



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



Your Ref : Page : 1/2
Our Ref : TP0064/06/23 Date : 01/06/2023

THIRD PARTY CLAIM

M/S : WONG KIT PING AMY
APT BLK 53 PIPIT ROAD #06-100
SINGAPORE 370053

Attn :

Dear Sir/Madam

RE: ACCIDENT REPAIR ON : SJY7623G - AUDI Q5
INSURED : WONG KIT PING AMY
DATE OF ACCIDENT : 29/05/2023
POLICY NO : 5131659870

ENGINE# :
CHASSIS# :

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

	Qty	U/Cost	U/Price	Total
		\$	\$	\$
Replacement of Parts				
1 rear boot Q5 emblem	1@	100.00	100.00	100.00
2 rear boot 2.0T emblem	1@	100.00	100.00	100.00
3 rear boot Quattro emblem	1@	100.00	100.00	100.00
4 rear boot Audi logo	1@	145.00	145.00	145.00
5 rear boot lock top	1@	180.00	180.00	180.00
6 rear boot lock lower catch	1@	155.00	155.00	155.00
7 rear bumper	1@	1657.00	1657.00	1,657.00
8 rear bumper side retainer L&R	2@	88.00	88.00	176.00
9 rear bumper towing hook cover L&R	2@	48.00	48.00	96.00
10 rear bumper enforcement	1@	636.00	636.00	636.00
11 rear bumper reflector lamp L & R	2@	315.00	315.00	630.00
12 rear bumper parking sensor	2@	252.00	252.00	504.00
13 rear boot rubber	1@	204.00	204.00	204.00
				4,683.00
Less 5%				-234.15
Total Material				\$4,448.85
Labour & Misc				

1 Remove & install rear boot carpet.	120.00
2 Remove and install rear bumper, rear lamp. Knocking rear boot, rear end panel, spare tyre panel & restraighnten body.	1,500.00
3 Spray Painting	1,100.00
4 Check wiring system.	25.00
5 Reset & renew parking sensor	80.00
	2,825.00



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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				\$2,825.00
Nett Total Before Gst				\$7,273.85

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	31/05/2023 09:45 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	29/05/2023 17:20 (SGT)
Exact Location of Accident	Shenton Way, Singapore
Additional Location Information	SHENTON WAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJY7623G
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	WONG KIT PING AMY
NRIC No	SXXXX741B
Email Address	AWON7028@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-97858268
Alternative Phone No	

VEHICLE PARTICULARS

Manufacturer	Audi
Model	Q5
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	1984

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5131659870

DRIVER

Name of Driver	WONG KIT PING AMY
NRIC No	SXXXX741B
Date Of Birth	28/09/1970
Occupation	Indoor



Date Of Driving Pass	21/08/1997
Driving experience	25 YEARS AND 9 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97858268
Alt. Phone Number	
Email Address	AWON7028@YAHOO.COM.SG
Address	53 PIPIT RD
Address complement	06-100
Postcode	370053
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)	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

AS PER SKETCH PLAN ATTACHED

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	XE5694D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	1

SKETCH PLAN

IMPORTANT NOTICE

1. This document is a **draft** and is for **information** only. It is not intended to be used as a legal document.
2. The information provided in this document is for **information** only and is not intended to be used as a legal document.
3. Any false reporting may be referred to the Police for investigation.
4. The information provided in this document is for **information** only and is not intended to be used as a legal document.
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Consent under the Personal Data Protection Act (PDPA)

- (a) I, the undersigned, hereby consent to the collection, use and disclosure of my **Personal Information** for the purposes stated in the **Consent Form** attached to this document.
- (b) I understand that my **Personal Information** may be used for other purposes not stated in the **Consent Form** attached to this document.
- (c) I understand that my **Personal Information** may be disclosed to other parties for their use.
- (d) I understand that my **Personal Information** may be used for other purposes not stated in the **Consent Form** attached to this document.
- (e) I understand that my **Personal Information** may be disclosed to other parties for their use.
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- (x) I understand that my **Personal Information** may be used for other purposes not stated in the **Consent Form** attached to this document.
- (y) I understand that my **Personal Information** may be disclosed to other parties for their use.
- (z) I understand that my **Personal Information** may be used for other purposes not stated in the **Consent Form** attached to this document.


Injured Person's Signature


Witness's Signature


Driver's Signature

