

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 withholding 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	15/09/2018 14:56
Date Of Accident	14/09/2018 11:00
Exact Location Of Accident	ALG 37 PRINCE GEORGE'S PARK TOWARDS BUSINESS LINK
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLS534J
Insured/Policyholder	
Name Of Registered Owner	CHEO CHIEW LI
NRIC No	S7732174H
Email Address	JEANNIECHEO@GMAIL.COM
Mobile Phone No	(LOCAL) +65-85111238
Alternative Phone No	OFFICE-85111238
Vehicle Particulars	
Manufacturer	TOYOTA
Model	C-HR HYBRID
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	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV201800010481
Cover Note Number	
Driver	
Name of Driver	CHEO CHIEW LI
NRIC No	S7732174H
Date Of Birth	30/10/1977
Occupation	INDOOR
Date Of Driving Pass	30/05/1998
Driving Experience	20 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-85111238
Fax Number	
Contact Number	OFFICE-85111238
E-Mail Address	JEANNIECHEO@GMAIL.COM

Address	61 CHESTNUT AVENUE #11-05
Postcode	679522
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
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)	1

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

I WAS DRIVING ALONG PRINCE GEORGE'S PARK TOWARDS BUSINESS LINK. MY CAR WAS STATIONARY WHILE WAITING FOR PEDESTRIANS TO CROSS THE ZEBRA CROSSING, SUDDENLY VEHICLE B COLLIDED ONTO REAR OF MY VEHICLE. NO INJURIES INVOLVED BUT DENTS WERE FOUND ON MY CAR AFTER THE COLLISION.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	PENDING VIDEO FROM INSURED
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGG1188R
Vehicle Make/Model/Colour	MAZDA/MAZDA3
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	DESMOND
NRIC/Passport Number	S9405358G
Contact Number	90301402
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

ACCIDENT STATEMENT (2000 characters)

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Taxi Voucher No.:

Are you claiming your own insurance policy for the repair of your vehicle?

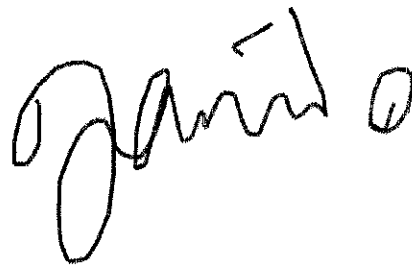
No, Claim 3rd party

DECLARATION

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

VERIFIED BY AJAX MARS REPORTING OFFICER -
WONG JUN KEAT

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

15 September, 2018 12:01 pm

Date/Time:

15 September, 2018 12:01 pm

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

VEHICLE ESTIMATE

Lonpac QUOTE NO :
ATTN: MOTOR CLAIMS DEPT ACCIDENT DATE : 14/09/2018@1100hrs
VRN : SLS534J
MODEL : Toyota C-HR
TP VRN : SGG1188R

	<u>Qty</u>	<u>S\$ Unit</u>	<u>S\$ Amt</u>	<u>S\$ Labor</u>
<u>PARTS REPLACEMENT</u>				
<u>1. Body Repair</u>				
1 Rear Bumper	1	\$ 455.00	\$ 455.00	
2 Rear Bumper Clips	10	\$ 5.50	\$ 55.00	
3 Rear Bumper Lower	1	\$ 455.00	\$ 455.00	
4 Rear Bumper Retainer Outer LH/RH	2	\$ 110.00	\$ 220.00	
5 Rear Bumper Retainer Inner LH/RH	2	\$ 40.00	\$ 80.00	
6 Rear Bumper Reverse Sensor	4	\$ 385.00	\$ 1,540.00	
7 Rear Bumper Re-inforcement	1	\$ 322.00	\$ 322.00	
Discount - 25%			\$ (781.75)	
TOTAL			\$ 2,345.25	

2. Labor Charges

Panel beat, cut, weld, re-align and replace damaged parts of rear portion	\$ 500.00
Spray painting on rear portion of affected area	\$ 500.00
Remove & reinstall bumper sensors	\$ 120.00
Remove & reinstall rear reverse camera	\$ 120.00

Sub Total : \$ 1,240.00

Grand Total : \$ 3,585.25
Add 7% GST : \$ 250.97
Nett Total : \$ 3,836.22

No. of repair days: 4

CUSTOMER SIGNATURE

HITACHI CAPITAL ASIA PACIFIC PTE LTD
(MANAGER)