

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 Submission	25/01/2021 18:18 (SGT)
Date of Accident	24/01/2021 14:52 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PARKED ALONG SYED ALWI ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMH502Y

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	GOMATHINAYAGAM KANDASAMI
NRIC No	SXXXX867D
Email Address	GKANDASAMI@MSN.COM
Mobile Phone No	(Phone) +65-85002416
Alternative Phone No	+65-85002416

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	Cx-9
Variant	-
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 - Claiming third party
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	Direct Asia
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	MT/00878884
Cover Note Number	-

DRIVER

Name of Driver	GOMATHINAYAGAM KANDASAMI
NRIC No	SXXXX867D
Date Of Birth	02/03/1970
Occupation	Indoor

Date Of Driving Pass	03/04/2012
Driving experience	8 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-85002416
Alt. Phone Number	+65-85002416
Email Address	GKANDASAMI@MSN.COM
Address	8 RIVERVALE LINK #02-14
Address complement	-
Postcode	545043
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

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 the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	SUGANYA
Gender	Female

PASSENGER 2

Name	NAGUL
Gender	Male

PASSENGER 3

Name	SUBATHRA
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE STATEMENT

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

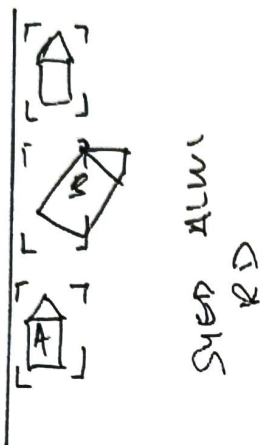
Vehicle Registration Number	
Vehicle Manufacturer	GBF7893M
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	-
Name of Driver	Commercial vehicle
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

Sketch plan

Sketch of accident scene:

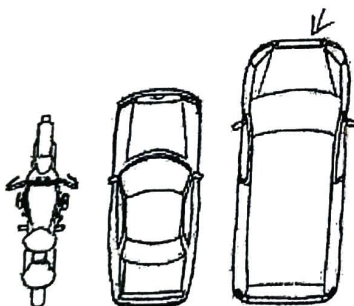
Please illustrate the layout of roads with arrows showing the direction and position of vehicles at the time of impact. Also please note the road names, road signs and vehicle registration numbers.

If safe, please take photos or videos from all angles.

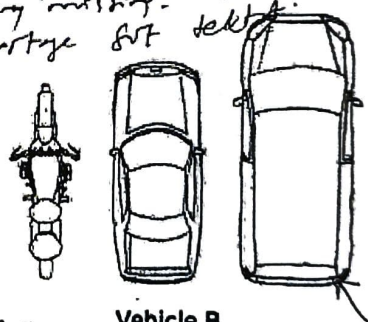


I was sitting in the car. The Engine was on. The car Camera was recording. The white van in front of me driver of the van was parked in front of empty space in front of me. whilst he was reverse parking, the Right Corner of his van hit the front of my car. Later he came down and said sorry. ~~He did not~~ and showed his IC details. The whole accident was recorded by the camera. I saw the actual footage but

Please indicate on vehicle A (your vehicle) and, vehicle B (third party vehicle), the point of impact and area(s) of visible damage with an arrow. Later when the Accident registering officer saw the footage it was missing. not sure how the actual footage got deleted.



Vehicle A
(SMY 5024)



Vehicle B
(4BF 7893m)

Q. [Signature]
25/1/21.
17.35.



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Claims Support 24/7 Helpline
6532 1818
+44 6602 3688 (from overseas)

SKETCH PLANIMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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:

17.35

10.5.25/11/21


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

10.5.25/11/21


 Reporting Centre Personnel's Signature
 Name:

NRIC/FIN No.:

GIA 2019 Sketch Plan Form V3

Back to OneMotoring

Inquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Owner ID:

Singapore NRIC

867D

Vehicle Details

Vehicle No.:

SMH502Y

Vehicle to be Exported:

No

Intended Deregistration Date:

17 May 2021

Vehicle Make:

MAZDA

Vehicle Model:

CX-9 2.5 AT TURBO 2WD

Primary Colour:

Grey

Manufacturing Year:

