

## 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 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 Report             | 03/08/2019 14:48                                |
| Date Of Accident           | 02/08/2019 09:30                                |
| Exact Location Of Accident | CARPARK AT BLK 163 ANG MO KIO AVENUE 4 (560163) |
| Country/State of Loss      | SINGAPORE                                       |

### DETAILS OF OWN VEHICLE

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | SFN2345Y             |
| <b>Insured/Policyholder</b> |                      |
| Name Of Registered Owner    | GOH LAY SIOW         |
| NRIC No                     | S1200663B            |
| Email Address               | RYANNG@CHONGFONG.COM |
| Mobile Phone No             | (LOCAL) +65-96382579 |
| Alternative Phone No        | OTHERS-97348048      |

### Vehicle Particulars

|  |                          |
|--|--------------------------|
| Manufacturer   | MERCEDES-BENZ            |
| Model  | GLC250 COUPE 4MATIC AUTO |
| 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                       |
| If No, Please state action to be taken                                       | REPORTING ONLY           |
| Vehicle Category   | PRIVATE CAR              |

### Insurance Company

|                           |                                      |
|---------------------------|--------------------------------------|
| Name of Insurance Company | AIG ASIA PACIFIC INSURANCE PTE. LTD. |
| Type Of Coverage          | COMPREHENSIVE                        |
| Fleet Policy              | NO                                   |
| Policy Number             | 1900062842                           |
| Cover Note Number         |                                      |

### Driver

|                      |                       |
|----------------------|-----------------------|
| Name of Driver       | GOH LAY SIOW          |
| NRIC No              | S1200663B             |
| Date Of Birth        | 29/12/1956            |
| Occupation           | INDOOR                |
| Date Of Driving Pass | 27/01/1979            |
| Driving Experience   | 40 YEARS AND 6 MONTHS |
| Gender               | FEMALE                |
| Mobile Number        | (LOCAL) +65-96382579  |
| Fax Number           |                       |
| Contact Number       | OTHERS-97348048       |
| EEmail Address       | RYANNG@CHONGFONG.COM  |

|   |                         |
|---|-------------------------|
| Address   | 89 LORONG K TELOK KURAU |
| Postcode  | 1542                    |
| 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   | COLLIDED INTO PARKED VEHICLE |
| Weather Conditions | CLEAR                        |
| Road Surface       | DRY                          |

#### Other Information

|   |     |
|---|-----|
| Was any foreign vehicle involved in this accident?  | NO  |
| Number of vehicles (including own vehicle) involved in the accident                         | 2   |
| 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

PLEASE REFER TO SKETCH PLAN

#### Attachment(s)

|   |     |
|---|-----|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera?   | YES |
| Was there any audio recorded?                 | NO  |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                                     |             |
|-------------------------------------|-------------|
| Vehicle Registration Number         | SLU2811K    |
| Vehicle Make/Model/Colour           | MITSUBISHI  |
| Details Of Properties               |             |
| Vehicle Category                    | PRIVATE CAR |
| Name of Driver                      |             |
| NRIC/Passport Number                |             |
| Contact Number                      |             |
| Address                             |             |
| Postcode                            |             |
| Insurance Company Name              |             |
| Nature Of Damage                    |             |
| No. Of Passenger (Including Driver) |             |

## Accident Sketch Plan

### 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 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. 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.:

# Accident Sketch Plan

## SKETCH PLAN

CORPORATE #7 163 BALGOMOKO AVENUE

A) SYN 2345Y  
B) SLU 2811K

REVERSE

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was reversing my car, and accidentally brush on the bumper of SLU 2811K.

## DECLARATION

I/We declare the foregoing particulars are true in every respect.

