



## 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 First Submission	16/08/2024 19:44 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	15/08/2024 06:41 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JUNCTION LOYANG AVE & PASIR RIS DR 1
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNF9629E
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	ANDREW ANG SWEE TEXK
NRIC No	SXXXX134G
Email Address	
Mobile Phone No	
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	MG
Model	EV
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	0
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

### INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	-

### DRIVER



Name of Driver	ANDREW ANG SWEE TEXK
NRIC No	SXXXX134G
Date Of Birth	
Occupation	Indoor
Driving Pass Date	31/07/1978
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	46 YEARS AND 1 MONTH
Gender	Male
Mobile Number	
Alt. Phone Number	-
Email Address	-
Address	
Address complement	-
Postcode	-
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

#### REFER TO SKETCH PLAN

#### 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	SHB1235C
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	-
Name of Driver	Taxi
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 speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised 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. The 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.

### 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 :

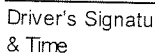
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (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.

 15/8/24 1038

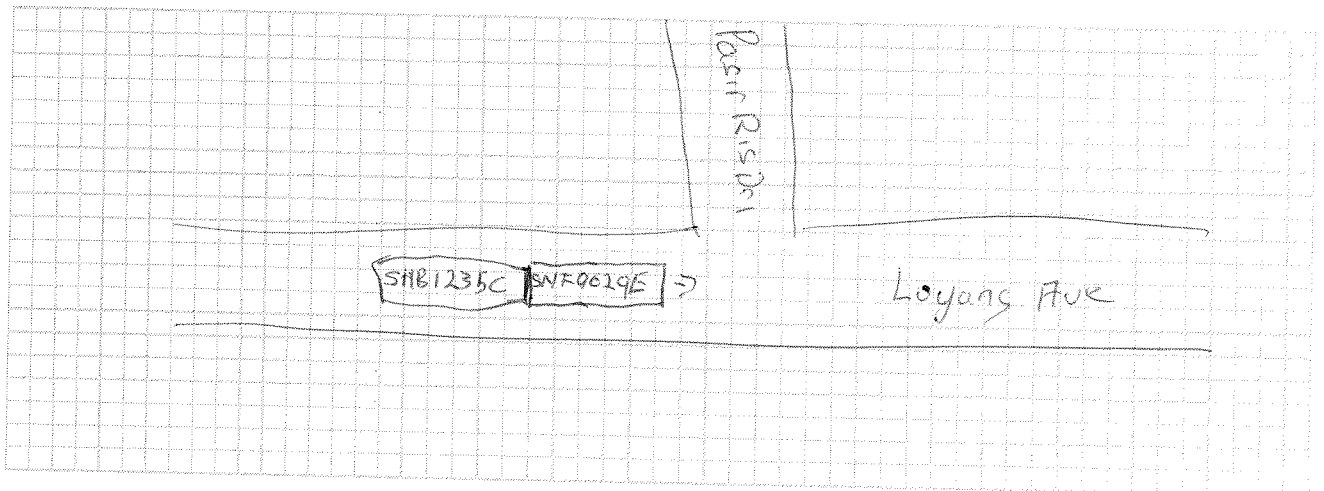
Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel

### Sketch Plan




**Describe Circumstances of the Accident**

I stop my car at the traffic light at the Junction of  
Layang ave and Pasir Ris Dr 1, suddenly the car hit ~~my~~ the rear  
of my car.

**Declaration**

We declare the foregoing particulars are true in every respect.

 15/2/24 1038

Policyholder's Signature / Date &  
Time

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

  
Witnessed by Reporting Centre  
Personnel

> Back to OneMotoring



Land Transport Authority  
10 Sin Ming Drive  
Singapore 575701  
GST Registration No. : M4-0006529-2

Print Date/Time : 15 Aug 2024 / 11:12:38

Receipt Date/Time : 15 Aug 2024 / 11:12:38

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-240815-001275

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
	Result of Insurance Enquiry - SHB1235C As at 15 Aug 2024/06:41:00 Insurance Co: MS FIRST CAPITAL INSURANCE LIMITED			
1	Insurance Enquiry - SHB1235C Enquiry Fee 20240815110519921877	25.00	2.25	27.25
	<b>Sub-Total</b>	25.00	2.25	27.25
	<b>Total Before Rounding</b>	25.00	2.25	27.25
	<b>Rounding Difference</b>			0.00
	<b>Total Amount Payable</b>			27.25
	 Paid By			
	540012XXXXXX6536		eNETS Credit Card	27.25
	<b>Total</b>			27.25
	<b>Cash Change</b>			0.00
	<b>Tendered Amount</b>			27.25
	<b>Excess Refundable Amount</b>			0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.

