

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 ability.
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	26/09/2018 11:42
Date Of Accident	25/09/2018 12:05
Exact Location Of Accident	CHINA STREET EXITING CHURCH STREET
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL5469T
Insured/Policyholder	
Name Of Registered Owner	WANG XIPO
Passport No/FIN	G0681612L
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96443868
Alternative Phone No	OTHERS-96443868

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	JETTA GP 1.4 TSI 90 A/T TL 1632G7
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	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A28910949 AVW
Cover Note Number	

Driver

Name of Driver	WANG XIPO
Passport No/FIN	G0681612L
Date Of Birth	13/06/1984
Occupation	INDOOR
Date Of Driving Pass	16/04/2011
Driving Experience	7 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96443868
Fax Number	
Contact Number	OTHERS-96443868
Email Address	NOEMAIL

Address 436D FERNVALE ROAD #13-152
 Postcode 794436
 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 SIDE SWIPE
 Weather Conditions CLEAR
 Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
 Number of vehicles 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

REFER TO BELOW STATEMENT/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 SKP9800J
 Vehicle Make/Model/Colour MERCEDES BENZ E200 SEDAN (R18)
 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)

26
Sketch Plan Pg. 1


SKETCH PLAN

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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.
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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time

Sketch Plan


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

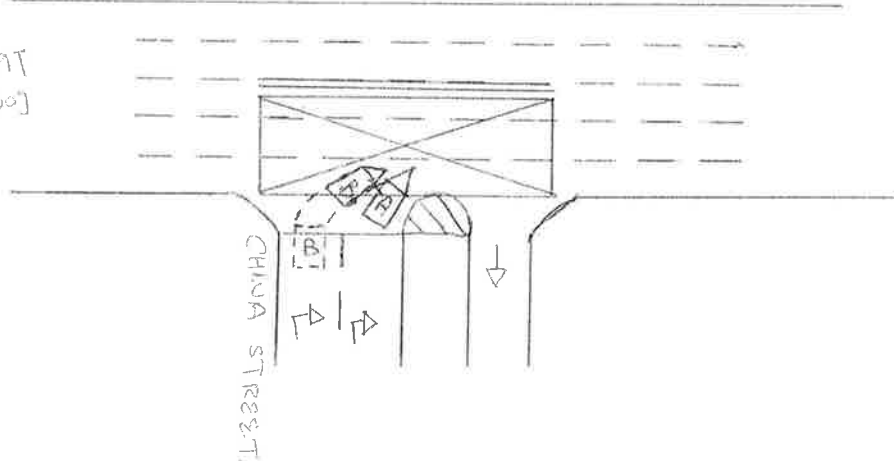
26 SEP 2010

IDAC KAKI BUKIT (VAL),
23 KAKI BUKIT AVE 4
Singapore 415933

Witnessed by Reporting Centre
Personnel
Tel: 67416697
Fax: 67492305
Email: vaekb@singact.com.sg

CHURCH STREET

V:
A: SLL5A69T
B: SKP9800J



Sketch Plan #2 Pg. 1

Describe Circumstances of the Accident

ON THE STATED DATE AND TIME, I WAS TRAVELING ON CHINA STREET IN THE MOST RIGHT LANE, WHILE I WAS WAITING AND STATIONARY TO EXIT CHURCH STREET. ALL OF A SUDDEN VEHICLE "B" FROM MY LEFT LANE CHINA STREET TURN OUT AND HITS ONTO MY LEFT HAND FRONT FENDER, BUMPER, RIM AND WING MIRROR. ~~HE~~ I CAME DOWN AND HAVE A DISCUSSION AND HE SAY SORRY THAT HE HITS MY VEHICLE AND ASK ME TO CLAIM HIS INSURANCE AS HE SAY IT'S HIS FAULT WE MOVE OFF.

Declaration

We declare the foregoing particulars are true in every respect.

