

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

Vehicle Insured : SCL1999M
 Accident Date : 02-May-2023

No. : 06820

Date : 03-May-2023

Our Ref : 023093 (AIG) / CHAN

PAGE : 1

KLOON RISK MANAGEMENT PTE LTD
 71 DA SILVA LANE FORTUNA GARDEN
 Singapore 549794

*Not Attached
 Return by pain
 4 days*

ESTIMATED COST OF REPAIR FOR M/BENZ E200 SDN8500A

1 pc	Boot lid			<i>By</i> 2,646.00	✓
1 pc	Boot lid "E200" emblem			<i>By</i> 150.00	✓
1 pc	Boot lid logo			<i>By</i> 54.00	✓
1 pc	Boot lid rubber			<i>By</i> 240.00	X
2 pcs	Boot lid no.plate washer	@ S\$ 9.00		18.00	✓
1 pc	Rear bumper fascia			<i>By</i> 2,517.00	✓
1 pc	Rear bumper lower spoiler			<i>with 180</i> 495.00	✓
1 pc	Rear bumper lower chrome			<i>By</i> 384.00	✓
2 pcs	Rear bumper ctr parking sensor	@ S\$295.00		590.00	✓
2 pcs	Rear exhaust chrome	@ S\$117.00		234.00	✓
2 pcs	Rear exhaust chrome trim	@ S\$192.00		384.00	✓
1 pc	Rear bumper reinforcement			993.00	✓
1 pc	Rear bumper inner parts			609.00	✓
1 pc	Rear no.plate with box			<i>By</i> 50.00	X

				9,364.00	
Less 10% :				936.40	

8,427.60

To putty and spray replaced parts

700.00 *500*

To remove, cut-out damaged parts,
 panel beating, welding, align,
 refix and to renew above parts

800.00 *400*

Total : S\$ 9,927.60

Singapore Dollars Nine Thousand Nine Hundred
 and Twenty Seven and Cents Sixty Only

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
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed **and** is subject to final approval from Insurance Company

Acknowledged by Repairer
 Signature:
 Date:

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 02/05/2023 19:41 (SGT)
Reported by Both Policyholder and Actual Driver
Date of Accident 02/05/2023 11:37 (SGT)
Exact Location of Accident Upper Bukit Timah Rd, Singapore
Additional Location Information UPPER BUKIT TIMAH RD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SDN8500A

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner KLOON RISK MANAGEMENT PTE LTD
Company Reg No 2XXXXX902M
Email Address glenford@kloonrisk.com
Mobile Phone No (Phone) +65-97942887
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Mercedes
Model E200
Variant SEDAN
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 Etiqa Insurance Pte Ltd
Policy Number / Cover Note Number M0033618

DRIVER

Name of Driver GLENFORD TAN MING LOON
NRIC No SXXXX635C
Date Of Birth 20/09/1976
Occupation Indoor

Vehicle Registration Number	SCL1999M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	PASS 1
Gender	Female
Phone No	(Phone) +--
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SCL1999M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 2

Name of injured person	PASS 2
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SCL1999M
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 3

Name of injured person	ONG BEE MOI
Gender	Female
Phone No	(Phone) +--
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SCL1999M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

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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")