2018

Engine No.:

PY30913734

Chassis No.:

JM6TC2WLAK0307586

Maximum Power Output:

170.0 kW (227 bhp)

Open Market Value:

\$34,179.00

Original Registration Date:

09 Jan 2019

First Registration Date:

09 Jan 2019

Transfer Count:

0

Actual ARF Paid:

\$39,851.00 19925

Intended PARF Rebate Details

PARF Eligibility:

Yes

PARF Eligibility Expiry Date:

08 Jan 2029

PARF Rebate Amount:

\$29,888.00

Intended COE Rebate Details

COE Expiry Date:

08 Jan 2029

COE Category:

E - Open - all except motorcycle

COE Period(Years):

10

QP Paid:

\$32,000.00

COE Rebate Amount:

\$24,455.00

Total Rebate Amount:

\$54,343.00

The information contained herein is correct as at 17 May 2021

OK

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Make	Model	Price	Depreciation	Reg Date	Eng Cap	Mileage	Veh Type	Status
Mazda CX-9								
Mazda CX-9		Any	Any	2019	Any	Any	Any	Available
Mazda CX-9 2.5A Turbo		\$142,000	\$15,840 /yr	24-Jan-2019	2,488 cc	-	SUV	Available
Luxury 7 Seater SUV With Well-maintain Interior. Apple Car Play, Bose Sound System, 360 View With Sunroof, 100% Accident Free, Flex...								
360 VR Cars								

Posted: 29-Apr-2021 Tags: 2019 Mazda CX-9, 2019 mazda CX9, Mazda CX-9, mazda CX9, Mazda, CX-9, CX9

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Compare



TRANS EUROKARS PTE LTD

ESTIMATE COST OF REPAIRS



not Authorized
L/C/LC mercur

CHINA TAIPING INSURANCE P/L

3 ANSON ROAD

#16-00 SPRINGLEAF TOWER

SINGAPORE 079909

ATTN.:

MOTOR CLAIMS

FAX:

NAME: Mr Gomathinayagam Kandasami

ADDRESS: 8 Rivervale Link

#02-14

Singapore 545043

TEL: 85002416

WIP:

47659

EXCESS:

DATE:

11-Feb-21

VEH NO:

SMH502Y

DATE IN:

CONTACT PERSON:

RONALD

CHASSIS NO:

JM6TC2WLAK0307586

MILEAGE:

TYPE OF CLAIM:

THIRD PARTY CLAIM

MODEL:

MAZDA CX9

DATE REG.:

9-Jan-19

POLICY NO.:

NATURE OF WORKS

Parts Description							
NO	DESCRIPTION	PARTS NO	QTY	1st	Supp	REVISED	PRICES
1	GRILLE TOP	MTK48-50-7E1D2M	1			✓	\$ 414.60
2	RIVET,GRILLE TOP	MS51S-51-833	11			✓	\$ 44.00
3	RIVET, GRILLE TOP	MBN8F-50-355	5			✓	\$ 28.50
4	BUMPER GRILLE	MTN57-50-710C	1			✓	\$ 2,228.70
5	FRONT BUMPER	MTK49-50-031JBB	1			✓	\$ 1,244.00
6	FOG LAMP COVER LH INNER	MTK49-50-C21C	1			✓	\$ 45.80
7	FOG LAMP COVER RH INNER	MTK49-50-C11C	1			✓	\$ 45.80
8	FASTENER, REINFORCEMENT	MGD7A-50-EA1	4			✓	\$ 12.80
9	STIFF 'A' FRONT BUMPER	MTK48-50-0S0	1			✓	\$ 202.30
10	RIVET, FRONT BUMPER	MEA01-50-037	2			✓	\$ 16.00
11	CHROME CENTER TC	MTK51-50-120B	1			✓	\$ 271.30
12	GUARD(R), FRONT BUMPER	MTK50-50-120A	1			✓	\$ 162.80
13	GUARD(L),FRONT BUMPER	MTK50-50-130A	1			✓	\$ 162.80
14	RETAINER, FRONT BUMPER	MTK48-50-0T1B	1			✓	\$ 18.10
15	RETAINER, FRONT BUMPER	MTK48-50-0U1B	1			✓	\$ 18.10
16	PLATE,SET	MTK48-50-1C0A	1			✓	\$ 104.90
17	FOAM,BUMPER REINFORCEMENT	MKD53-50-111	1			✓	\$ 99.10
18	CLIP, BUMPER REINFORCEMENT	MGS1E-56-496A	2			✓	\$ 20.40
19	CLIP, BUMPER REINFORCEMENT	MC274-50-133	15			✓	\$ 55.50
20	TOWING COVER	MTK48-50-A12 BB	1			✓	\$ 3.20
21	BRACKET(R),FRONT BUMPER	MTK48-50-153B	1			✓	\$ 14.60
22	BRACKET(L),FRONT BUMPER	MTK48-50-163B	1			✓	\$ 14.60
23	FOG LAMP COVER RH OUTER	MTK78-50-C11B	1			✓	\$ 30.00
24	FOG LAMP COVER LH OUTER	MTK78-50-C21B	1			✓	\$ 30.00
25	FRONT BUMPER REINFORCEMENT	MTK48-50-070	1			✓	\$ 853.80
26	UNDERCOVER	MTK48-56-11Y	1			✓	\$ 90.90
27	FASTENER, FRONT BUMPER	MB45A-56-146A	10			✓	\$ 30.00
28	FASTENER, PLATE SET	MFD01-68-AC3	2			✓	\$ 12.40
29	HEADLAMP RH	MTK59-51-031K	1			✓	\$ 4,322.40
30	HEADLAMP LH	MTK59-51-041K	1			✓	\$ 4,322.40

