0324057 Engine No 17798060142525 Make/Model MB/T 63 S 4MATIC+ Colour/Trim 021 197 Obsidian Bl/ 045 501 Designo Nap



Account No	Terms	Date/Time Printed	CSE	Operator	WIP No	Invoice/Credit Note No
WA000001	Credit	17/05/2023/ 19:24	CH	371 / Go Chee Han	63236	28189078

Description of Goods / Services	Qty	Unit Price S\$	Amount S\$
Z REQUEST Customer Request			F.O.C.
M BPNSUN POLICY NO/ACC DATE : M0027640 // 23-2-2023 DRIVE IN/TP VEH NUMBER : 24-2-2023 // SNH8059X - ALLIANZ DATE IN/DATE SURVEY: 10-3-2023 // RASUL - LKK DIRECT SETTLEMENT BY: 8-10-2023 // HSIAO TONG - LKK			
A BPILAB DISASSEMBLE AND REPLACE ATTACHED DAMAGED PARTS & REFINISH.			960.00
A BPIRES RESPRAY FRONT BUMPER		0.05	800.00
A BPILAB USING XENTRY DIAGNOSTIC TO CHECK ON CONTROL UNIT RESET MEMORY TO IDENTIFICATION STANDARD. NETT			480.00
A BPILAB TO REMOVE, REPLACE HEADLAMP WITH FOCUS . NETT			120.00
X FRONT AMG BUMPER	1.00	2918.36	2918.36
X LH/FRONT BUMPER LOWER TRIM STRIP	1.00	134.01	134.01
X RH/FRONT BUMPER LOWER TRIM STRIP	1.00	134.01	134.01
X CTR/FRONT BUMPER LOWER TRIM STRIP	1.00	194.01	194.01
X LH/UPPER FRONT BUMPER BRACKET	1.00	184.09	184.09
X RH/UPPER FRONT BUMPER BRACKET	1.00	184.71	184.71
X FRONT BUMPER TOP BASIC CARRIER	1.00	278.33	278.33
X RH/HEADLAMP UNIT	1.00	7167.64	7167.64
X RIVET FOR BUMPER	20.00	5.34	106.80
Guarantee Your Warranty, Maintain with Cycle & Carriage!			

Parts	11,301.96	Nett	13,661.96
Labour	2,360.00	8% GST on	13661.96
Standard Menu	0.00		1092.96
Specialist Job	0.00		
Diagnostics Job	0.00	Total Payable	14,754.92
Sundry/Others	0.00	Paid	0.00
Total(w/o GST)	13,661.96	Total Due	14,754.92

Payment should be made strictly by NETS, credit cards or PayNow (via QR code or UEN) only. Thank you.

Any dispute to the invoice must be made within 3 days. This is a computer generated document, no signature is required.



and Mercedes-Benz are trademarks of Mercedes-Benz Group AG

Pandan Loop Service Center
188 Pandan Loop
Singapore 128378
Tel: 6298 1818
Fax: 6779 5383
www.mercedes-benz.com.sg



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	24/02/2023 13:07 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	23/02/2023 15:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	WHEELLOCK PLACE CAR PARK B2
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKQ7L
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LOIW SOON TAR HERRMAS
NRIC No	S7110275J
Email Address	MARGARETYEOHHH@GMAIL.COM
Mobile Phone No	(Phone) +65-97807434
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	AMG GT 63 S 4MATIC+ (R20 LED)
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	3982

INSURANCE COMPANY

Name of Insurance Company	Etiga Insurance Pte Ltd
Policy Number / Cover Note Number	M0027640

DRIVER

Name of Driver	YEOH HUI HUI
NRIC No	S7147826B
Date Of Birth	10/12/1971
Occupation	Indoor

Date Of Driving Pass	20/08/1997
Driving experience	25 YEARS AND 6 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97807434
Alt. Phone Number	-
Email Address	MARGARETYEOHHH@GMAIL.COM
Address	264 HOLLAND ROAD
Address complement	-
Postcode	278611
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	Hit and run / Vandalism / Damaged whilst parked
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)	0
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

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	SNH8059X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	SVETLANA DUNAEVSKAYA
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 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



Clear / Dry

Describe Circumstances of the Accident

LICENSE PLATE: SKQ 7L ACCIDENT DATE & TIME: 23/2/23 3:10 pm
 CONTACT NUMBER: 97807439 E-MAIL ADDRESS: margaretyevlhh@gmail.com
 LOCATION: Wheelock place Car Park B2

My car was stationary parked at Wheelock place car park B2 and when I was driving out, I noticed a note from a lady named Lana. She explained that she accidentally hit my front bumper with ^{rights} headlights smashed. I called her and she admitted her fault and I will proceed to claim her insurance.

Her name is Svetlana Dunaevskaya, car no SNH R059X

NOTE: 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.

Please state:

☐ Claim Own Policy☐ Claim Third Party☒ Claim OD/TP at other workshop☐ Reporting Only

Declaration

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