

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	04/03/2021 15:45 (SGT)
Date of Accident	04/03/2021 09:05 (SGT)
Exact Location of Accident	495A Tampines Ave 5, Singapore 529650
Additional Location Information	
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM3239Z
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TEH SENG TOON
NRIC No	SXXXX455H
Email Address	movifund@gmail.com
Mobile Phone No	(Phone) +65-98533789
Alternative Phone No	(Office) +65-985334789

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	E200
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?	Yes
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	Sompo
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D20MTPV01008884
Cover Note Number	

DRIVER

Name of Driver	TEH SENG TOON
NRIC No	SXXXX455H

Date Of Driving Pass	20/12/1977
Driving experience	43 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98533789
Alt. Phone Number	(Office) +65-985334789
Email Address	movifund@gmail.com
Address	11, LORONG 36 GEYLANG
Address complement	-
Postcode	398146
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	Collision - Head to Rear
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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

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

DRIVER TO STATEMENT

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJZ233P
Vehicle Manufacturer	Mercedes
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TAN YIAN CHIR
Contact Number	(Phone) +65-98310661
Address	-
Address complement	-
Postcode	-

Nature Of Damage	
Details of property damaged in accident	
No. Of Passenger (Including Driver)	

1/30/2020

Protected By Symantec

SKETCH PLAN

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5. Any false reporting may be referred to the Police for investigation.
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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.

COMFORTDELGRO ENGINEERING PTE LTD
383 SIN MING DRIVE
SINGAPORE 575711

Policyholder's Signature

Date & Time: 4/3/20 21:10:30

Driver's Signature

(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name:
NRIC/PIR No.:

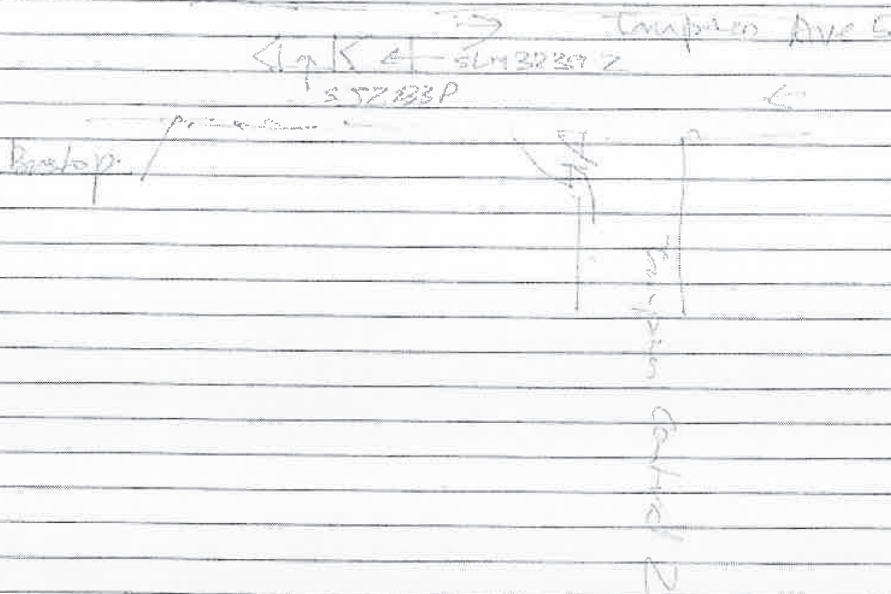
Mayh...

Describe Circumstances of the Accident

I was driving along Tampines Central 2. SLM32392.
After crossing towards Tampines Ave 5 in the direction
to PLE. There was a ~~sub~~ build-up of vehicles
just after the junction. The vehicle, SJZ 233P stop
suddenly. I stepped on the brake but was
too late to avoid a collision.

Rear Bumper of SJZ 233P was damaged. The
front grille of SLM32392 was damaged. A
coolant or oil was leaking.

Time of Incident 9.05 am



Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &
Time 10.30 am

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

Witnessed by Reporting Centre
Personnel

COMFORTGRO ENGINEERING PTE LTD
383 SIN MING DRIVE
SINGAPORE 575211

Manly



ComfortDelGro Engineering

205 Braddell Road S(579701)

ACCIDENT REPAIR ESTIMATE

Our Ref:

Type of Claim : ODVehicle No. : SLM3239ZMake & Model : M/BENZ E 200Year of Manufacture : 2012Chassis No. : WDD2120482A598779Ins Company : SOMPO