26 SEP 2015

Policyholder's Signature / Date &
Time

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

IDAC KAKI BUKIT(VAC)
23 KAKI BUKIT AVE 4

Witnessed by Reporting Centre
Personnel Tel: 67416697

Fax: 67492305

Email: vackb@singnet.com.sg

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



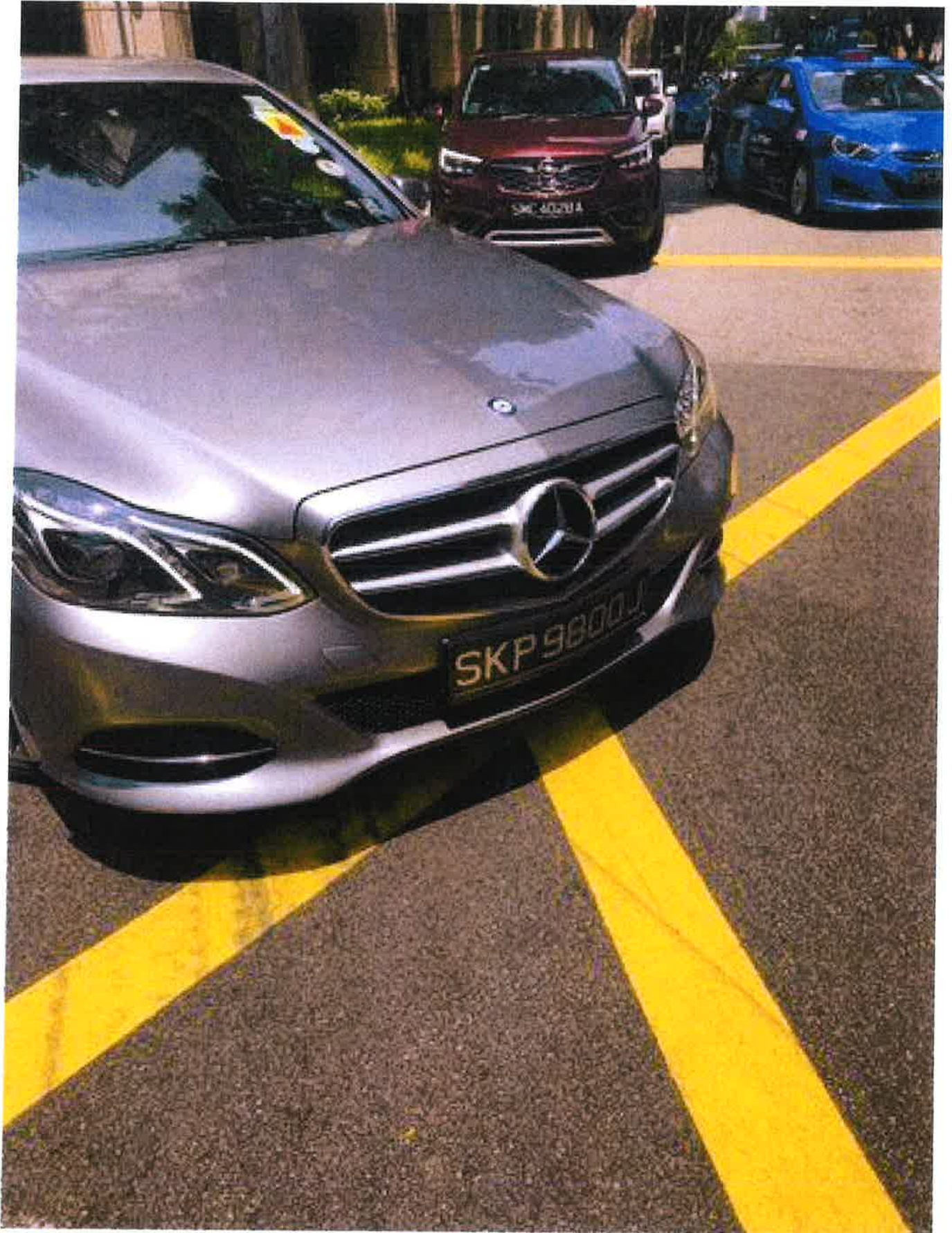
Accident Photo



Accident Photo



Accident Photo



Driving License



Accident Photo

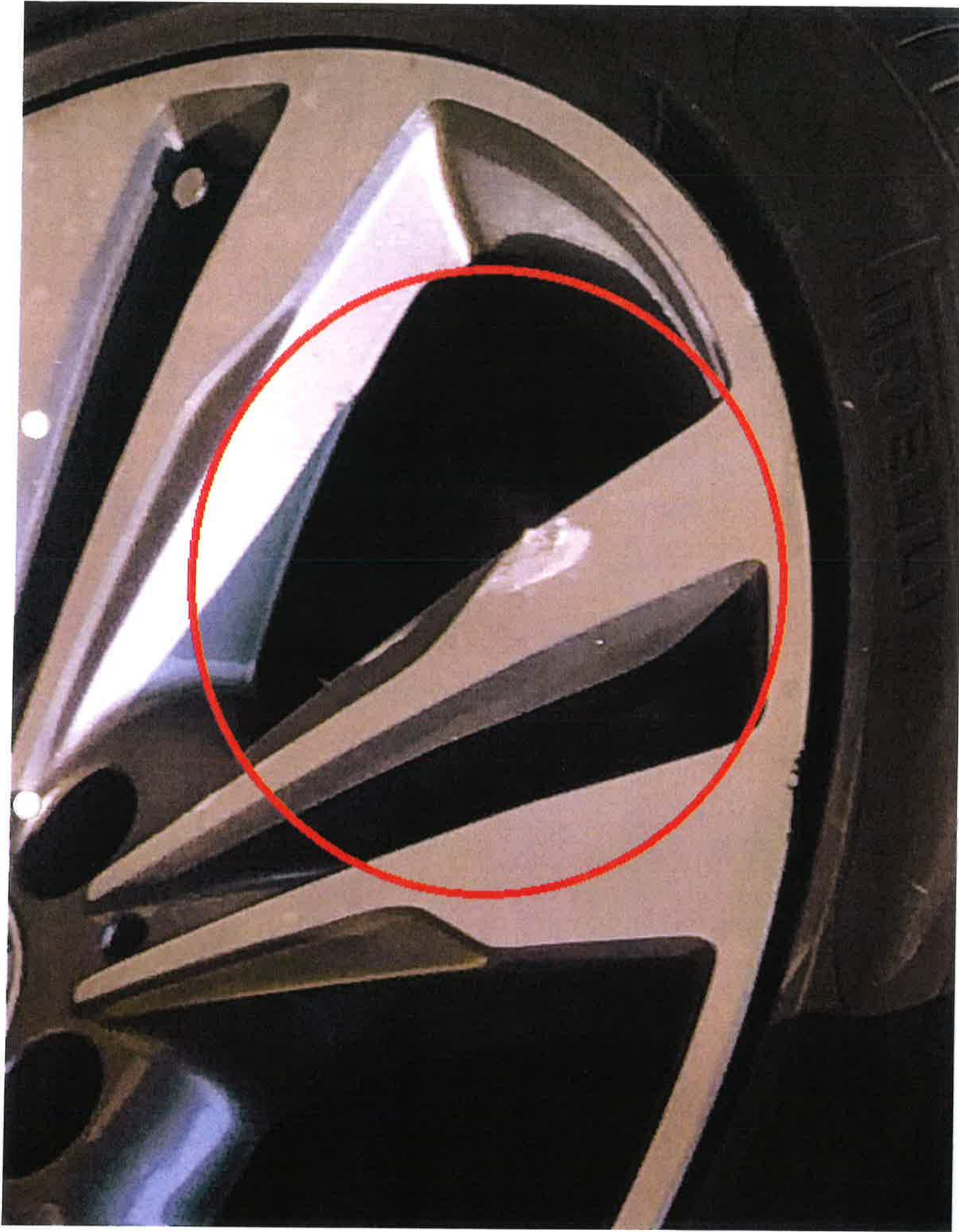














VEHICLE DAMAGE INSPECTION REPORT

Great Eastern General Insurance Limited
Great Eastern Centre
1 Pickering Street #01-01
Singapore 048659

Our File No: **MS18-GE-101150/FG**
Insurer Ref: **V0049058**
Insured Name: **TONG TENG WAH JIMMY**

Date: 11-Mar-19

REFERENCE

Insured Veh No: **SKP9800J** Policy No: **V0097795**
Date of loss: **25-Sep-18**
Claimant Veh No: **SLL5469T**

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SLL5469T	Make:	VOLKSWAGEN
Reg Year:	2017	Model:	JETTA GP 1.4 TSI 90 A/T TL 1632G7
Colour:	Silver	Engine No:	CAXF83745
Type:	-	Chassis No:	WWWZZZ16ZGM018974
Type of Claim:	Third Party's Claim	Odometer:	39422 km
Market Value:	-	Engine Cap:	1390 cc

CONDITION OF VEHICLE AT THE TIME OF SURVEY

(STATIC ONLY)

General Condition:	Good	Steering:	Serviceable	Engine Modification:	Nil
Paint work:	Good	Handbrake:	Serviceable	Pre-accident damage:	Nil
		Footbrake:	Serviceable		