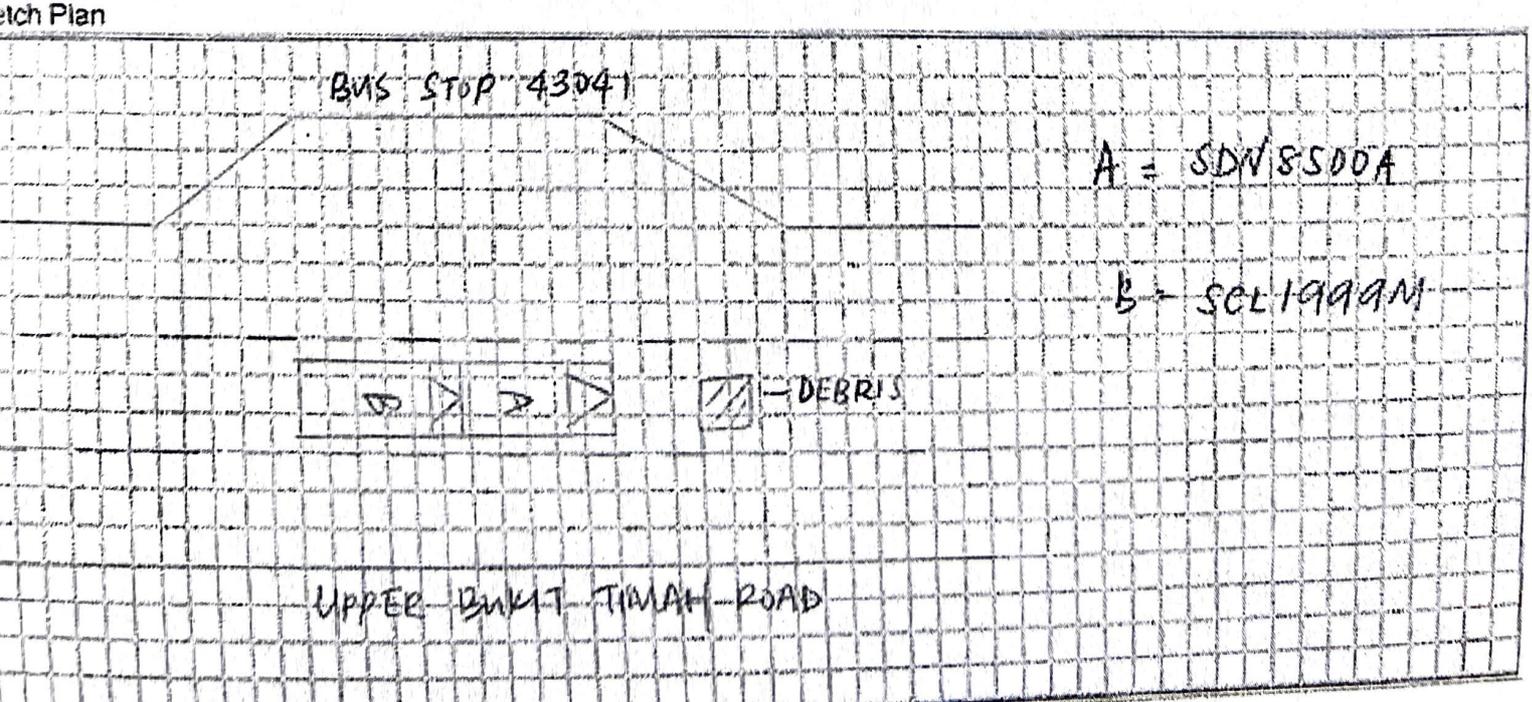
all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

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.

[Handwritten Signature]
 Policyholder's Signature / Date & Time

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

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





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

CONTINUATION OF REPORT

Passenger				
Name	VIVIEN LOO HWEE WEN		ID No.	S7515386D
Related Vehicle	SDN8500A (Car)		Contact No.	94247321
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	NIL
Driver				
Name	GLENFORD TAN MING LOON		ID No.	S7628635C
Related Vehicle	SDN8500A (Car)		Contact No.	97942887
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3A Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	NIL

Brief Details.

Travelling along indicated location on middle lane. Car in front of me SMC7916S stopped abruptly. I stopped accordingly but fairly smoothly. No collision. The reason was because there was debris on the road probably from an errant lorry - palette, cardboard and a plastic packet bigger than 3 footballs. However the car behind me SCL1999M did not notice and accelerated into the rear of my car SDN8500A. The driver of SCL1999M and 2 passengers suffered injury and were taken to hospital after I called for emergency services.