



DICKSON GROUP

Your Trusted Automotive Solutionist

DICKSON AUTO CARE CENTRE PTE LTD
29 UBI ROAD 4, DICKSON AUTO CENTRE
SINGAPORE 408619
TEL: 6668 1122 | FAX: 6668 1123

QUOTATION FOR

NAME: Allianz Insurance Singapore Pte. Ltd.
COMPANY NAME: Allianz Insurance Singapore Pte. Ltd.
STREET ADDRESS: 79 Robinson Road, #09-01
POSTAL CODE: Singapore 068897
PHONE: 6714 3369

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

QUOTATION

DATE: 19/7/2023

REF: SKN3138M_2404

VEHICLE NO.: SKN3138M

MAKE: AUDI

MODEL: A5

PREPARED BY: POON

S/N	DESCRIPTION	QTY	UOM	UNIT PRICE	10% MARKUP (PARTS)	AMOUNT BEFORE DISCOUNT	DISC	AMOUNT
	LABOUR							
1	TO PROVIDE SKILL LABOUR TO REMOVE ALL DAMAGED PARTS & REALIGN	1		\$600.00	-	\$ 600.00	300	\$ 600.00
2	TO PROVIDE SKILL LABOUR & MATERIAL TO PAINT NEW PARTS & PANELS	1		\$600.00	-	\$ 600.00	400	\$ 600.00
3	TO REMOVE & REFIT FRONT HEADLAMP & REFOCUS	1		\$80.00	-	\$ 80.00	40	\$ 80.00
	PARTS							
1	FRONT BUMPER	1		\$1,396.50	\$ 1,536.15	\$ 1,536.15	nt	\$ 1,536.15
2	FRONT BUMPER CLIPS	10		\$5.50	\$ 6.05	\$ 60.50	nt	\$ 60.50
3	FRONT BUMPER REINFORCEMENT	1		\$608.00	\$ 668.80	\$ 668.80	?	\$ 668.80
4	FRONT BUMPER SPONGE	1		\$100.70	\$ 110.77	\$ 110.77	?	\$ 110.77
5	FRONT RH FENDER	1		\$693.50	\$ 762.85	\$ 762.85	Rx	\$ 762.85
6	FRONT RH FOG LAMP CHROME COVER	1		\$45.60	\$ 50.16	\$ 50.16	cut	\$ 50.16
7	FRONT RH BUMPER NOZZLE	1		\$521.00	\$ 573.10	\$ 573.10	?	\$ 573.10
8	FRONT BUMPER TOW IN COVER	1		\$86.10	\$ 94.71	\$ 94.71	mis	\$ 94.71
9	FRONT RH BUMPER NOZZLE COVER	1		\$86.10	\$ 94.71	\$ 94.71	mis	\$ 94.71
10	FRONT BUMPER RH RETAINER	1		\$58.20	\$ 64.02	\$ 64.02	?	\$ 64.02
11	FRONT BUMPER RH FOG LAMP COVER	1		\$152.80	\$ 168.08	\$ 168.08	cut	\$ 168.08
12	FRONT RH HEADLAMP	1		\$2,185.20	\$ 2,403.72	\$ 2,403.72	cut	\$ 2,403.72
SUBTOTAL						\$ 7,867.57	SUBTOTAL	\$ 7,867.57
GST 8%						\$ 629.41	GST 8%	\$ 629.41
TOTAL						\$ 8,496.98	TOTAL	\$ 8,496.98

REMARKS:

Taufik 97495749
up Not Authorise
EX 8600
taufik e lkk auto care

I AGREE TO THE REMARKS AND PRICE AS LISTED ABOVE.