CONDITION OF TYRES

Front Left Size:	Pirelli 225/45R17 60%	Front Right Size:	Pirelli 225/45R17 60%
Rear Left Size:	Pirelli 225/45R17 60%	Rear Right Size:	Pirelli 225/45R17 60%

The above percentages represent the remaining life of the tyre threads

COST OF REPAIRS

	Repairer's S\$	Adjuster's S\$	Difference S\$
Parts	4,948.20	3,168.48	1,779.72
Labour	2,080.00	1,200.00	880.00
Calculated Cost (S\$) :	7,028.20	4,368.48	2,659.72

Recommended Lump Sum Repair Cost (S\$) : 3,450.00

INSPECTION

Date of Assignment:	1-Oct-18	Inspected At:	Polymathh Garage Pte Ltd
Date Inspected:	1-Oct-18		1 Kaki Bukit Avenue 6
Est. repair Period	5 days		#02-02, Autobay @ Kaki Bukit
Recommended Reserve(S\$)	NA		Singapore 417883
Sum Insured (S\$):	NA		
Repair status:	Surveyed on a "Without Prejudice" Basis (Estimate < \$10,000.00)		

JP KNIGHTS PTE LTD

No.33 Ubi Ave 3 #05-47 Vertex Tower A Singapore 408868 Tel: (65) 6345 0058 Fax: (65) 6344 5328
Email: motor@jpknights.com Website: www.jpknights.com Co, Reg GST No. 200723763Z

MS18-GE-101150/FG
SLL5469T

POINT OF IMPACT

The vehicle sustained damages to the front left portion.	
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BRIEF CIRCUMSTANCES OF ACCIDENT

The Insured's vehicle and Third Party's vehicle collided at turning from China street to Church street.

CONSISTENCY OF DAMAGES

Our visual inspection of the vehicle revealed that the damages noted are consistent with the accident as reported, please refer to ANNEX A & ANNEX B.

SPECIAL REMARKS

1. Under normal circumstances, estimated 5 working days are required to repair the vehicle.
2. This inspection was conducted on a "Without Prejudice" Basis.
3. We are pleased to advise that the inspection work was carried out accordingly, and hereby submit our Inspection Report and photographs.




Faizal Ghulam Mohd
Automobile Appraiser

NOTE: This report represents our findings at the time and place of inspection stated herein. Such inspection has been carried out to the best of our knowledge and ability but any other liability under any other circumstances is hereby expressly excluded.

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SLL5469T

ANNEX A

REPAIR DETAILS

RECOMMENDED PARTS

NO	QTY	PARTICULARS	CONDITIONS/ REMARKS	REPAIRER'S AMOUNT (\$)	ADJUSTER'S AMOUNT (\$)
<u>PARTS (LIST ITEMS)</u>					
1	1	L/H Wind Mirror	Cracked	752.40	752.40
2	1	L/H Headlamp	Cut	591.60	591.60
3	1	Front Bumper	Cracked	1,026.00	1,026.00
4	1	L/H Front Bumper Retainer	Necessary	45.60	45.60
5	1	L/H Sport Rim	Cut	570.00	570.00
6	1	L/H Shock Absorber	Serviceable	364.80	-
7	1	L/H Lower Arm	Serviceable	342.00	-
8	1	L/H Knuckle Arm	Serviceable	592.80	-
9	1	L/H Knuckle Bearing	Not Necessary	456.00	-
10	1	L/H Front Fender	Buckled	501.60	501.60
11	1	L/H Front Brake Motor	Not Necessary	205.20	-
				5,448.00	3,487.20
Less				10%	
				544.80	348.72
Sub-total:				4,903.20	3,138.48
<u>SPECIAL NETT ITEMS</u>					
1	1 set	Bumper Clips	Necessary	45.00	30.00
Sub-total:				45.00	30.00
Total Parts :				4,948.20	3,168.48

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SLL5469T

ANNEX B

REPAIR DETAILS

RECOMMENDED LABOURS

NO	PARTICULARS	REPAIRER'S AMOUNT (S\$)	ADJUSTER'S AMOUNT (S\$)
1	Fixing of wheel alignment.	100.00	60.00
2	Dismantle and refit undercarriage	250.00	80.00
3	Panel beating and straighten body for accident portion	800.00	500.00
4	Polish and spray painting for accident portion.	750.00	500.00
5	To apply undercoating on repaired and replaced panel.	180.00	60.00
Total labour :		2,080.00	1,200.00