Engine No. : _____

Excess : _____

Policy No. : _____

Date of Accident : 04/03/2021

Time of Accident : _____

Suggested Days of Repair : _____

In-house Vehicle Assessor**Repair Estimate**Case Owner : Andrew

Signature : _____

Parts (a) Cost / List Price Items \$ -

Plus/Less 10% \$ -

Total of Cost / List \$ -

(b) Nett Price Items \$ -

Less \$ -

Total of Nett Item \$ -

(c) Special Nett Items \$ -

Total Parts Cost (Appendix A) \$ -

Labour (Appendix B) \$ 2,050.00Total Repair Cost \$ 2,050.00

Contact No

Front Counter Operation

Patrick Tia 6383 7466 PatrickTia@sparkcarcare.com

Brenda Ng 6383 7730 BrendaNg@sparkcarcare.com

Rohani 6383 7890 RohaniM@sparkcarcare.com

Workshop Operation

Ngo Toh Wee 6383 7656

Ngotw@sparkcarcare.com

William Wang 6383 8115

WilliamWangKS@sparkcarcare.com

Andrew Goh 6383 7362

Andrewcorneliusgoh@sparkcarcare.com

The above total will be subjected to 7% G.S.T.

Name of Surveyor : _____

Company : _____

Survey conducted on : _____ at _____

Remarks By Surveyor

(a) The repair of this vehicle is authorized / is not authorized until further notice.

(b) Recommended Days of Repair : _____ day(s)

(c) Resurvey : Required / Not Required

(d) Excess : \$ _____

(e) Signature of surveyor : _____ Date: _____

Spark Car Care

ComfortDelGro Engineering Pte Ltd

205 Braddell Road S (579701)

Tel: 63837168 / 63837466 Fax: 62844284, 62815767

Spare Parts

Vehicle No : <u>SLM3239Z</u>	Case Owner : <u>Andrew</u>
Make & Model : <u>M/BENZ E 200</u>	Year Manufacture : <u>2012</u>
Chassis No : <u>WDD2120482A598779</u>	Engine No : <u>0</u>
Sales Order : _____	Supplier : _____
Order By : _____	Type of Claim : <u>OD</u>

S/No	Part Description	QTY	Cost Price	List Price	Nett Price	S/N	Disposition By Surveyor
1	Front number plate with casing	1					
2	Front number plate bracket	1					
3	Front bumper	1					
4	front bumper tow cover	1					
5	Front bumper carrier LH	1					
6	Front bumper carrier RH	1					
7	Front bumper clips	10					
8	Front bumper rivets	10					
9	Front bumper lower chrome LH	1					
10	Front bumper lower chrome RH	1					
11	Front bumper sensor outer LH	1					
12	Front bumper sensor center LH	1					
13	Front bumper sensor inn LH	1					
14	Front bumper sensor outer RH	1					
15	Front bumper sensor center RH	1					
16	Front bumper sensor inn RH	1					
17	Front bumper sensor spacer ring	6					
18	Radiator grille	1					
19	Radiator grille emblem logo	1					
20	Bonnet	1					
21	Bonnet star logo	1					
22	Bonnet spring element	2					
23	Bonnet lock	1					
24	Bonnet hinge LH	1					
25	Bonnet hinge RH	1					
26	Headlamp LH	1					
27	Headlamp cover LH	1					
28	Headlamp RH	1					
29	Headlamp cover RH	1					
30	Headlamp lower bracket LH	1					

Note: If any of the quoted parts are recommended to be repaired, then an additional labour charge will be charged accordingly under supplementary.

Spark Car Care

ComfortDelGro Engineering Pte Ltd

205 Braddell Road S (579701)

Tel: 63837168 / 63837466 Fax:62844284,62815767

Spare Parts

Vehicle No : <u>SLM3239Z</u>	Case Owner : <u>Andrew</u>
Make & Model : <u>M/BENZ E 200</u>	Year Manufacture : <u>2012</u>
Chassis No : <u>WDD2120482A598779</u>	Engine No : <u>0</u>
Sales Order : <u>0</u>	Supplier : <u>0</u>
Order By : <u>0</u>	Type of Claim : <u>OD</u>

S/No	Part Description	QTY	Cost Price	List Price	Nett Price	S/N	Disposition By Surveyor
31	Headlamp lower bracket RH	1					
32	Front reinforcement	1					
33	Brace panel	1					
34	Front bumper center reinforcement	1					
35	Front bumper sponge LH	1					
36	Front bumper sponge RH	1					
37	Front bumper sponge center	1					
38	Radiator air guide	1					
39	Radiator lower air guide	1					
40	Radiator upper air guide	1					
41	0	0					
42	0	0					
43	0	0					
44	0	0					
45	0	0					
46	0	0					
47	0	0					
48	0	0					
49	0	0					
50	0	0					
51	0	0					
52	0	0					
53	0	0					
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56	0	0					
57	0	0					
58	0	0					
59	0	0					
60	0	0					

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Tel: 63837168 / 63837466 Fax:62844284,62815767

Year of Manufacture : 2012

Note: The above estimate of repair is based on visual assessment of the external affected areas. Any additional damages observed during the course of repair will be quote accordingly as a supplementary.