FOR DICKSON AUTO CARE CENTRE PTE LTD

3-4 days
LIS Repair
to take photos after repair



(CUSTOMER'S SIGNATURE AND COMPANY STAMP)

(AUTHORISED SIGNATURE)

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	06/05/2023 12:26 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	24/04/2023 20:00 (SGT)
Exact Location of Accident	5 Stevens Rd, Singapore 257814
Additional Location Information	TANGLIN CLUB SPORT COMPLEX CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKN3138M
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	MOHAMMED SALMAN NIAZ
Company Reg No	SXXXX901D
Email Address	SALMAN.NIAZ@GMAIL.COM
Mobile Phone No	(Phone) +65-81579000
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A5
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1984

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2001933440-01

DRIVER

Name of Driver	MOHAMMED SALMAN NIAZ
Company Reg No	SXXXX901D
Date Of Birth	10/02/1975
Occupation	Indoor

58
41
31
71
W
1

Date Of Driving Pass	21/04/2007
Driving experience	16 YEARS
Gender	Male
Mobile Number	(Phone) +65-81579000
Alt. Phone Number	-
Email Address	SALMAN.NIAZ@GMAIL.COM
Address	22 WOOLLERTON DRIVE
Address complement	-
Postcode	257565
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 Side Swipe
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 MS SAIMA SALMAN
Gender Female

DETAILS OF POLICE ACTION

Was the accident reported to the police? Yes
Police Station Name Tanglin Division Headquarters
Police Station Phone No (Phone) +65-18003910000
Alt. Police Station Phone No (Fax) +65-63964900
Police Station Address 21 Kampong Java Road Singapore 228892
Was notice of intended Prosecution given? No
If yes, against whom? -

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE POLICE REPORT
REPORTS NO. E/20230503/7037

ATTACHMENT(S)

Are accident photos available for attachment? Yes
Was there any video captured by Car Camera? Yes
Reasons for not uploading a video of the accident FILE TOO LARGE

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLU4425D
Vehicle Manufacturer	Hyundai
Vehicle Model	Tucson
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
Name of Driver	MS MARJOLEINE VOS
Contact Number	(Phone) +65-97853135
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	3

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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 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:

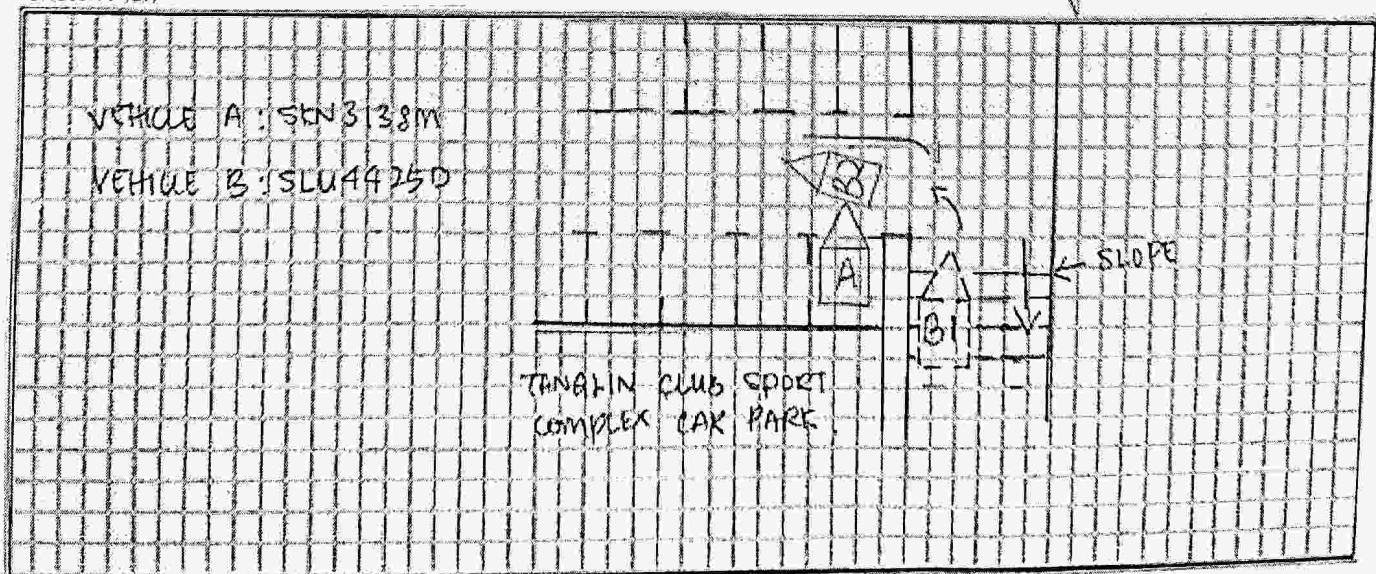
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the "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] May 6, 2023
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