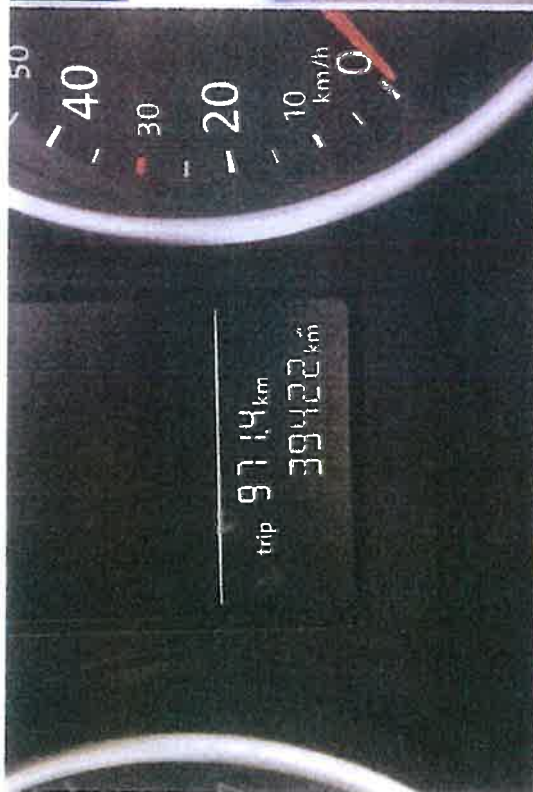
ANNEX C

REPAIR DETAILS

ADJUSTED REPAIR COSTS	REPAIRER'S AMOUNT (S\$)	ADJUSTER'S AMOUNT (S\$)
Total Parts cost :	4,948.20	3,168.48
Total Labour cost :	2,080.00	1,200.00
Total repair cost :	7,028.20	4,368.48
Adjusted Repair Cost (Lump Sum Repair) :		3,450.00

