



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 | 11/06/2024 17:57 (SGT) |
| Reported by | Both Policyholder and Actual Driver |
| Date of Accident | 08/06/2024 14:38 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | PAYAR LEBAR ROAD |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SLL4040C |
| INSURED/POLICYHOLDER | |
| Is company? | No |
| Name Of Registered Owner | LIN XIU ZHEN SONIA |
| NRIC No | SXXXX320A |
| Email Address | SONIALIM@GMAIL.COM |
| Mobile Phone No | (Phone) +65-96736569 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Mazda |
| Model | 3 |
| 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 | 1498 |

INSURANCE COMPANY

| | |
|-----------------------------------|--------------------------------------|
| Name of Insurance Company | AIG Asia Pacific Insurance Pte. Ltd. |
| Policy Number / Cover Note Number | - |

DRIVER

| | |
|----------------|--------------------|
| Name of Driver | LIN XIU ZHEN SONIA |
| NRIC No | SXXXX320A |
| Date Of Birth | 14/08/1987 |
| Occupation | Indoor |



| | |
|--|-----------------------|
| Driving Pass Date | 29/10/2013 |
| Driving experience | 10 YEARS AND 8 MONTHS |
| Gender | Female |
| Mobile Number | (Phone) +65-96736569 |
| Alt. Phone Number | - |
| Email Address | SONIALIM@GMAIL.COM |
| Address | 543 DUNMAN ROAD |
| 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? | Yes |
| Was any injured conveyed to hospital by ambulance? | No |
| 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? | No |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|-------------|
| Vehicle Registration Number | SNA1789E |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| 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) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person -
 Gender -
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained -
 Injured person in which vehicle? SLL4040C
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

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

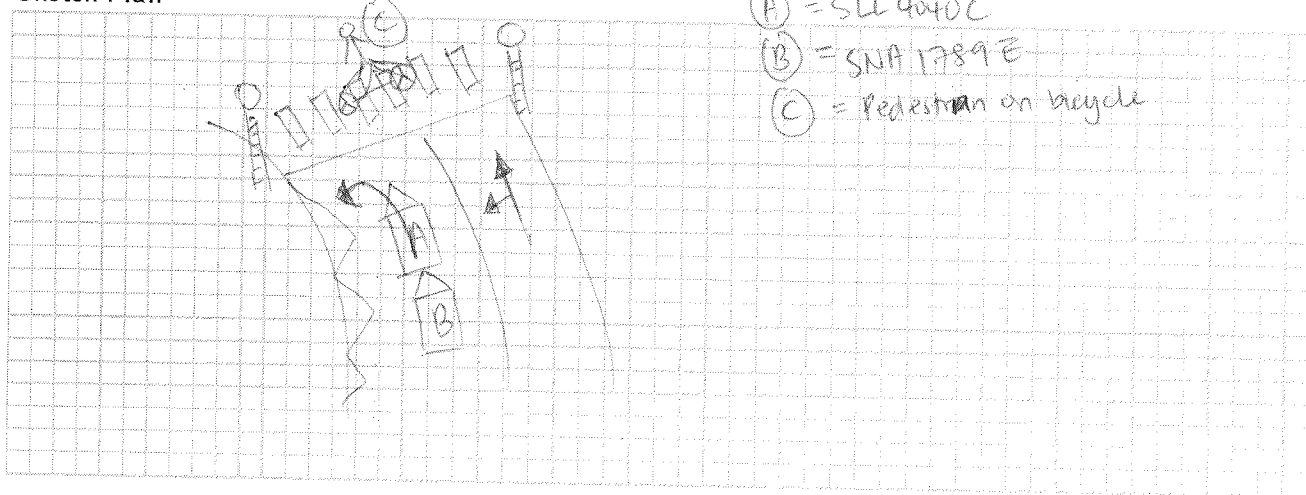
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time 10/6/24 09:47 AM

Driver's Signature (If driver is not the policyholder) / Date & Time 10/6/24 09:47 AM

Witnessed by Reporting Centre Personnel

Sketch Plan





Describe Circumstances of the Accident

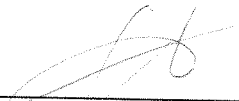
On 8th June 2024 at 2:38pm, I was driving at Paya Lebar Road (Slip road) towards PIE (Tuas) and as I was approaching a pedestrian crossing I gradually made a stop as there was a cyclist riding past the pedestrian crossing. I eventually got hit by motor vehicle (SNA 1789E) from the rear and it caused my vehicle to inch forward but did not hit the cyclist. The cyclist moved on and he was not hurt. As I stepped out to check on my vehicle, I felt a giddiness and took some pictures of my vehicle and exchanged contact with the driver of the vehicle. There were no severe damage to my vehicle but there was a dent in the other vehicle's car plate. I was in a state of shock, I was perspiring and hands were trembling. After I stabilise and calm myself down, I drove off since my vehicle was still be able to drive. The weather was clear and the road was dry.

