

## 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	14/11/2024 10:54 (SGT)
Reported by	Actual Driver
Date of Accident	13/11/2024 13:30 (SGT)
Exact Location of Accident	Yishun Central, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMQ7625H
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	FRESH CARS PTE. LTD
Company Reg No	2XXXXX540Z
Email Address	REPORTING@MYCAR.SG
Mobile Phone No	(Phone) +65-82006787
Alternative Phone No	(Office) +65-98888885

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
Variant	PLUS (AUTO)
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1798
Vehicle Fuel	Petrol-Electric
First Registration Date	-
Chassis no	JTDZS3EUX0J051711
Effective Date/Time of Ownership	-

#### INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D22MFL0002324_02

#### DRIVER

Name of Driver	GOH KIM SIAH
NRIC No	SXXXX289C
Date Of Birth	06/01/1968
Occupation	Outdoor
Driving Pass Date	15/07/1987
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	37 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82006787
Alt. Phone Number	-
Email Address	REPORTING@MYCAR.SG
Address	BLK 657B PUNGGOL EAST #15-876
Address complement	-
Postcode	822657
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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 - Change/cross lane
Weather Conditions	Raining
Road Surface	Wet

#### 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

ON 13/11/24 AT AROUND 13:30HRS, I WAS DRIVING VEHICLE A BEARING REGISTRATION NUMBER SMQ7625H ALONG YISHUN CENTRAL AFTER PICK UP PASSENGERS FROM NORTHPOINT CITY TOWARDS VIVOCITY TO DROP THEM. AS I WAS TRAVELLING STRAIGHT ON LANE 4, VEHICLE B BEARING REGISTRATION NUMBER GBE2747R WHICH WAS STATIONARY AT LANE 3, MOVED OUT SUDDENLY TURN LEFT AND COLLIDED ONTO VEHICLE A AT FRONT RIGHT SIDE. DUE TO THE IMPACT, VEHICLE A MOVED TO LEFT SIDE AND LEFT SIDE FRONT BUMPER COLLIDED ONTO THE KERB CAUSING DAMAGE TO FRONT LEFT BUMPER AND FRONT RIM. THE DRIVER'S DOOR WAS VERY HARD TO OPEN AFTER THE IMPACT. NOBODY WAS INJURED DURING THE ACCIDENT.

#### 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	GBE2747R
Vehicle Manufacturer	Fiat
Vehicle Model	DOBLO CARGO MAXI 1.6 MTJ AMT GLAZE
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	LEE WEE KOON
Contact Number	(Phone) +65-96668301
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

## DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	KERB
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	KERB
No. Of Passenger (Including Driver)	-

**SKETCH PLAN****IMPORTANT NOTICE**

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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 lodgment of this report to the Insurers, you hereby consent to the archiving of this report at the center 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.

FRESH CARS PTE LTD  
UEN: 2016085402



*Kalamara*

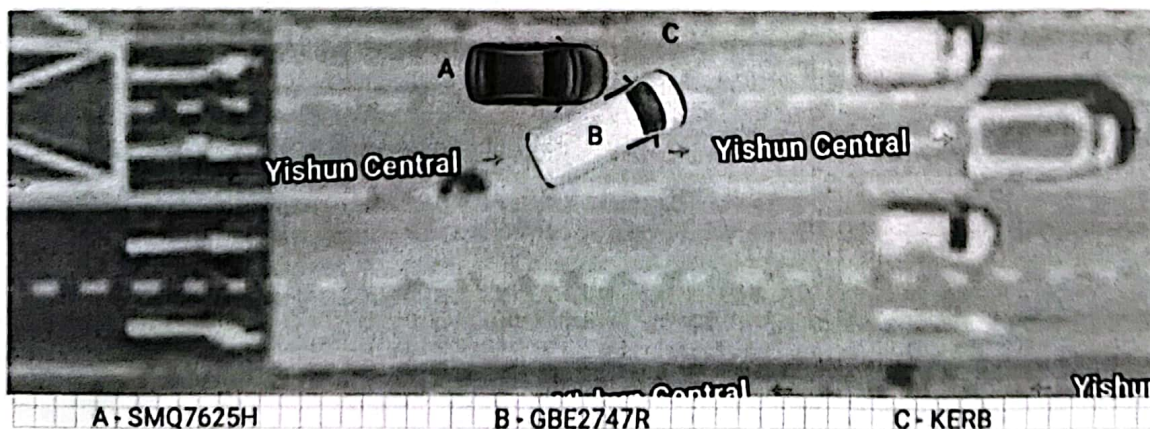
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

13.11.24 \_ 16:20HRS



## Describe Circumstances of the Accident

ON 13/11/24 AT AROUND 13:30HRS, I WAS DRIVING VEHICLE A BEARING REGISTRATION NUMBER SMQ7625H ALONG YISHUN CENTRAL AFTER PICK UP PASSENGERS FROM NORTHPOINT CITY TOWARDS VIVOCITY TO DROP THEM. AS I WAS TRAVELLING STRAIGHT ON LANE 4, VEHICLE B BEARING REGISTRATION NUMBER GBE2747R WHICH WAS STATIONARY AT LANE 3, MOVED OUT SUDDENLY TURN LEFT AND COLLIDED ONTO VEHICLE A AT FRONT RIGHT SIDE. DUE TO THE IMPACT, VEHICLE A MOVED TO LEFT SIDE AND LEFT SIDE FRONT BUMPER COLLIDED ONTO THE KERB CAUSING DAMAGE TO FRONT LEFT BUMPER AND FRONT RIM. THE DRIVER'S DOOR WAS VERY HARD TO OPEN AFTER THE IMPACT. NOBODY WAS INJURED DURING THE ACCIDENT.