Our Ref: MS18-GF-101150/FG
Vehicle No.: SLL5469T

INSPECTION PHOTOS



Our Ref: MS18-GE-101150/FG
Vehicle No. : SLL5469T

JP Knights
Adjusters & Surveyors

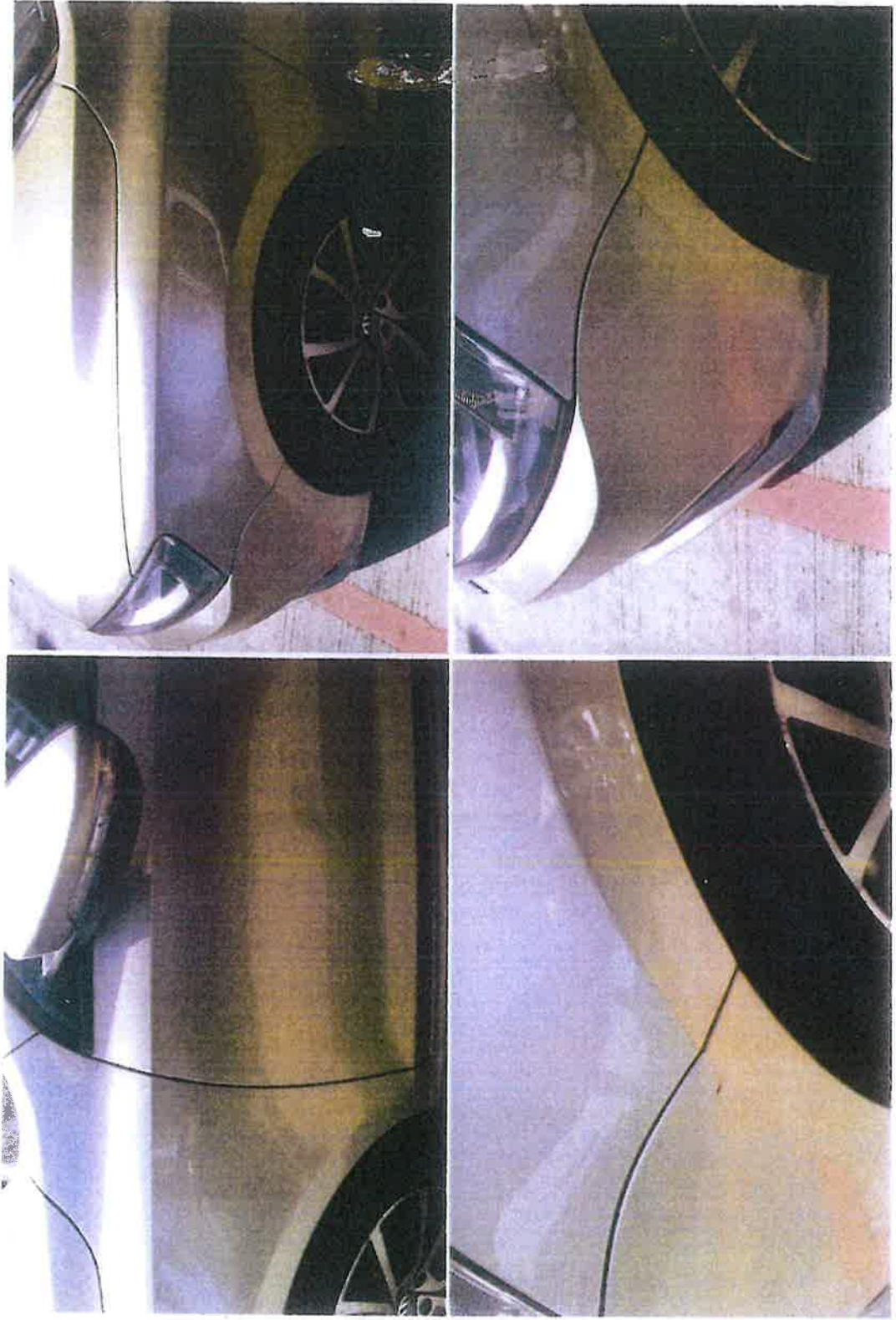
