

# 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	21/09/2024 14:22 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	20/09/2024 16:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	48 TOH GUAN ROAD EAST
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMW2704P
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LOW KIAN SENG
NRIC No	SXXXX084J
Email Address	LKS@FIRSTGOOD.COM.SG
Mobile Phone No	(Phone) +65-96855080
Alternative Phone No	-

## VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	Gla180
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	1595
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 .....	LOW KIAN SENG
NRIC No .....	SXXXX084J
Date Of Birth .....	11/02/1957
Occupation .....	Indoor
Driving Pass Date .....	14/05/1976
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	48 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96855080
Alt. Phone Number .....	-
Email Address .....	LKS@FIRSTGOOD.COM.SG
Address .....	4 FLORA DRIVE
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 .....	Collided into Parked Vehicle
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) .....	0
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 .....	YN118A
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) ..... -

**SKETCH PLAN**

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**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

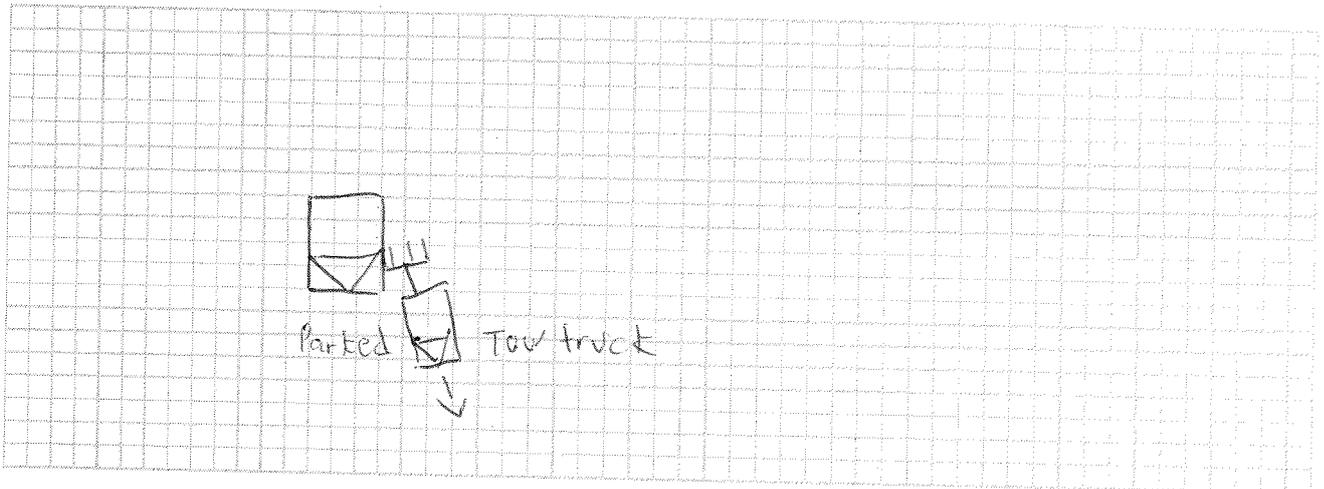
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

  
Policyholder's Signature / Date & Time

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

  
Witnessed by Reporting Centre Personnel

**Sketch Plan**





INSURER ENQUIRY

# Find insurer

Vehicle reg. no.

YN118A

Date of Accident

20/09/2024 📅

Reset

## % RESULT & RECEIPT

TP Insurer Enquiry

Insurance ..... **India International Insurance ...**

Period of Insurance ..... **28/05/2024 - 27/05/2025**

Requested By ..... **EUROKARS SERVICES PTE LTD ...**

Requested Date ..... **21/09/2024 09:56**

**Payment details**

Request Amount: **S\$2**

GST Amount: **S\$0.18**

Total Amount Due (GST Inclusive): **S\$2.18**

**General Insurance Association**

Records Management Centre

GST Registration No: **M400017735**

Name &amp; Address:

**Motor Claims Department**
**INDIA INTERNATIONAL INSURANCE P/L**

64 CECIL STREET

#04-#05 IOB BUILDING

SINGAPORE 049711

Email/Fax No:

Contact No:

Vehicle No:

**SMW2704P**

Date:

23-Sep-24

Brand &amp; Model:

