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 Authorised Driver.
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 ability.
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 Report	13/09/2018 18:02
Date Of Accident	12/09/2018 19:45
Exact Location Of Accident	PIE TOWARDS TUAS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJH76X

Insured/Policyholder

Name Of Registered Owner	KHO CHUAN HOCK
NRIC No	S7638366I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97600560
Alternative Phone No	OFFICE-97600560

Vehicle Particulars

Manufacturer	TOYOTA
Model	ESTIMA AERAS 2.4 A
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPPHQ17-005577
Cover Note Number	

Driver

Name of Driver	ALVIN KHO RUI JIE
NRIC No	S9929546E
Date Of Birth	16/09/1999
Occupation	INDOOR
Date Of Driving Pass	16/09/1999
Driving Experience	18 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90053668
Fax Number	
Contact Number	
EMail Address	ALVINKHORUIJIE@YAHOO.COM.SG

Address	APT BLK 726 JURONG WEST AVENUE 5 #06-244 SINGAPORE 640726
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

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 this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	3
Passenger 1	NAME: : ALEX KHO GENDER: : MALE
Passenger 2	NAME: : KRYSTELLE SEOW GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes,Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

Was driving along the said location, on the first lane of four lane road. I noticed vehicle ahead slowing down. I applied my brake to stopped, upon stopping I felt an impact from my rear. Vehicle b right front came into contact onto my rear left. No injuries.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WILL UPLOAD INTO MERIMEN ONCE INSURED SEND
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMC9047L
Vehicle Make/Model/Colour	HYUNDAI/ELANTRA AD 1.6 GLS AT (AMS)/RED
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	DANIEL TAN
NRIC/Passport Number	S8318593G
Contact Number	97852486
Address	

Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Sketch Plan

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7. By the lodgement of the 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 used outside of Singapore, for one or more of the above Purposes.

VERIFIED BY AJAX MARS
REPORTING OFFICER
MOHAMAD HELMY BIN
ALEHAM

Policyholder's Signature / Date & Time	Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel

Sketch Plan

PIE → Way

A - SJH41X

B - SMC9649L

A

B

ACCIDENT STATEMENT (2000 characters)

Was driving along the said location, on the first lane of four lane road. I noticed vehicle ahead slowing down. I applied my brake to stopped, upon stopping I felt an impact from my rear. Vehicle b right front came into contact onto my rear left. No injuries.
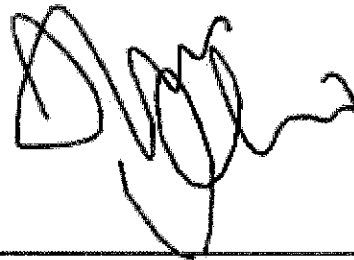
Taxi Voucher No.:

DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER - MOHAMAD HELMY BIN ALEHAM

MARS Officer

Registered Owner or Driver's Signature

Job Complete Date/Time

Date/Time:

Hitachi Capital Asia Pacific Pte. Ltd.
Jun Taiyo Service Centre

No. 8 Fourth Lok Yang Road Singapore 629705
Tel : 64663022   Fax : 68966591
Co. Reg.No. 199400399N   GST Reg.No. M2-011899-3

SUPPLEMENTARY VEHICLE ESTIMATE

AXA

ATTN: MOTOR CLAIMS DEPT

QUOTE NO   :
ACCIDENT DATE   : 12/09/2018@1945HRS
VRN   : SJH76X
MODEL   : Toyota Estima
TP VRN   : SMC9047L
                            :

PARTS REPLACEMENT

		Qty	S$ Unit		S$ Amt		S$ Labor

1. Body Repair

			Qty	S$ Unit		S$ Amt	
1	Rear Bumper		1	$	585.00	$	585.00
2	Rear Bumper Clips		10	$	5.50	$	55.00
3	Rear Bumper Retainer Outer LH/RH		2	$	55.00	$	110.00
4	Rear Bumper Retainer Inner LH/RH		2	$	55.00	$	110.00
5	Towing Cover		1	$	25.00	$	25.00
6	Rear Bumper Reflector Light	s/nett	1	$	-	$	-
7	Rear Bumper Reverse Sensor	s/nett	1	$	200.00	$	200.00
8	Rear Bumper Inner Sponge LH		1	$	65.00	$	65.00
9	End Panel		1	$	660.00	$	660.00
10	End Panel Upper Garnish		1	$	271.00	$	271.00
11	Rear Fender LH		1	$	1,209.00	$	1,209.00
12	Rear Fender Shield LH		1	$	95.00	$	95.00
13	Rear Fender Shield Clips LH		10	$	5.50	$	55.00
14	Rear Fender Inner Trim LH		1	$	755.00	$	755.00
15	Rear Fender Inner Trim Cover LH		1	$	325.00	$	325.00
16	Spare Tyre Compartment	Repair	1	$	-	$	-
17	Tailgate		1	$	1,700.00	$	1,700.00
18	Tailgate Hinge LH/RH		2	$	60.00	$	120.00
19	Tailgate Autodoor Checker	Sample	1	$	-	$	-
20	Tailgate Windscreen Moulding		1	$	100.00	$	100.00
21	Tailgate Windscreen Sealant	s/nett	1	$	45.00	$	45.00
22	Tailgate Toyota Logo		1	$	75.00	$	75.00
23	Tailgate Estima Logo		1	$	47.00	$	47.00
24	Rear Airvent LH		1	$	145.00	$	145.00
25	Rear Chassis LH	Repair	1	$	-	$	-

Discount - 25% $ (1,611.75)

                                          TOTAL $ 5,080.25

2. Labor Charges

	S$
Panel beat, cut, weld, re-align and replace damaged parts	$ 2,000.00
Spray painting on rear portion of affected area	$ 1,500.00
Check wiring, re-align taillamp and ensure proper function	$ 80.00
Remove & reinstall bumper sensors	$ 120.00
Cavity Treatment on new parts	$ 160.00

Realign chassis member	$	2,500.00
Remove & reinstall rear reverse camera	$	120.00
Remove & reinstall fuel tank to facilitate cutting and repairing work	$	180.00
Remove & reinstall tailgate windscreen	$	180.00
Transfer tailgate lock & mechanism to new tailgate	$	200.00
Conduct water seepage test	$	120.00
Remove & reinstall rear trim compartment to facilitate cutting and repairing	$	150.00
Remove & refit tailgate spolier	$	150.00

Sub Total	:	$	7,460.00
Grand Total	:	$	12,540.25
Add 7% GST	:	$	877.82
Nett Total	:	$	13,418.07

No. of repair days: 10

CUSTOMER SIGNATURE

HITACHI CAPTIAL ASIA PACIFIC PTE LTD
(MANAGER)