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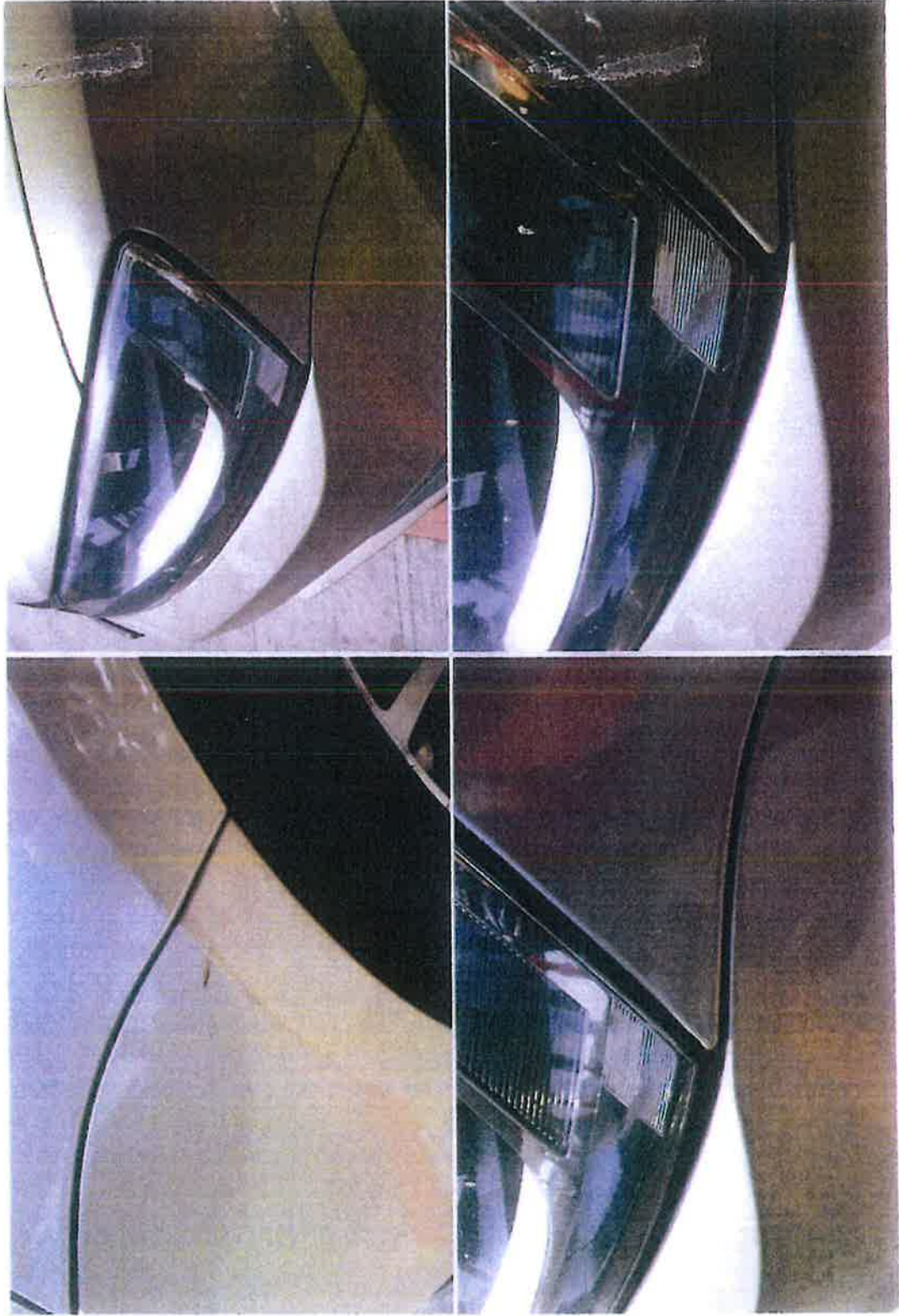
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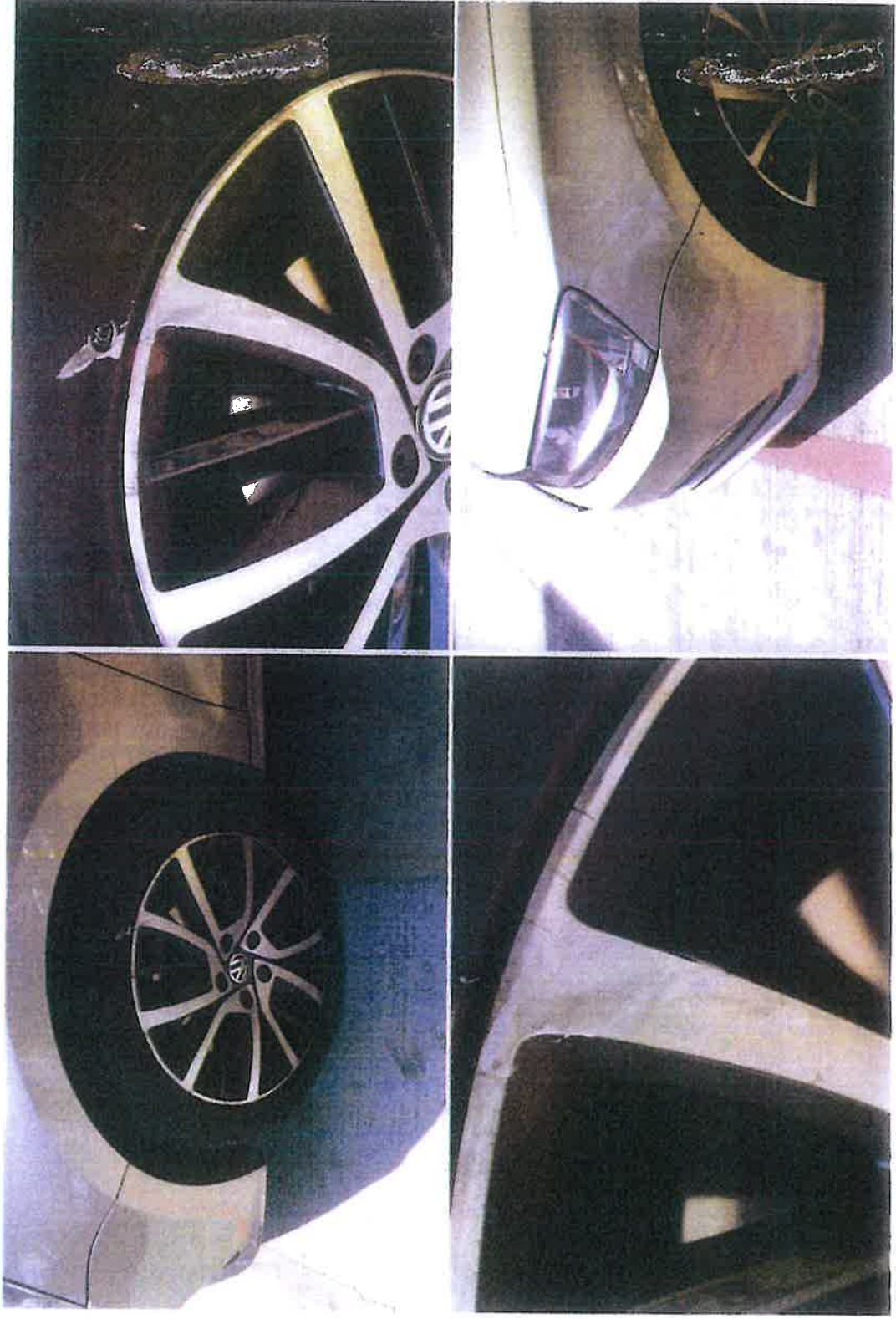
INSPECTION PHOTOS



