SS2Z247N0008 / SNG AH TEE MOTOR & PANEL SERVICE PTE LTD ENTRY DATE & TIME: 23/07/2024 18:03 (SGT) SUBMITTED BY: JOYCE TAN VERSION: 1 (23/07/2024 18:03 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> the details of the accident to speed up the claims process.
 This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>

Vehicle Registration Number

Alternative Phone No

- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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.

- 5. Any raise reporting that be feterine to the Folice 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 23/07/2024 18:03 (SGT) Reported by **Actual Driver** Date of Accident 23/07/2024 11:55 (SGT) Exact Location of Accident Alps Ave, Singapore Additional Location Information **TOWARDS LOYANG** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

SBD988E

INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	BG SERVICES PTE. LTD
Company Reg No	202124389W
Email Address	BG.SALES@BG-S.COM
Mohila Phona No	(Phono) +65 06834460

Manufacturer	Mercedes
Model	Cla180
Variant ,,,,,,	-
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	0

Policy Number / Cover Note Number	China Taiping Insurance (Singapore) Pte. Ltd. DMPCSNW00074782400
DRIVER	

Name of Driver NG SOO TECK NRIC No S7402300B Date Of Birth 15/01/1974 Occupation Outdoor

Driving Pass Date Driving experience	20/03/2002 22 YEARS AND 4 MONTHS
Gender Mobile Number	Male (Phone) 165 06934460
Alt. Phone Number	(Phone) +65-96834469 -
Email Address	BG.SALES@BG-S.COM
Address	29 PASIR RIS LINK #01-22
Address complement	-
Postcode Is the driver the policyholder?	518152 No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	
Insurance Company 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
Na salah salah mengangan kecamatan kemangan dalam dan mengan berasak salah salah salah salah salah salah salah	
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	JOSEPH
Gender	Male
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	Na
Was notice of intended Prosecution given?	No 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	R VEHICLE PROPERTY 1
DETAILS OF OTHER	VEHIOLETTOLETTI
Vehicle Registration Number	YQ2825M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	S KAVIRAJ
NRIC No	S9714860J
Contact Number	-
Address ,,,,	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	-

SKIPECIA VAARI

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- ા માને કેમલાલી કોઇ લાધ કરાયા છે. જે દુર્વા મોને આ તો કરાઈ હાર દેવા છે કે આપણ મામણે છે. જ
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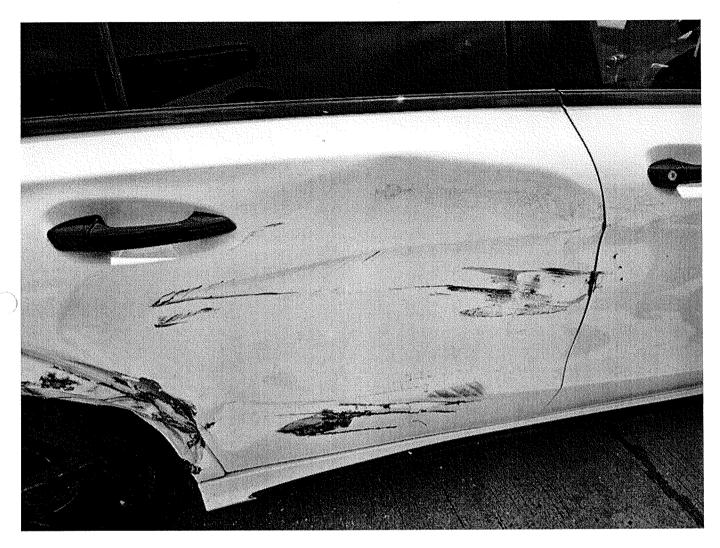
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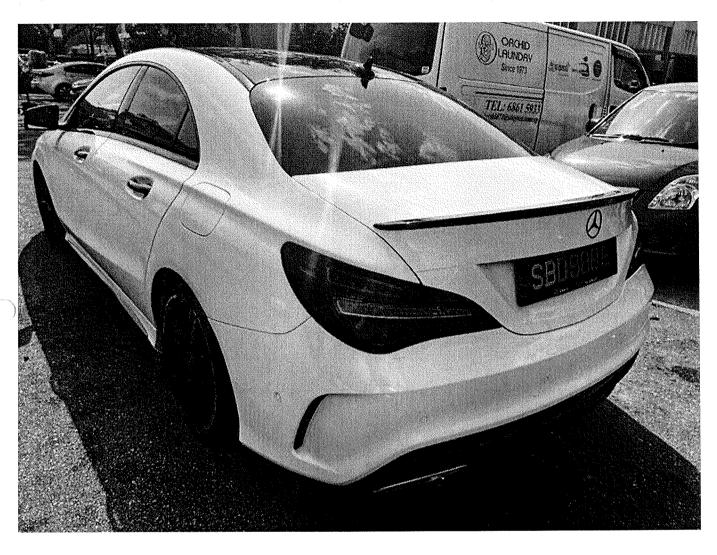








