



AUTOMOTIVE SPECIALISTS

VAG Singapore Pte Ltd

48 Toh Guan Road East

#05-136, Enterprise Hub

Singapore 608586

Tel: 6267 9916

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www.avantage.sg

Date : 17-Jul-2024

Vehicle Num : SMA9010C

Make/Model : TOYOTA / HARRIER PREMIUM 2.0

Chassis No : ZSU600081234

S/N	PARTS	QTY	PRICE	TOTAL
1	Front door Rh / ON	1	\$ 1,195.26	\$ 1,195.26
2	Front door handle Rh	1	\$ 247.95	\$ 247.95
3	Front door chrome molding Rh - GR	1	\$ 128.25	\$ 128.25
4	Front door window chrome molding Rh - BT	1	\$ 119.78	\$ 119.78
5	Front door weathership Rh / DEF	1	\$ 168.32	\$ 168.32
6	Front door hinge	2	\$ 68.47	\$ 136.94
7	Front door lock Rh ?	1	\$ 342.54	\$ 342.54
8	Front window lifter rh	1	\$ 166.45	\$ 166.45
9	Rocket panel Rh / CUT	1	\$ 487.35	\$ 487.35
10	Side mirror assembly Rh X	1	\$ 513.30	\$ 513.30
	Total Parts			\$ 3,506.14
	Less 25%			\$ 876.54
	TOTAL AMOUNT			\$ 2,629.61
	MISCELLANEOUS ITEM			
1	Sundries		\$ INC 37.50	\$ 70 37.50
	LABOUR			
1	To remove and refitting front door Rh, side mirror assembly Rh and rocket panel beating and each other.		\$ 960.00	\$ 250 960.00
2	Surface preparation, spray paint and polish front door Rh, rocket panel Rh and other affected areas.		\$ 750.00	\$ 250 750.00
3	To perform diagnosis check		\$ 80.00	\$ 30 80.00
	TOTAL		\$ 1,790.00	\$ 4,457.11
	GST 9%			\$ 401.14
	GRAND TOTAL			\$ 4,858.24

LKK Auto Consultants hence notify the Repairer of the following:

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:

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	15/07/2024 11:41 (SGT)
Reported by	Actual Driver
Date of Accident	14/07/2024 12:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG WILKINSON ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMA9010C
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	GAUTAM DHIR
NRIC No	SXXXX089C
Email Address	GAUTAMDHIR@GMAIL.COM
Mobile Phone No	(Phone) +65-90294154
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Harrier
Variant	PREMIUM 2.0 CVT
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?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1986

INSURANCE COMPANY

Name of Insurance Company	Direct Asia Insurance (Singapore) Pte Ltd
Policy Number / Cover Note Number	MT/00981656/02

DRIVER

Name of Driver	RIDHI DHIMAN DHIR
NRIC No	SXXXX699C
Date Of Birth	31/10/1984
Occupation	Indoor

Driving Pass Date	16/07/2014
Driving experience	10 YEARS
Gender	Female
Mobile Number	(Phone) +65-90298482
Alt. Phone Number	-
Email Address	GAUTAMDHIR@GMAIL.COM
Address	23 HAIG ROAD #12-25
Address complement	-
Postcode	430023
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	MAITHILI
Gender	Female

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

PLEASE REFER TO STATEMENT.

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	SML7373K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour
Vehicle Category
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)

Accident Toolkit

Sketch plan

Sketch of accident scene:

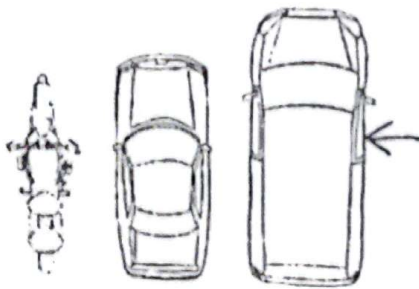
Please illustrate the layout of roads with arrows showing the direction and position of vehicles at the time of impact. Also please note the road names, road signs and vehicle registration numbers.

If safe, please take photos or videos from all angles.

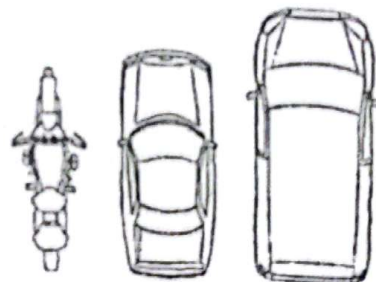


While driving on Wilkinson Road, there was cars parked on the road and in order to give oncoming cars way I moved in between the parked cars. The car coming from front moved into the house driveway on opposite side. Cars behind me passed and I started to move again. However, the car in driveway reversed onto the main road without warning, hitting my car at driver side door.

Please indicate on vehicle A (your vehicle) and, vehicle B (third party vehicle), the point of impact and area(s) of visible damage with an arrow.



Vehicle A
(SM99010C)



Vehicle B
(SM27373K)

direct
asia
• insurance

15/7/24
0935

Call us direct
Customer Care
6665 5555
Claims Support 24/7 Hotline
6532 1818
+65 6107 3639 (from overseas)

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 renewal 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

15/7/24
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