

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	07/10/2019 16:29
Date Of Accident	05/10/2019 11:05
Exact Location Of Accident	JLN BUKIT MERAH BEFORE HOY FATT RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF3981T
Insured/Policyholder	
Name Of Registered Owner	M/S EXCEL LIMOUSINE SERVICES
Co Reg No	53258814B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96686088
Alternative Phone No	OFFICE-96686088

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE SUPER GL 3.0 A
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN3027121900
Cover Note Number	

Driver

Name of Driver	TEO JIE HAN
NRIC No	S8847624G
Date Of Birth	16/11/1988
Occupation	OUTDOOR
Date Of Driving Pass	22/10/2018
Driving Experience	0 YEAR AND 11 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-92965895
Fax Number	
Contact Number	OFFICE-92965895
EEmail Address	NOEMAIL

Address	33 TAMPINES STREET 34 #09-34
Postcode	529238
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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?	YES
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)	2
Passenger 1	NAME: : TEO JIE XIANG GENDER: : MALE

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

REFER TO STATEMENT.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMM5397A
Vehicle Make/Model/Colour	
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)

DETAILS OF INJURED PERSON 1

Name TEO JIE XIANG

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? GBF3981T

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

Accident Sketch Plan


SKETCH PLAN


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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.

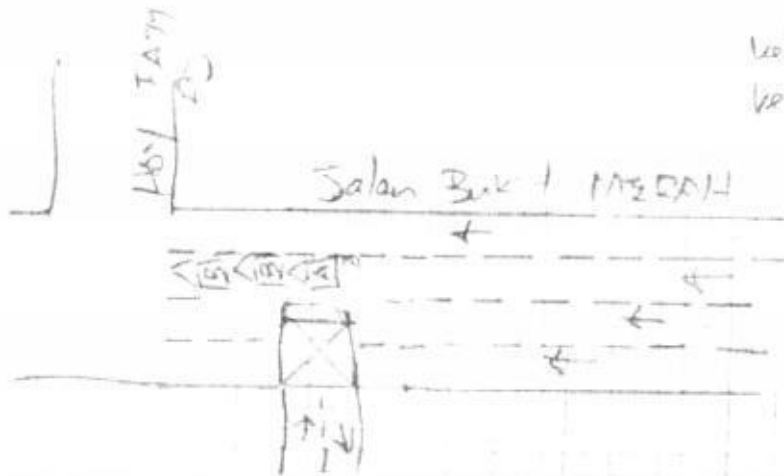

Policyholder's Signature
Date & Time: _____


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


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

Accident Sketch Plan

SKETCH PLAN



Vehicle A. GBI 302817
Vehicle B. GMM 5397A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While I was stationary/stop at Jalan Bukit Merah before Hoy Fatt DD. Suddenly vehicle B reverse and hit onto my front portion of my vehicle

DECLARATION

I/We declare the following 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

HUA MENG SPRAY PAINTING WORKSHOP

1, Kaki Bukit Avenue 6, Blk C #01-61 / 01-34, Singapore 417883

Autobay @ Kaki Bukit

Tel: 6747 8064, 6746 5519 / 9666 9680 Fax: 6743 4896

ESTIMATE

KDH2118006472

EXCEL LIMOUSINE SERVICES
100 JALAN SULTAN ROAD
#04-19 SULTAN PLAZA
S 199001

TPMS19
Denise

Date :17.10.2019
Vehicle No :GBF 3981 T
Make/Model :TOYOTA HIACE
Accident date :05.10.2019