## Declaration

We declare the foregoing particulars are true in every respect.

FRESH CARS PTE LTD  
UEN: 201608540Z

Policyholder's Signature / Date &  
Time



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

13.11.24 \_ 16:20HRS



*Khamaraj*

Witnessed by Reporting Centre  
Personnel



# MY CAR CONSULTANT PTE LTD

Reg no.: 201605878Z

Address: 60 JALAN LAM HUAT, CARROS CENTRE #05-68 5737986

HP: 98888885

## Estimation

Date: 15/11/2024

Vehicle: SMQ7625H

Make / Model: TOYOTA PRIUS

No.	Description	Unit	Unit Price	Amount
1	BONNET X R	1	\$ 989.00	\$ 989.00
2	FRONT BUMPER / BR	1	\$ 798.00	\$ 798.00
3	FRONT BUMPER LOWER X	1	\$ 651.00	\$ 651.00
4	FRONT BUMPER LOGO / MC	1	\$ 68.00	\$ 68.00
5	FRONT BUMPER SIDE RETAINER RH / BR	1	\$ 58.00	\$ 58.00
6	FRONT BUMPER BRACKET RH / BR	1	\$ 52.00	\$ 52.00
7	FRONT BUMPER SPONGE X	1	\$ 215.00	\$ 215.00
8	FRONT BUMPER REINFORCEMENT X	1	\$ 412.00	\$ 412.00
9	FRONT BUMPER SIDE GARNISH LH X	1	\$ 212.00	\$ 212.00
10	FRONT BUMPER DAYLIGHT RH / BR	1	\$ 312.00	\$ 312.00
11	FRONT BUMPER DAYLIGHT WIRE HARNESS X	1	\$ 498.00	\$ 498.00
12	FRONT BUMPER UNDER COVER X	1	\$ 352.00	\$ 352.00
13	FRONT SUPPORT PANEL X R	1	\$ 1,125.00	\$ 1,125.00
14	FRONT SUPPORT PANEL TOP GARNISH X	1	\$ 258.00	\$ 258.00
15	FRONT WIPER WASHER TANK / CPY	1	\$ 358.00	\$ 358.00
16	HEADLAMP / BR (RH)	2	\$ 2,591.00	\$ 5,182.00
17	HEADLAMP LOWER BRACKET RH X	1	\$ 42.00	\$ 42.00
18	FRONT FENDER RH / DD	1	\$ 612.00	\$ 612.00
19	FRONT FENDER COWLING RH / CPY	1	\$ 212.00	\$ 212.00
20	FRONT FENDER EMBLEM RH / MC	1	\$ 45.00	\$ 45.00
21	FRONT FENDER WHEEL HOUSING RH X	1	\$ 1,258.00	\$ 1,258.00
22	RADIATOR X	1	\$ 1,287.00	\$ 1,287.00
23	WIPER WASHER TANK X	1	\$ 398.00	\$ 398.00
24	FRONT KNUCKLE ARM RH / A	1	\$ 598.00	\$ 598.00
25	FRONT KNUCKLE BEARING RH / A	1	\$ 221.00	\$ 221.00
26	FRONT LOWER ARM RH / A	1	\$ 498.00	\$ 498.00
27	FRONT SHOCK ABSORBER RH / A	1	\$ 452.00	\$ 452.00
30	FRONT DOOR RH X R	1	\$ 1,025.00	\$ 1,025.00
				\$ 18,188.00
			Less 25%	\$ 4,547.00
			Total	\$ 13,641.00
	S/Nett items:			
1	FRONT WHEEL HUB CAP RH / BR	1	\$ 100.00	\$ 100.00
2	FRONT RIM RH X R	1	\$ 500.00	\$ 500.00
3	FRONT BUMPER CLIPS SET / MC	1	\$ 50.00	\$ 50.00
4	FRONT FENDER COWLING CLIP SET / MC	1	\$ 50.00	\$ 50.00
5	FRONT SUPPORT TOP GARNISH CLIP SET X	1	\$ 30.00	\$ 30.00
				\$ 1,570.00

566 /

199 /  
2591 /

30  
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Labour to:				
1	TO CHECK REAR ELECTRICAL WIRING	1	\$ 150.00	\$ 150.00
2	REALIGN HEADLAMP	1	\$ 50.00	\$ 50.00
3	REMOVE AND REPAIR FRONT UNDERCARRIAGE	1	\$ 300.00	\$ 300.00
4	CONDUCT WHEEL ALIGNMENT	1	\$ 150.00	\$ 150.00
5	TO REMOVE AND REFIT FRONT DOOR MECHANISM	1	\$ 100.00	\$ 100.00
6	AND RENEW FRONT SUPPORT PANEL,RADIATOR,CONDE	1	\$ 300.00	\$ 300.00
7	APPLY ANTI RUST ON AFFECTED AREAS	1	\$ 200.00	\$ 200.00
8	SPRAY PAINTING ON AFFECTED AREAS	1	\$ 1,000.00	\$ 1,000.00
9	PANEL BEATING ON AFFECTED AREAS	1	\$ 1,200.00	\$ 1,000.00
				\$ 3,250.00
			Parts Replacement Amount	\$ 15,211.00
			Total Amount for Labour	\$ 3,250.00
			<b>Total Amount</b>	<b>\$ 18,461.00</b>

31  
21  
7  
50  
X  
X  
30  
800  
600

5 for CLKK)  
15/11/24, 10.12.24  
w IL  
L/S  
Lg AC y  
5 dgs

**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: \_\_\_\_\_