TOTAL PARTS	\$ 14,919.80
TOTAL PARTS COST	\$ 14,919.80

SUPPLEMENTARY							PRICES
DESCRIPTION	PARTS NO	QTY	1st	Supp	REVISED		
TOTAL PARTS							\$ -
TOTAL PARTS COST							\$ -

Labour Description				
1		TO REPLACE FRONT BUMPER, FRONT REINFORCEMENT, GRILLE TOP AND ALL AREAS AFFECTED BY THE ACCIDENT.	660	\$ 2,640.00
2		TO RESPRAY FRONT BUMPER, FRONT REINFORCEMENT, GRILLE TOP AND ALL AREAS AFFECTED BY THE ACCIDENT.	630	\$ 2,520.00
3	MZ-BR-FRTSEN	TO TRANSFER FRONT PEDESTRIAN SENSORS.	200	\$ 315.00
11	MZ-BR-ELECTR	TO CHECK ELECTRICAL SYSTEM FOR PROPER FUNCTIONING.	120	\$ 250.00
12	MZ-BR-REPROG	TO REPROGRAMME AFTER THE ACCIDENT REPAIR WORKS.	150	\$ 350.00
16	MZ-BR-CAVITY	TO CARRY-OUT BODY CAVITY PRESERVATION.(INCLUDING NEW PARTS AND CAOUTCHOUIC)	17X	\$ 250.00
19	MZ-BR-SUNDRI	SUNDRIES.	NETT	\$ 100.00
			NET 20	
TOTAL LABOUR			\$ -	\$ 6,425.00
TOTAL PARTS			\$ -	\$ 14,919.80
TOTAL			\$ -	\$ 21,344.80
LESS EXCESS			\$ -	\$ -
TOTAL AFTER EXCESS			\$ -	
GST 7%			\$ -	\$ -
GRAND TOTAL			\$ -	\$ -

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:

SUPPLEMENTARY LABOUR DESCRIPTION					
1		#N/A			
2		#N/A			
TOTAL LABOUR				\$ -	\$ -

TOTAL PARTS	\$ -	\$ -
TOTAL	\$ -	\$ -
LESS EXCESS	\$ -	\$ -
TOTAL AFTER EXCESS	\$ -	
GST 7%	\$ -	\$ -
GRAND TOTAL	\$ -	\$ -

•MARKS:

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** WILL BE APPLIED ACCORDINGLY FOR MAN-HOURS INVOLVED IN SOURCING FOR PARTS PRICE AS WELL AS LABOUR CHARGES.

TRANS EUROKARS PTE LTD

Authorised Signature