(please refer to police report & video footage provided)

Declaration

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


Policyholder's Signature / Date & Time

May 6, 2023

Driver's Signature (If driver is not the policyholder) / Date
& Time


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



**SINGAPORE
POLICE FORCE**



E/20230503/7037

1 of 4

POLICE REPORT (NP299)

Report No. E/20230503/7037

Police Station Of Origin
Tanglin Division HQ
21 Kampong Java Road SINGAPORE
228892
Tel No:1800-3910000

Date/Time Report Made 03/05/2023 18:44		Vide Report No.		Station Diary No.	
Name Of Informant MOHAMMED SALMAN NIAZ		Address 22 WOOLLERTON DRIVE SINGAPORE 257565			
ID Type / ID No. NRIC NO / S7561901D		Contact No. Home/Office: Mobile: 81579000 ✓			
Nationality SINGAPORE CITIZEN		Email Address SALMAN.NIAZ@GMAIL.COM			
Occupation Financial analyst		Sex Male	Age 48	Date of Birth 10/02/1975	Race Pakistani
Institution/School Name		Language English			
Date/Time Of Incident 24/04/2023 20:00 - 24/04/2023 20:15		Location Of Incident 5 STEVENS ROAD #GF-CR PK THE TANGLIN CLUB SINGAPORE 257814			

Brief details.

ON, OR ABOUT 8PM ON 24-APR-23, AT THE TANGLIN CLUB SPORT COMPLEX CAR PARK, MY CAR (PLATE: SKN3138M) WAS HIT AND DAMAGED BY ANOTHER CAR (PLATE: SLU4425D). I WAS DRIVING OUT OF MY PARKING SPOT ON THE GROUND FLOOR, TOGETHER WITH MY WIFE (MS SAIMA SALMAN) SEATED WITH ME. WHEN A FAST MOVING SILVER SUV CAR CAME DOWN THE RAMP FROM THE HIGHER FLOOR TO MY RIGHT, I IMMEDIATELY STOPPED THE CAR BUT THE INCOMING CAR HIT INTO MY STATIONARY CAR CAUSING DAMAGE TO THE FRONT RIGHT BUMPER, HEADLIGHTS AND RELATED AREAS. THE DRIVER OF THE SILVER CAR KEPT

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 03/05/2023 18:44
Officer In-Charge Of Case:	Classification Of Case:

This report is lodged at Orchard NPC Kiosk 1



**SINGAPORE
POLICE FORCE**



E/20230503/7037

2 of 4

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20230503/7037

DRAGGING MY CAR FORWARD EVEN AFTER IMPACT, GIVEN THEIR SPEED. IN FACT, I HAD TO MOTION THEM TO STOP AND REVERSE THEIR CAR SO FURTHER CAR DAMAGE COULD BE STOPPED AND VEHICLES COULD BE DIS-ENGAGED. NETIHER MY WIFE OR I HAVE SEEN ANY DOCTOR AS YET BUT THERE COULD BE WHIPLASH.

AS I NOTED THE DRIVER OF THE SILVER SUV CAR, MS. MARJOLEINE VOS, WAS DRIVING QUITE FAST DOWN THE RAMP DESPITE THE "DRIVE SLOW" SIGN INSTALLED ON THE RAMP WALL AND DID NOT PAY ATTENTION TO HER LEFT SIDE AS SHE MADE THE LEFT TURN AND EVENTUALLY DIDN'T STOP THE CAR THEREBY HITTING MY CAR WHICH WAS STATIONARY BY THEN. THE IMPACT CARRIED MY CAR FORWARD AND CAUSED SIGNIFICANT DAMAGE.