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date &
Time 10/6/24 9:55 AM


Driver's Signature (If driver is not the policyholder) / Date
& Time 10/6/24 9:55 AM


Witnessed by Reporting Centre
Personnel



QUOTATION

CODE: L0002
 CUSTOMER: LONPAC INSURANCE BHD
 ADDRESS: 300 BEACH ROAD
 #17-04/07 THE CONCOURSE
 SINGAPORE 199555

PAGE NO.: 1
 DOCUMENT NO.: 1229
 DOCUMENT DATE: 11/06/2024
 POS ID: MU
 PRINTED BY: Lee Yao Sheng
 SERVICE ADV:
 CSP/OP CODE: Lee Yao Sheng
 DEPT: I
 WIP NO.: 14300
 REF. NO.:
 DATE IN:
 EXT. WTY: 18/12/2023
 MILEAGE: 0

CONTACT NO.: 6250 7388
 MODEL: MAZDA3 1.5L SDN DELUXE BLACK L
 CHASSIS NO.: JM6BN22A8K0265147
 ENGINE NO.: P520566283
 REG NO.: SLL4040C
 REGN DATE: 19/12/2018

DESCRIPTION:

| Item | Description | Qty. | Unit Price | Stk/Status | Gross amount | GST Code |
|--------------|---|------|------------|------------|--------------|----------|
| | | | SGD | | SGD | |
| NOTES | LONPAC TP CLAIM | | | | 0.00 | O |
| SUB | TO REMOVE & REPLACE REAR BUMPER. | | | | 1,584.00 | S |
| | AND ALL ACCIDENT AFFECTED AREA. | | | | | |
| SUB | TO RESPRAY REAR BUMPER & REINFORCEMENT. | | | | 2,835.00 | S |
| SUB | TO TRANSFER REVERSE SENSORS. | | | | 330.00 | S |
| SUB | TO CHECK ELECTRICAL SYSTEM FOR | | | | 250.00 | S |
| | PROPER FUNCTIONING. | | | | | |
| SUB | TO REPROGRAMME AFTER THE | | | | 300.00 | S |
| | ACCIDENT REPAIR WORKS. | | | | | |
| SUB | SUNDRIES. | | | | 50.00 | S |
| BFYD-50-221 | REAR BUMPER BM/BN W/SENSOR | 1.00 | 1,143.51 | *NO STOCK | 1,143.51 | S |
| B45A-56-146A | FASTENER | 4.00 | 2.36 | STOCK | 9.44 | S |
| BBM4-50-355 | RIVET | 4.00 | 3.71 | *NO STOCK | 14.84 | S |
| BHN1-50-0Z1A | GROMMET,SCREW | 4.00 | 2.36 | *NO STOCK | 9.44 | S |
| BCKA-50-EM1 | TAPE,PROTECTOR | 3.00 | 7.42 | *NO STOCK | 22.26 | S |
| B45A-50-260 | REINFORMENT REAR BM | 1.00 | 576.77 | STOCK | 576.77 | S |
| BHN1-51-153 | GASKET(R),RR.COMB.BM/BN | 1.00 | 26.47 | STOCK | 26.47 | S |
| BHN1-51-163 | GASKET(L),RR.COMB. BM/BN | 1.00 | 26.47 | STOCK | 26.47 | S |

| | | GST Code | Rate | Service/ Goods | GST | Before GST | GST | Total |
|-----------------|----------|----------|-------|----------------|--------|------------|--------|----------|
| Parts | 1,829.20 | O | - | | - | | | |
| Surcharge | 0.00 | S | 9.00% | 7,178.20 | 646.04 | 7,178.20 | 646.04 | 7,824.24 |
| Labour | 5,349.00 | | | | | | | |
| Menus | 0.00 | | | | | | | |
| Gross | | | | | | 7,178.20 | 646.04 | 7,824.24 |
| Less: Deposit** | | | | | | 0.00 | 0.00 | 0.00 |
| Amount Due | | | | | | 7,178.20 | 646.04 | 7,824.24 |

*This is only an estimate from our visual inspection and should there be more damages found during the process of works you will then be informed for your approval before proceeding with the repairs.

**Take note that should you decide not to proceed with the repairs "a service quotation fee" with a minimum of \$180.00 will be applied and it will varies depending on the time unit that was taken for the checking and diagnosis of your vehicle.

**Deposit tax invoice No.:

CASH / NETS / AMEX / VISA / MASTER / CHEQUE
 No.

Date:

Customer signature

Authorised signature



Corporate Head Office : Trans Eurokars Pte Ltd, 11 Kung Chong Road Singapore 159147
 Tel: 6363 3003, Fax: 63693003, BRN: 199103859N, GST Regn. No.: M90364005A

ZOOM-ZOOM

Showrooms & Service Centres :
 5 Ubi Close Singapore 408605
 Sales Tel: 6395 8888 Service Tel: 6395 8899
 Sales Fax: 68461700 Service Fax: 6744 9402

23 Leng Kee Road Singapore 159095
 Sales Tel: 6603 6118 Service Tel: 6603 6128
 Sales Fax: 6476 7073 Service Fax: 6476 7417

Eurokars Aftersales Centre:
 27A Tanjong Penjuru Singapore 609042
 Service Tel: 6331 0606
 Service Fax: 6331 0620


INSURER ENQUIRY

Find insurer

Vehicle reg. no.

SNA1789E

Date of Accident

08/06/2024 

Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance **Lonpac Insurance Bhd**

Period of Insurance **09/06/2023 - 08/06/2024**

Requested By **TRANSEUROKARS PTE LTD - TA...**

Requested Date **10/06/2024 10:07**

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**