No	DESCRIPTION	Qty	Amount (\$S)
<u>List Items</u>			
1	Bonnet <i>Buckled</i>	1	\$ 929 <i>844.60</i>
2	Bonnet hinges @ \$ 188.90 <i>new</i>	2	\$ 377.8 <i>x</i>
3	Bonnet centre emblem <i>new</i>	1	\$ 189.7 <i>✓</i>
4	Bonnet lock <i>new</i>	1	\$ 200.5 <i>x</i>
5	Bonnet lock bracket	1	\$ 188.9 <i>x</i>
6	Front grille <i>crushed</i>	1	\$ 1068.6 <i>650.10</i>
7	Front LH conner panel <i>Dented</i>	1	\$ 200.5 <i>✓</i>
8	Front LH conner side mirror bracket <i>new</i>	1	\$ 640.1 <i>x</i>
9	Front LH headlamp <i>crushed</i>	1	\$ 1883.8 <i>✓</i>
10	Front LH headlamp lower bracket <i>new</i>	1	\$ 196.7 <i>x</i>
11	Front bumper <i>Deformed</i>	1	\$ 640.1 <i>✓</i>
12	Front bumper side holder @ \$ 189.50 <i>LH Damaged</i>	2	\$ 379 <i>189.50</i>
13	Front bumper lower centre grille <i>Deformed</i>	1	\$ 254.5 <i>✓</i>
14	Front bumper LH side sticker <i>new</i>	1	\$ 80 <i>30(SN)</i>
15	Front bumper LH fog lamp @ \$ 408.60 <i>LH crushed</i>	2	\$ 817.2 <i>366</i>
16	Front bumper LH fog lamp garnish <i>crushed</i>	1	\$ 191.9 <i>✓</i>
17	Front bumper lower lip <i>Deformed</i>	1	\$ 1600 <i>1000(SN)</i>
18	Front bumper lower lip side garnish <i>new</i>	1	\$ 208.9 <i>x</i>
19	Front susport panel <i>Buckled</i>	1	\$ 639.2 <i>✓</i>
20	Front susport panel inner top cover <i>new</i>	1	\$ 298.6 <i>x</i>
21	Front bumper reinforcement <i>Bent</i>	1	\$ 412.3 <i>✓</i>
22	Front bumper bracket @ \$ 196.70 <i>new</i>	2	\$ 393.4 <i>x</i>
23	Front grille clip (1 set) <i>new</i>	1	\$ 66 <i>30</i>
24	Front susport panel top cover clip (1 set) <i>new</i>	1	\$ 66 <i>x</i>
25	Wiper tank <i>new</i>	1	\$ 200.5 <i>✓</i>
26	Front LH door pillar <i>Repair</i>	1	\$ 694.5 <i>x</i>
27	Front LH door <i>Repair</i>	1	\$ 1883.5 <i>x</i>
28	Front bumper top beam <i>Bent</i>	1	\$ 412.3 <i>✓</i>
29	Front LH fuse box <i>crushed</i>	1	\$ 409 <i>✓</i>
30	Wiper Panel Garnish <i>ext</i>		\$ 15522.5
Less 25% Disc			\$ 3880.6
Total			\$ 11641.9

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ESTIMATE

EXCEL LIMOUSINE SERVICES
100 JALAN SULTAN ROAD
#04-19 SULTAN PLAZA
S 199001

Date :17.10.2019
Vehicle No :GBF 3981 T
Make/Model :TOYOTA HIACE
Accident date :05.10.2019

No	DESCRIPTION	Qty	Amount (\$\$)
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Labour Cost

1 To check wiring		\$ 100 ³⁰
2 Remove & reinstall aircon		\$ 150 ^{x 120}
3 Remove & reinstall desk board		\$ 400 ^x
4 Remove & reinstall front windscreen	2230	\$ 150 ^x
5 Remove & reinstall door glass		\$ 100 ^x
6 Remove, replace & repair consistent to the accident		\$ 1800 ¹⁰⁰⁰
7 Respray painting		\$ 1600 ¹⁰⁰⁰
8 Tuff kote		\$ 150 ⁸⁰
Total		\$ 4450

Grand Total \$ 16091.91

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:

total 9109.75
h/s. 7.3k
07 Days.

7.3k

07 Days