



|   |  |                    |                   |
|---|--|--------------------|-------------------|
|   |  |                    |                   |
| 5 | TO CHECK STEERING GEOMETRY & CONDUCT FULL WHEEL ALIGNMENT. | NETT               | \$ 560.00         |
|   |  |                    |                   |
| 6 | TO CHECK ELECTRICAL SYSTEM FOR PROPER FUNCTIONING.         |                    | \$ 250.00         |
|   |  |                    |                   |
| 7 | TO REPROGRAMME AFTER THE ACCIDENT REPAIR WORKS.            |                    | \$ 350.00         |
|   |  |                    |                   |
| 8 | SUNDRIES.  | NETT               | \$ 50.00          |
|   |  |                    |                   |
|   |  | TOTAL LABOUR       | \$ - \$ 6,080.00  |
|   |  | TOTAL PARTS        | \$ - \$ 4,773.61  |
|   |  | TOTAL              | \$ - \$ 10,853.61 |
|   |  | LESS EXCESS        | \$ - \$ -         |
|   |  | TOTAL AFTER EXCESS | \$ -              |
|   |  | GST 7%             | \$ - \$ -         |
|   |  | GRAND TOTAL        | \$ - \$ -         |

REMARKS:

THIS IS ONLY AN ESTIMATE FROM VISUAL INSPECTION AND SHOULD THERE BE MORE DAMAGES FOUND DURING THE PROCESS OF REPAIRING, YOU WILL BE INFORMED BEFORE THE REPAIRS ARE BEING CARRIED OUT.

TAKE NOTE THAT SHOULD YOU DECIDE NOT TO PROCEED WITH THE REPAIRS, A QUOTATION FEE OF \$400.00 WILL BE APPLY AS ACCORDINGLY FOR MAN-HOURS INVOLVED IN SOURCING FOR PARTS PRICE AS WELL AS LABOUR CHARGES.

### 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             | 23/03/2020 15:52 |
| Date Of Accident           | 16/03/2020 21:05 |
| Exact Location Of Accident | 100 ORCHARD ROAD |
| Country/State of Loss      | SINGAPORE        |

#### DETAILS OF OWN VEHICLE

|                             |                         |
|-----------------------------|-------------------------|
| Vehicle Registration Number | SLP5793K                |
| <b>Insured/Policyholder</b> |                         |
| Name Of Registered Owner    | COCKS NICHOLAS CAMPBELL |
| NRIC No                     | SXXXX848H               |
| Email Address               | NICK@READYMIX.COM.SG    |
| Mobile Phone No             | (LOCAL) +65-96369965    |
| Alternative Phone No        | OFFICE-96369965         |

#### Vehicle Particulars

|  |                |
|--|----------------|
| Manufacturer   | MINI           |
| Model  | COOPER-1.6 (A) |
| Exact Purpose for which vehicle was being used at time of accident           |                |
| 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 | AIG ASIA PACIFIC INSURANCE PTE. LTD. |
| Type Of Coverage          | COMPREHENSIVE                        |
| Fleet Policy              | NO                                   |
| Policy Number             |                                      |
| Cover Note Number         |                                      |

#### Driver

|                      |                             |
|----------------------|-----------------------------|
| Name of Driver       | BESSE STEPHANIE             |
| NRIC No              | SXXXX849F                   |
| Date Of Birth        | 13/11/1966                  |
| Occupation           | INDOOR                      |
| Date Of Driving Pass | 12/12/1997                  |
| Driving Experience   | 22 YEARS AND 3 MONTHS       |
| Gender               | FEMALE                      |
| Mobile Number        | (LOCAL) +65-96342151        |
| Fax Number           |                             |
| Contact Number       |                             |
| Email Address        | STEPHANIE.C.BESSE@GMAIL.COM |

|   |               |
|---|---------------|
| Address   | 32 JALAN SENI |
| Postcode  | 299030        |
| Was driver an employee of the Insured's Company     | NO            |
| If No, Relationship of the Driver with the Insured  | SPOUSE        |
| Vehicle Registration Number of Driver's Own Vehicle | -             |
|   | -             |
|   | -             |
| Insurance Company of Driver's Own Vehicle           | -             |
|   | -             |
|   | -             |

#### General Information of the Accident

|                    |                               |
|--------------------|-------------------------------|
| Type Of Accident   | COLLISION - CHANGE/CROSS LANE |
| 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?  |  |
| 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: : CLAIRE BESSE<br>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

KINDLY REFER TO THE ATTACHED SKETCH PLAN.