THE TWO SECURITY GUARDS ON DUTY HURRIED TO THE SCENE. THEY WITNESSED MS. VOS ACCEPT HER FAULT AND AGREE TO PAY FOR DAMAGES AND SETTLE THIS PRIVATELY. WE ALL LEFT THE SCENE SUBSEQUENTLY.

I AM DELAYED IN FILING THIS REPROT, EVEN THOUGH THE ACCIDENT HAPPENED ON 24-APR-23 AS MS. VOS HAD AGREED TO PRIVATELY SETTLE THE MATTER AFTER HAVING ACCEPTED HER FAULT ONSITE - AND NOW SHE ISN'T. FURTHERMORE, I AM DELAYED IN FILINIG THIS POLICE REPORT AS I AWAITED THE CCTV FOOTAGE RETRIEVAL FROM THE TANGLIN CLUB SECURITY CAMERA AND BECAUSE I WAS TRAVELLING OUT OF THE COUNTRY FOR CERTAIN DAYS BETWEEN 24-APR-23 AND NOW.

NOW, ON THIS DAY 3 MAY, 2023, I WOULD LIKE TO BRING THIS MATTER TO THE SINGAPORE

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 03/05/2023 18:44
Officer In-Charge Of Case:	Classification Of Case:

This report is lodged at Orchard NPC Kiosk 1



**SINGAPORE
POLICE FORCE**



E/20230503/7037

3 of 4

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20230503/7037

POLICE'S ATTENTION AS PART OF THE DUE PROCESS AND LOOK FORWARD TO A SPEEDY
RESOLUTION.

KINDLY TAKE NOTE OF MY STATEMENT ABOVE.

DULY SIGNED: MOHAMMED SALMAN NIAZ

Subjects Involved				
Suspect				
Person Name	MARJOLEINE VOS			
Gender	Female	Age	45-50	
Race	Netherlander	Language	English	
Mobile No	97853135	Relation To Informant	a stranger	
Victim				
Person Name	SAIMA SALMAN			
ID Type	NRIC NO	ID No	S7363218H	
Gender	Female	Age	50	
Race	Pakistani	Occupation	Clinical psychologist	
Address	22 WOOLLERTON DRIVE SINGAPORE 257565		Mobile No	85224104
Relation To Informant	wife			

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:
The identity of the person making this
report has been authenticated by Singpass.
No signature is required.

Date/Time:
03/05/2023 18:44

Classification Of Case:

This report is lodged at Orchard NPC Kiosk 1



**SINGAPORE
POLICE FORCE**



E/20230503/7037

4 of 4

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20230503/7037

Person Name	MOHAMMED SALMAN NIAZ		
ID Type	NRIC NO	ID No	S7561901D
Gender	Male	Age	48
Race	Pakistani	Language	English
Occupation	Financial analyst	Address	22 WOOLLERTON DRIVE SINGAPORE 257565
Mobile No	81579000	Is Informant A Victim?	Yes
Person Name	MOHAMMED SALMAN NIAZ (Informant)		

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

The identity of the person making this
report has been authenticated by Singpass.
No signature is required.

Date/Time:
03/05/2023 18:44

Classification Of Case:

This report is lodged at Orchard NPC Kiosk 1

IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SD0B237J001 Vehicle Registration No: SKL7360X
Name (as shown in NRIC): EZRA HEALTHCARE PTE LTD NRIC/FIN/Passport No: 201732940W
(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
Address: - _____ Singapore ()
Contact (Tel): 87829494 Mobile No.: 92249494
Email Address: ADMIN@DACC.COM.SG
Date of Accident: 19 JUL 2023 Time of Accident: 0924
Place of Accident: ECP MCE
Insurance Company: INCOME INSURANCE


(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

- **AMEND OWNER NAME**

EZRA HEALTHCARE PTE LTD
UEN: 201732940W
50 SERANGOON NORTH AVENUE 4
#07-14 FIRST CENTRE SINGAPORE 555856
TEL: 67425501 FAX: 25700603

Policyholder / Driver's Signature
Date: 19/7/2023


Reporting Centre Personnel's Signature
Name: MAHIRAH
NRIC/FIN No.: Sxxxx900d
Date: 19/7/2023