



# SUPER-ZEE MOTOR SERVICE

BLK 14 DEFU LANE 10 #01-402 SINGAPORE 539195 TEL: 6383 1913 FAX: 6383 9565  
EMAIL: superzeemotor@gmail.com

19 Apr 2023

China Taiping Insurance (S) Pte Ltd  
3 Anson Road #16-00  
Springleaf Tower  
Singapore 079909  
Att: Motor Claims Dept

*not Actual*

*25/4/23*  
*2/s to 1800/*  
*7 days*

[claimsdept@sg.cntaiping.com](mailto:claimsdept@sg.cntaiping.com)

*Edo pho Atty*

**THIRD PARTY CLAIM**

**OWNER NAME** : NG TEOW GENG GARY  
**VEHICLE REG NO** : SMW2317Z  
**DATE OF ACCIDENT** : 19 APR 2023  
**PLACE OF ACCIDENT** : KPE TOWARDS NICOLL HIGHWAY  
**INVOLVING VEH NO** : SMQ7314E

We append herewith our estimate for the repair of SMW2317Z as follows:

Materials Required

1 pc	Rear Bumper	<i>70.11</i>	<i>669.10</i>	SS	780.80	<i>—</i>
1 pc	Rear Bumper Lower Spoiler	<i>green</i>	<i>1018.30</i>	SS	1,715.80	<i>—</i>
2 pcs	Rear Bumper Retainers	<i>11</i>		SS	382.60	<i>X</i>
2 pcs	Rear Bumper Brackets	<i>11</i>		SS	363.80	<i>X</i>
1 pc	Rear Bumper Beam	<i>50</i>		SS	395.50	<i>X</i>
10 pcs	Rear Bumper Clips	<i>12</i>		SS	65.00	<i>—</i>
1 pc	Rear End Panel	<i>12</i>		SS	838.40	<i>X</i>
2 pcs	Reverse Sensors	<i>shrub</i>	<i>2500</i>	SS	790.00	<i>2005/12</i>
				-----	SS5,331.90	

Labour Charges

To dismantle & replace damaged parts, panelbeat where necessary	SS	550.00	<i>350</i>
To putty, apply primer & spraypaint affected portion	SS	550.00	<i>400</i>
To apply rustproofing on repaired, replaced panel	SS	100.00	<i>X</i>
To check electrical wiring functions	SS	60.00	<i>20</i>

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SS6,591.90  
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**SUPER-ZEE MOTOR SERVICE**

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
- Willing modification(s) is allowed
- Supplementary item(s) must be resurveyed and
- Is subject to final approval from Insurance Company

Acknowledged by Repairer  
Signature:  
Date:

Business Registration No.47959700J

*P. 1737.40*  
*252*  
*1303.05*

# 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	19/04/2023 10:57 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	19/04/2023 07:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	KPE TUNNEL TOWARDS NICHOLL HIGHWAY
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMW2317Z
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	NG TEOW GENG GARY
NRIC No	S8540972G
Email Address	GNTG85@HOTMAIL.COM
Mobile Phone No	(Phone) +65-97825768
Alternative Phone No	-

## VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
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	Private car
Transmission	Auto
CC	1800

## INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	2070158856-01

## DRIVER

Name of Driver	NG TEOW GENG GARY
NRIC No	S8540972G
Date Of Birth	07/12/1985
Occupation	Indoor

Date Of Driving Pass	14/05/2007
Driving experience	15 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97825768
Alt. Phone Number	-
Email Address	GNTG85@HOTMAIL.COM
Address	BLK 524C PASIR RIS ST 51 #9-597
Address complement	-
Postcode	513524
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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)	2
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	-

PASSENGER 1

Name	HO FANGFANG
Gender	Female

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

PLEASE REFER TO ATTACHED SKETCH PLAN AND STATEMENT.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMQ7314E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	JOHN ONG LIANG WEI
NRIC No	S9026106A
Contact Number	-
Address	BLK 191 PUNGGOL CENTRAL #05-299
Address complement	-
Postcode	820191
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 Actual Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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 Traffic Police Department for investigation.**
6. 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.
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

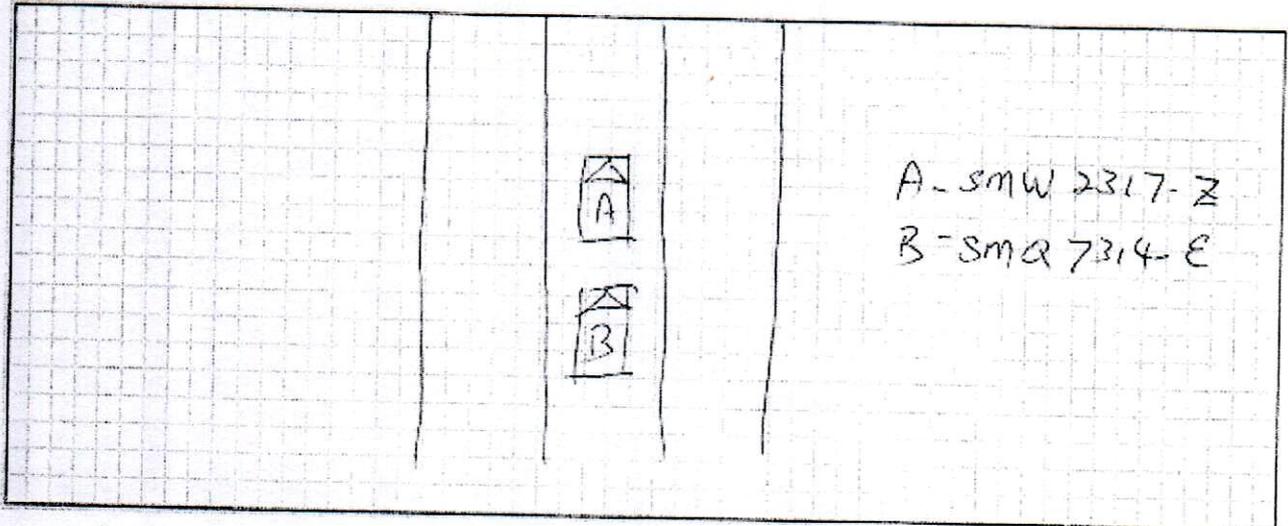
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

*[Signature]* / 19/4/23/10:25am  
Policyholder's Signature / Date & Time

*[Signature]*  
Driver's Signature (if driver is not the policyholder) / Date & Time

*[Signature]*  
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

**Sketch Plan**



Describe Circumstance of the Accident

It was at KPS funnel, the car behind me  
bumped into my car.

Declaration

I/we declare the foregoing particulars are true in every respect.

  
Policyholder's Signature / Date & Time  
10.28 am

\_\_\_\_\_  
Driver's Signature (if driver is not the policyholder) / Date  
& Time

  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)