#### 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         | SHA1534U |
| Vehicle Make/Model/Colour           |          |
| Details Of Properties               |          |
| Vehicle Category                    | TAXI     |
| Name of Driver                      |          |
| NRIC/Passport Number                |          |
| Contact Number                      |          |
| Address                             |          |
| Postcode                            |          |
| Insurance Company Name              |          |
| Nature Of Damage                    |          |
| No. Of Passenger (Including Driver) |          |

## 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:

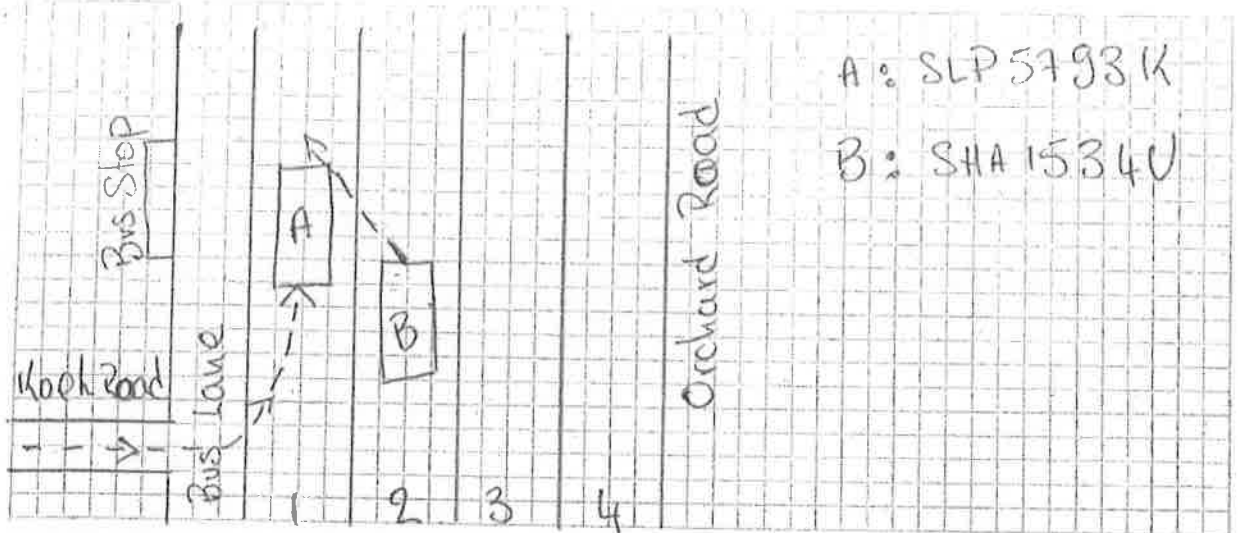
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.:

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ACCIDENT DATE: 16 March 2020  
 ACCIDENT TIME: 21hrs05  
 LOCATION: 100 Orchard Road

LICENSE PLATE NO: SLP 5793K  
 CONTACT NUMBER: 96342151  
 EMAIL: stephanie.c.bee@gmail.com

On the 16th March, I was turning into Orchard Road from Koch Road. I was about 50m into lane 1 after Koch Road (opposite Bus Stop) when a Taxi bumped into the front of the car, breaking the car bumper.

There was no shock per say, the speed of both cars during the impact being very slow.

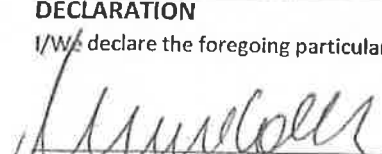
NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIMS UNDER YOUR OWN POLICY.