MERCEDES BENZ / GLA180 URBAN

Franchise:

MERCEDES

Chassis/VIN No:

**WDC1569422J688791**

Contact Person (Eurokars):

WONG

Type of Claim:

YEAR MODEL:

WIP#:

Contact No (Eurokars):

THIRD PARTY

11/12/2020

6331 0680

PARTS / MATERIAL CHARGES						
NO	DESCRIPTION	PART NO.	QTY	MARK	REVISED	PRICE
1	FRONT FENDER LH		1		-	\$ 1,070.00
2	FRONT FENDER ARCH GARNISH LH		1		-	\$ 289.00
3	FRONT FENDER UNDERSHIELD LH		1		-	\$ 305.00
4	FRONT FENDER UNDERSHIELD CLIPS		10		-	\$ 50.00
5	FRONT DOOR LH		1		-	\$ 2,325.00
6	FRONT DOOR HINGE LH UPPER		1		-	\$ 265.00
7	FRONT DOOR HINGE LH LOWER		1		-	\$ 175.00
8	FRONT DOOR CHECKER LH		1		-	\$ -
9	SIDE SKIRT LH		1		-	\$ 445.00
10	FRONT SHOCK ABCORBER LH		1		-	\$ 1,068.00
11	FRONT SHOCK ABSORBER MOUNTING LH		1		-	\$ 384.00
12	FRONT KNUCKLE ARM LH		1		-	\$ 1,176.00
13	FRONT WHEEL BEARING LH		1		-	\$ 240.00
14	FRONT LOWER ARM LH		1		-	\$ 840.00
15	STEERING GEAR		1		-	\$ 6,648.00
16	TIE ROD END LH		1		-	\$ 112.00
17	FRONT RIM LH		1		-	\$ 1,344.00
18						\$ -

Sub-Total (Parts Price) \$ - \$ 16,736.00

LABOUR / SERVICES CHARGES			
NO	DESCRIPTION	REVISED	PRICE
1	TO REMOVE /REPLACE FRONT FENDER LH, FRONT DOOR LH, SIDE SKIRT LH & ALL ACCIDENT DAMAGED BODY PARTS. TO REPAIR A-PILLAR LH & ALL AREAS AFFECTED BY THE ACCIDENT.		\$ 2,400.00
2	TO RESPRAY FRONT FENDER LH, FRONT DOOR LH		\$ 2,000.00
3	TO CARRY-OUT BODY CAVITY PRESERVATION.		\$ 250.00
4	TO REMOVE & REPLACE THE FRONT LH UNDER CARRIAGE INCLUDING STEERING GEAR	nett	\$ 1,200.00
5	TO MOUNT 1 PC SPORT RIM AND CONDUCT WHEEL BALANCING.	nett	\$ 120.00

6	TO CHECK STEERING GEOMETRY & CONDUCT FULL WHEEL ALIGNMENT.	nett	\$	560.0
7	TO TRANSFER THE FRONT DOOR LH MECHANISM.	nett	\$	300.0
8	TO CHECK ELECTRICAL SYSTEM FOR PROPER FUNCTIONING.		\$	250.0
9	TO REPROGRAMME AFTER THE ACCIDENT REPAIR WORKS.	nett	\$	500.0
10	SUNDRIES.	nett	\$	50.0

Survey Date & Time:	Repair Days:	Excess:
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Surveyor Remarks:

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.
- An administrative fee of 20% of the quotation value will be chargeable for damage assessment and preparation of this estimate, if you choose not to proceed with repair.

Sub-Total (Labour Price) \$ - \$ 7,630.0

		<u>REVISED</u>	<u>PRICE</u>
Parts Price	\$	-	\$ 16,736.0
Labour Price	\$	-	\$ 7,630.0
Total (Initial Estimate)	\$	-	\$ 24,366.0
Supp 1	\$	-	\$ -
Supp 2	\$	-	\$ -
Supp 3	\$	-	\$ -
Total (Before Excess)	\$	-	\$ 24,366.0
Less Excess	\$	-	\$ -
TOTAL (After Excess)	\$	-	\$ 24,366.0
GST 9%	\$	-	\$ 2,192.94
<b>GRAND TOTAL</b>	\$	-	\$ 26,558.94