Name & Address:

FIRST CAPITAL INSURANCE LTD

36 ROBINSON ROAD

#16-01 CITY HOUSE

SINGAPORE 068877

motor\_claims@first-insurance.com.sg

Email/Fax No:

Contact No:

Vehicle No:

SNF9629E

Brand & Model:

MG ZS EV UK

Chassis/VIN No:

LSJW74093MZ168968

Date Of Registration:

6/30/2022

Date:

19-Aug-24

Franchise:

MG

Contact Person (Eurokars):

WONG

Contact No (Eurokars):

6331 0680

Type of Claim:

THIRD PARTY

Policy No:

PARTS / MATERIAL CHARGES							MARK = Survey Marking [Key "A" if item is approved]	
NO	DESCRIPTION	PART NO.	QTY	MARK	REVISED	PRICE		
1	REAR BUMPER UPPER	10344162-SPRP	1		-	\$ 974.00		
2	NUT-RR BPR FASCIA	90003375	6		-	\$ 6.00		
3	NUT-RR BPR FASCIA	50012569	2		-	\$ 4.00		
4	BRACKET-RR PARK DIST CONT SEN LH	10345448	1		-	\$ 27.00		
5	BRACKET-RR PARK DIST CONT SEN CENTER	10343137	1		-	\$ 27.00		
6	BRACKET-RR PARK DIST CONT SEN RH	10345485	1		-	\$ 27.00		
7	REAR BUMPER LOWER	10344164	1		-	\$ 593.00		
8	COVER-RR TOW HOOK OPG	10344260	1		-	\$ 14.00		
9	SPOILER-RR BPR LWR	10344180	1		-	\$ 394.00		
10	RIVET-RR BPR FASCIA	30081918	2		-	\$ 8.00		
11	NUT-RR BPR FASCIA	90003375	6		-	\$ 6.00		

Sub-Total (Parts Price) \$ - \$ 2,080.00

LABOUR / SERVICES CHARGES				REVISED	PRICE
NO	DESCRIPTION				
1	TO REMOVE & REPLACE REAR BUMPER. AND ALL ACCIDENT AFFECTED AREA.				\$ 1,584.00
2	TO RESPRAY REAR BUMPER.				\$ 1,512.00
3	TO TRANSFER REVERSE SENSORS.				\$ 330.00
4	TO APPLY THREEBOND ULTRA BODY COATING			NETT	\$ 150.00
5	TO ISOLATE THE EV BATTERY DURING THE REPAIRS INCLUDING CHARGING OF THE BATTERY.			NETT	\$ 250.00
6	TO CHECK ELECTRICAL SYSTEM FOR PROPER FUNCTIONING.				\$ 250.00
7	TO REPROGRAMME AFTER THE ACCIDENT REPAIR WORKS.				\$ 300.00
8	TO CARRY-OUT BODY CAVITY PRESERVATION.(INCLUDING NEW PARTS AND CAOUTCHOU).				\$ 250.00
9	SUNDRIES				\$ 50.00

Survey Date & Time:	Repair Days:	Excess:
---------------------	--------------	---------

Sub-Total (Labour Price) \$ - \$ 4,676.00

Surveyor Remarks:

		REVISED	PRICE
Parts Price	\$	-	\$ 2,080.00
Labour Price	\$	-	\$ 4,676.00
Total (Initial Estimate)	\$	-	\$ 6,756.00
Supp 1	\$	-	\$ -
Supp 2	\$	-	\$ -
Supp 3	\$	-	\$ -
Total (Before Excess)	\$	-	\$ 6,756.00

**Remarks:**

- This is only an estimate based on visual inspection. Should there be more damages found during repair, it will be informed and quoted additionally.
- A fee of \$400 (excl. GST) will be chargeable for damage assessment and preparation of this estimate, if you choose not to proceed with repair.

**REPAIR ESTIMATE**

Less Excess	\$	-	\$	-
TOTAL (After Excess)	\$	-	\$	6,756.00
GST 9%	\$	-	\$	608.04
<b>GRAND TOTAL</b>	<b>\$</b>	<b>-</b>	<b>\$</b>	<b>7,364.04</b>