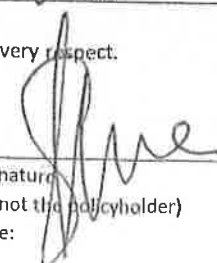
PLEASE CHECK YOUR POLICY FOR MORE INFORMATION

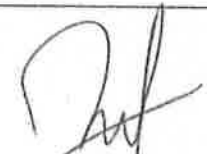
PLEASE STATE: ☐ CLAIM OWN POLICY ☒ CLAIM THIRD PARTY ☐ REPORTING ONLY

### 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.:



# CERTIFICATE OF INSURANCE

## MINI AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Cocks Nicholas Campbell  
Period of Insurance : 11 Jun 2019 To 10 Jun 2020  
Engine No. : 31799932B38A15A  
Chassis No. : WMWXS520102F22501

Vehicle No. : SLP5793K  
Policy No. : 1900108465  
Endorsement No. :  
Issued Date : 17 Jun 2019

### ABOUT THE COVER

Make/Model : MINI COOPER F55  
Engine Capacity/Tonnage : 1,499.00 CC  
Driver Restriction : NA  
Sum Insured : Market Value  
Off Peak Car : No  
First Year of Registration : 2017  
Insuring with COE/PARF : Yes

#### Person or Classes of Persons Entitled to Drive\* :

- a) The Policyholder  
b) Any other person who is driving on the Policyholder's order or with his/her permission.  
This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience.

Age Condition : All Age Condition

Limitation as to use\* :

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

This Policy does not cover use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

Loss of Use 1500cc - 1600cc

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

### EXCESS

#### Section 1

Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$0

#### Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Cocks Nicholas Campbell - \$600 (Own Damage)

### APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

1. Eurokars Habitat Pte Ltd Add: Eurokars Centre, 12 Sungei Kadut Ave, Singapore 729648 63633003

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, you may refer to AIG website [www.aig.com.sg](http://www.aig.com.sg) or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

### IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: HL Bank

I/We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0503599140

ARF (AP) PTE LTD - MINI  
7 MAXWELL ROAD #01-100 ANNEX B MND COMPLEX  
SINGAPORE 069111  
Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

  
AIG Asia Pacific Insurance Pte. Ltd.  
AUTHORISED REPRESENTATIVE

SSCNFY

DRIVER

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S2700849F



Name  
BESSE STEPHANIE

Race  
CAUCASIAN

Date of Birth  
13-11-1966

Sex  
F

Country of Birth  
FRANCE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S2700849F

Name  
BESSE STEPHANIE

Birth Date 13 Nov 1966

Issue Date 02 Jul 2003



0073710



NRIC No. S2700849F



Nationality  
FRENCH

Expiry Group  
A

Date of issue  
05-10-2000

32 JALAN SENI  
SINGAPORE 299030

NRIC No. S2700849F

Date: 25-01-2003

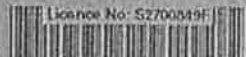
No: 3666569

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

|  | PASS DATE   |
|--|-------------|
| Class 2B Motorcycles not exceeding 200 cc  | 12 Dec 1997 |
| Class 2A Motorcycles between 201 cc and 400 cc   | 12 Dec 1997 |
| Class 2 Motorcycles exceeding 400 cc   | 12 Dec 1997 |
| Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms | 12 Dec 1997 |

NP 428A

Licence No: S2700849F





OWNER.

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S2700848H



Name  
COCKS NICHOLAS CAMPBELL

Race  
CAUCASIAN

Date of birth  
26-11-1965

Sex  
M

Country/Place of birth  
AUSTRALIA

S2700848H

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S2700848H

Name  
COCKS NICHOLAS CAMPBELL

Birth Date 26 Nov 1965

Issue Date 12 Jun 2009

001751559A

9425950



NSIC No. S2700848H



Nationality  
AUSTRALIAN

Date of issue  
02-11-2016

Address  
32 JALAN SENI  
SINGAPORE 299030

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

Class 3 Motor Cars < 2000kg with < 7 passengers, exclusive of the driver, and other motor vehicles < 2500kg 10 May 1996

NP 426A

Licence No. S2700848H