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.:

Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





CYCLE & CARRIAGE

**CYCLE & CARRIAGE AUTOMOTIVE PTE LIMITED**  
**PANDAN GARDENS CUSTOMER SERVICE CENTRE**  
 208 Pandan Gardens Singapore 609330 Tel: 65964555 Fax: 65991059



MITSUBISHI MOTORS

Co Reg No : 197814493

**ESTIMATE**

EST Reg No : MH-35091113-4

|                          |  |                           |  |
|--------------------------|--|---------------------------|--|
| Invoice Name & Address   |  | Owner Name & Vehicle Info |  |
| (A) The Firm (Lat 216eq) |  | Cust No/Name              |  |
|                          |  | Reg No/Reg Date           |  |
|                          |  | Date In/In/In/In          |  |
|                          |  | Chassis No                |  |
|                          |  | Engine No                 |  |
|                          |  | Make/Model                |  |
|                          |  | Colour/Trim               |  |

| Account No                      | Turns | Day/Time Printed   | CSE   | Operator    | WIP No |
|---------------------------------|-------|--------------------|-------|-------------|--------|
| CSK0041                         | CASH  | 02/08/2013 / 18:31 | TIC   | 442 / Cecdu | 43183  |
| Description of Goods / Services | QTY   | UNIT PRICE         | DISC% | Amount      |        |
| E PHT0000                       |       |                    |       | 350.00      |        |
| E PHT0000                       |       |                    |       | 50.00       |        |
| E PHT0000                       |       |                    |       | 60.00       |        |
| E PHT0000                       |       |                    |       | 30.00       |        |
| A 54900099                      |       |                    |       | 200.00      |        |
| A 54900099                      |       |                    |       | 20.00       |        |
| M SUNDY                         |       |                    |       |             |        |
| Sundry                          |       |                    |       |             |        |
| M FUEL FR BUMPER                | 1.00  | 851.00             | 00.00 | 851.00      |        |
| M EXTENSION FR BUMPER           | 1.00  | 421.00             | 00.00 | 421.00      |        |
| M GARWISH FR BUMPER LH          | 1.00  | 78.00              | 00.00 | 78.00       |        |
| M GARWISH FR BUMPER SIDE        | 1.00  | 218.00             | 00.00 | 218.00      |        |
| M GARWISH FR BUMPER SIDE        | 1.00  | 110.00             | 00.00 | 110.00      |        |
| M COVER FR BUMPER               | 1.00  | 277.00             | 00.00 | 277.00      |        |
| M GARWISH FR BUMPER SIDE LH     | 1.00  | 48.90              | 00.00 | 48.90       |        |
| M BRACKET FR BUMPER SIDE LH     | 1.00  | 18.00              | 00.00 | 18.00       |        |
| M RETINF FR BUMPER SIDE LH      | 1.00  | 5.00               | 00.00 | 5.00        |        |
| M RETINF FR BUMPER SIDE LH      | 1.00  | 59.00              | 00.00 | 59.00       |        |
| M RETINF FR BUMPER SIDE LH      | 1.00  | 550.00             | 00.00 | 550.00      |        |
| M RETINF FR BUMPER SIDE LH      | 1.00  | 114.00             | 00.00 | 114.00      |        |
| M RETINF FR BUMPER SIDE LH      | 1.00  | 220.00             | 00.00 | 220.00      |        |
| M COVER FR BUMPER               | 1.00  | 24.00              | 00.00 | 24.00       |        |
| M COVER FR BUMPER               | 1.00  | 564.00             | 00.00 | 564.00      |        |
| M BRACKET RADIATOR GRILLE LH    | 1.00  | 13.00              | 00.00 | 13.00       |        |
| M BRACKET RADIATOR GRILLE LH    | 1.00  | 10.00              | 00.00 | 10.00       |        |
| M SHIELD FR WHEELHOUSE LH       | 1.00  | 163.00             | 00.00 | 163.00      |        |
| M WHEELHOUSE ASSY LH            | 1.00  | 2104.00            | 00.00 | 2104.00     |        |

Estimate

Confirm & accepted by

Nett 7,007.00  
 7% GST on 7007.00  
 Total Payable 7,497.49

Authorized signatory and company stamp

Validity of this estimate is 14 days from date of quote. This is a computer generated document, no signature is required. Estimated costs quoted are excluding GST. We would mention that the above estimate is based on our initial inspection and does not include any additional parts or labour which may be required after repair work has commenced. Occasionally worn or damaged parts are discovered after work has started and needed for repairs or replacement. However, should this occur, we would advise you. Please be informed that a deposit of 50% of the above estimate is payable before commencement of the work. Payment for this may be made in cash, credit card or cheque. You must also agree to pay full amount for removal of the windscreen in the event of shattered breakage in the course of removing the rubber seal or other repair requiring the removal of the windscreen.

Accident Photo



Accident Photo





# Identification Card

