ALAN'S UNITED AUTO PTE. LTD.

Block 7, Sin Ming Industrial Estate, #01-76, Singapore 575642.

Tel: 6453 8686 (3 Lines) Fax: 6459 6550 Company Reg. No.: 201113667N GST Reg. No.: 201113667N

No. : 06801

Vehicle Insured: SMW311C

Accident Date : 01-Apr-2023 Date : 04-Apr-2023

Our Ref: 023075 (ALLIANZ) / CHAN PAGE: 1

WILLIAM WONG KWONG LAM

9E STILL LANE Singapore 424037

ESTIMATED COST OF REPAIR FOR M/BENZ AVG (R18 LED) SMM8016E

1	pc	Rear	oumper fascia		2,076.00
1	pc	Rear	o/s bumper sid	de retainer	111.00
1	pc	Rear	o/s fender		2,766.00
	pc	Rear	o/s petrol tar	nk lid	195.00
	pc		o/s door		2,814.00
	pc		o/s rubber		303.00
	pc	Rear	o/s door lower	r chrome	165.00
	pc		o/s sport rim		883.00
	pc		o/s shock abso	orber	618.00
	pc		o/s lower arm		318.00
	pc	Rear	o/s knuckle ar	rm	1,767.00
	pc	Rear	o/s knuckle be	earing hub	476.00
	pc		o/s wheel beae		87.00
	pc		o/s lower arm		261.00
	pc		o/s top arm	•	201.00
	pc		o/s thrust arm	m	234.00
	рс		o/s training a		157.00
			van €n 1450 - 1000 - 1		
					13 432 00

13,432.00

Less 10% : 1,343.20

				12,088.80	
1	pc	Rear w/s	glass sealant	60.00	sn
1	pc	Rear o/s	door board rivet(set	30.00	sn

To remove & refix rear windscreen glass and conduct water leak test. 150.00

Con't Page 2 ...

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Vehicle Insured : SMW311C	Page : 2		
To remove roof lining, front and rear seats, trim board and carpet		150.00	
To apply undersealing		100.00	
To dismantle and lower rear undercarriage		250.00	
To check and adjust wheel alignment		65.00	
To putty and spray replaced parts		1,000.00	
To remove, cut-out damaged parts, panel beating, welding, align, refix and to renew above parts		1,200.00	
	Total :	S\$15,093.80	

Singapore Dollars Fifteen Thousand and Ninety Three and Cents Eighty Only



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 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 03/04/2023 15:11 (SGT) Reported by Date of Accident 01/04/2023 14:20 (SGT) at Location of Accident Singapore Augitional Location Information STILL ROAD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMM8016E

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner WILLIAM WONG KWONG LAM NRIC No SXXXX688F **Email Address** SOHHINTAN@GMAIL.COM Mobile Phone No (Phone) +65-96709330 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Mercedes Model E200 AVG (R18 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 1991

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMPCSNW00042382302

DRIVER

Name of Driver TAN SOH HIN **NRIC No** SXXXX835A Date Of Birth 13/06/1962 Occupation Indoor

Date Of Driving Pass	11/03/1986
Driving experience	37 YEARS AND 1 MONTH
Gender	Female
Mobile Number	(Phone) +65-96709330
Alt. Phone Number	-
Email Address	SOHHINTAN@GMAIL.COM
Address	9E STILL LANE
Address complement	-
Postcode	424037
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	No
Insurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Callisian Change/evage lane
Weather Conditions	Collision - Change/cross lane
Road Surface	Clear
Troad Surface	Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	N
Number of vehicles involved in the accident	No
	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged?	- V
	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Translator's name	No
Translator's ID	
Translator's phone number	
Translator's email	
Original language used in the statement	- 50°;
	±:
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
s, against whom?	
CIRCUMSTANCES OF ACCIDENT	
REFER TO SKETCH PLAN	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes No
DETAILS OF OTHER	R VEHICLE PROPERTY 1
Vehicle Registration Number	SMW311C
Vehicle Manufacturer	ial in the second secon
Vehicle Model	iæ:
Vehicle Variant	-

Private car

PHANG DE REN

(Phone) +65-98008191

Vehicle Colour Vehicle Category

Name of Driver

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 spead up the claims process.
- 2. This Form must be <u>completed by the Policyholder and/or the Actual Driver.</u>
- Information provided must be as touthful and accurate as possible. Any wiful misrepresentation or withholding of material facts may allow insurance companies to appudiate 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 Traffic Police Department for investigation.
- This report will be forwarded by the insurers to 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.
- 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)

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, displace 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 shall be objectively referred to as the "Insurers"), the insurers' iswyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
- (i) processing, handing and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims:
- (ii) investigating the accident ancior my claims;
- (iii) carrying out another 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 backades); and/or
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(collectively the "Purposes")

- (a) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers lawyers/law firms, maybre permitted to collect, use, disclose analor 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.

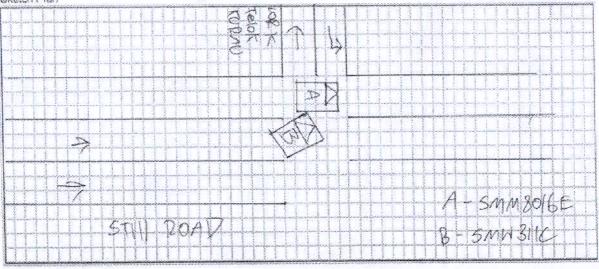
Policytyfider's Signature / Date & Time

er's Signature (if driver is not the policyholder) / Diete

Witnessed by Reporting Centre Personnel (Name as in NACAD card)

Fiara

Sketch Plan



1

Describe Circumstance of the Accident On the 01 04 2023, I was driving my vehicle
(SMM8016E), along Still Road, before cold to telet
tulau. I was driving on the left lake when
vehicle SM4311c attempted to make a left term
into log k telok kurav -and tott from the middle
lare and rollided onto the near right portion
of my vehicle. He turned into tel LORK
relot trurau after to collision and we alighted
to excluse particulas for insurance purposes.
Repair will be done or ALAN'S WITED AUTO PER He

Declaration

We decide the foregoing particulars are true in every respect.

Policy older's Signature / Date & Time

re (if driver is not the postcyt-older) / Date

Kinyn

Witnessed by Reporting Centre Pensonnel (Name as in NRICAD card)

2