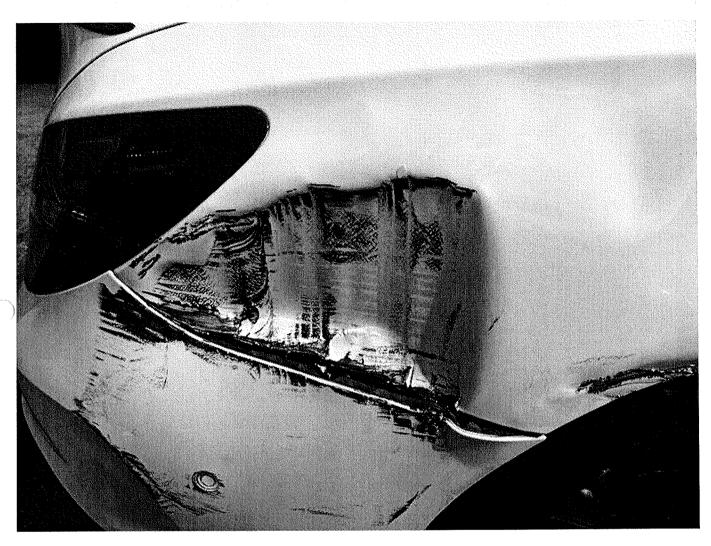
















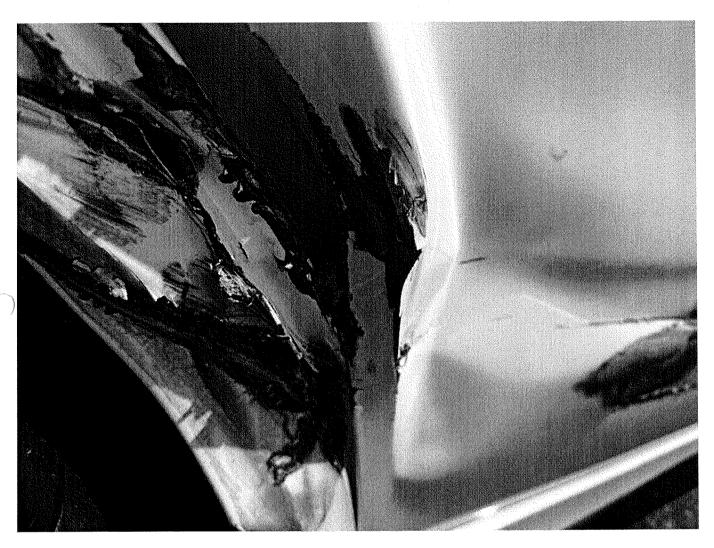






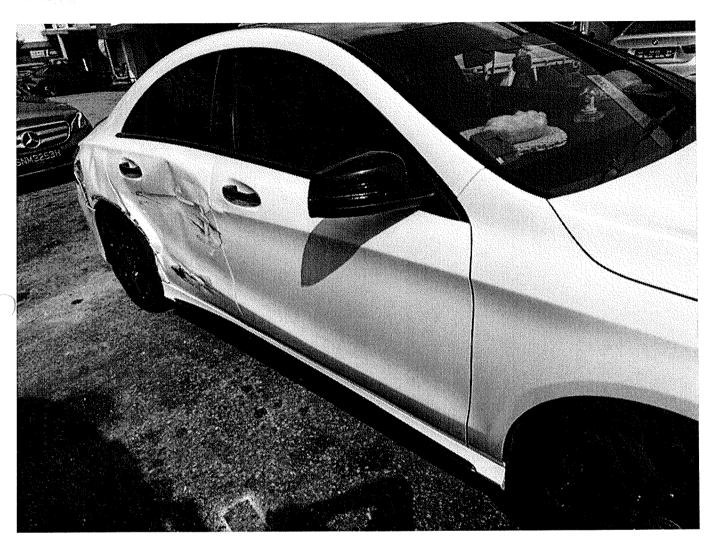






















To: Vision Law LLC Advocates & Solicitors 133 New Bridge Road #25-03/05 Singapore 059413 Attn. Jennifor

WARRANT TO ACT

AC	CIDENT INVOLVING	<u> </u>	ON
	ONG		
1,	I, owner of vehicle number damages sustained in the a	bove accident.	hereby appoint you to act for me to recover my
	Please recover the following	j :	
	(a) Costs of R (b) Loss of Us	epairs. e/ Rental Fees	
1.6	confirm that I was not injured	and that I have no p	personal injury claim .
lı W	here the claimant is the same	g person.	for Property Damage claim and Personal Injury claim
Ž,	to negotiate a settlement of this matter including to co- employers, if necessary.	ommence legal pro	mand to the third party driver and/or his insurers and is to do all things necessary to protect my interest in recedings against the third party driver and/or his
3.	I hereby authorise you. M/the 3rt Party and/or the ins	s VISION LAW LLC urance company in I	2 to collect all compensation monies due to me from relation to the above accident
4,	all charges due from me to	my motor workshot	to apply the settlement monies towards payment of p, namely . V-TECH AUTO SERVICE .
5.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	SOFT A SENSE OF TEXAS FOR A PROPERTY OF	I party's insurers send the cheque for the settlement and disbursements, failing which I understand you will inst me to recover the same.
6.	Please take note that all te	gal inquiries should	be directed only to lawyers and not secretaries.
7	authority to have full condi- claim.	rict of my claim with	or instruct you otherwise in writing, you have my out the need to seek my approval for each step of my
,	 8.In the event that the disbursements and also 	o that of the obbon	unsuccessful, I will pay your legal costs and conts' legal costs and disbursements.
		DEN:	
	Signature.		Date.
	Name: A A A A A A A A A A A A A A A A A A A	According	
	(Convenies stamp if appli-	cáble)	Report ANDERS
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