Our Ref: MS18-GE-101150/FG
Vehicle No. : 5LL5469T

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Adjusters & Surveyors

INSPECTION PHOTOS



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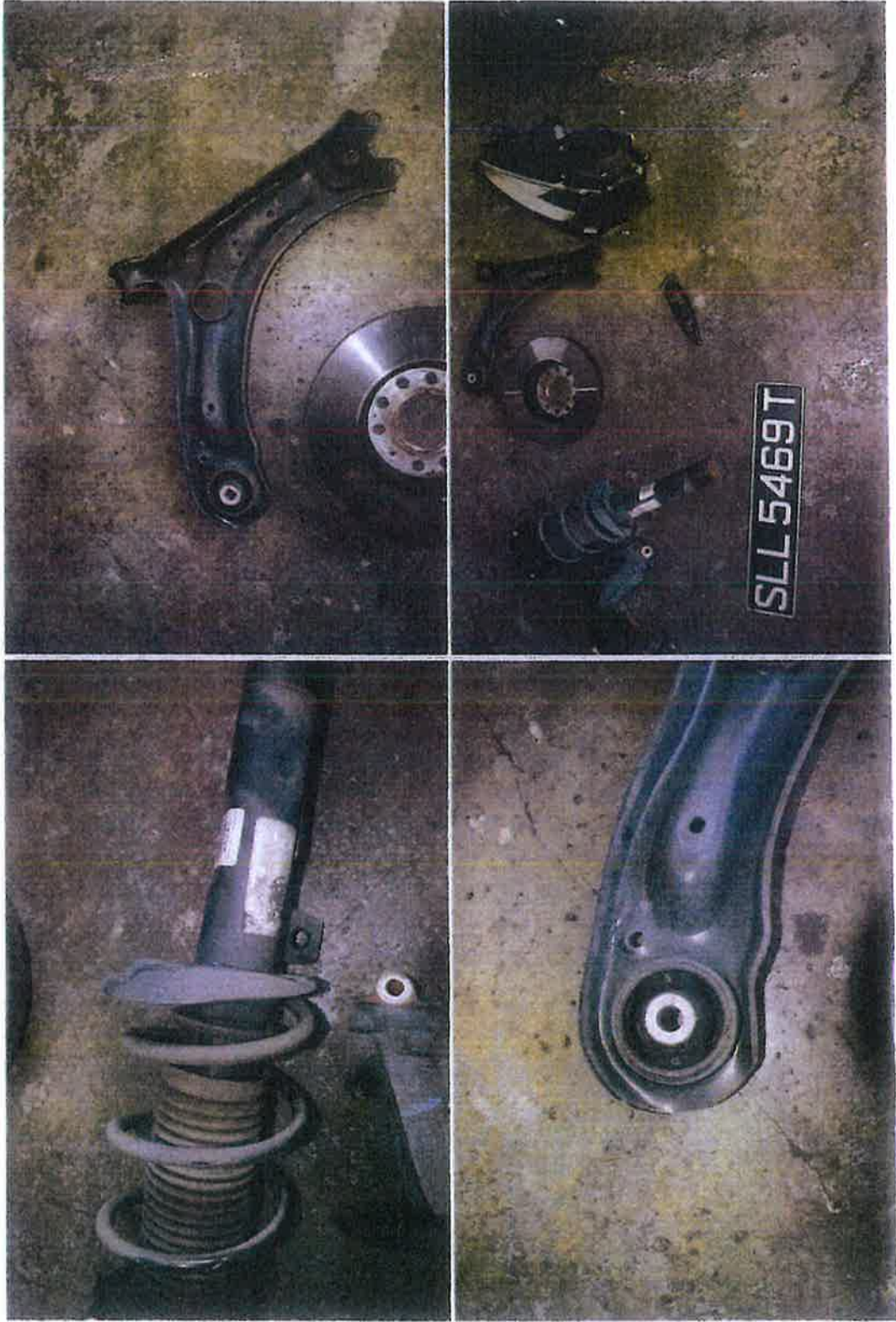
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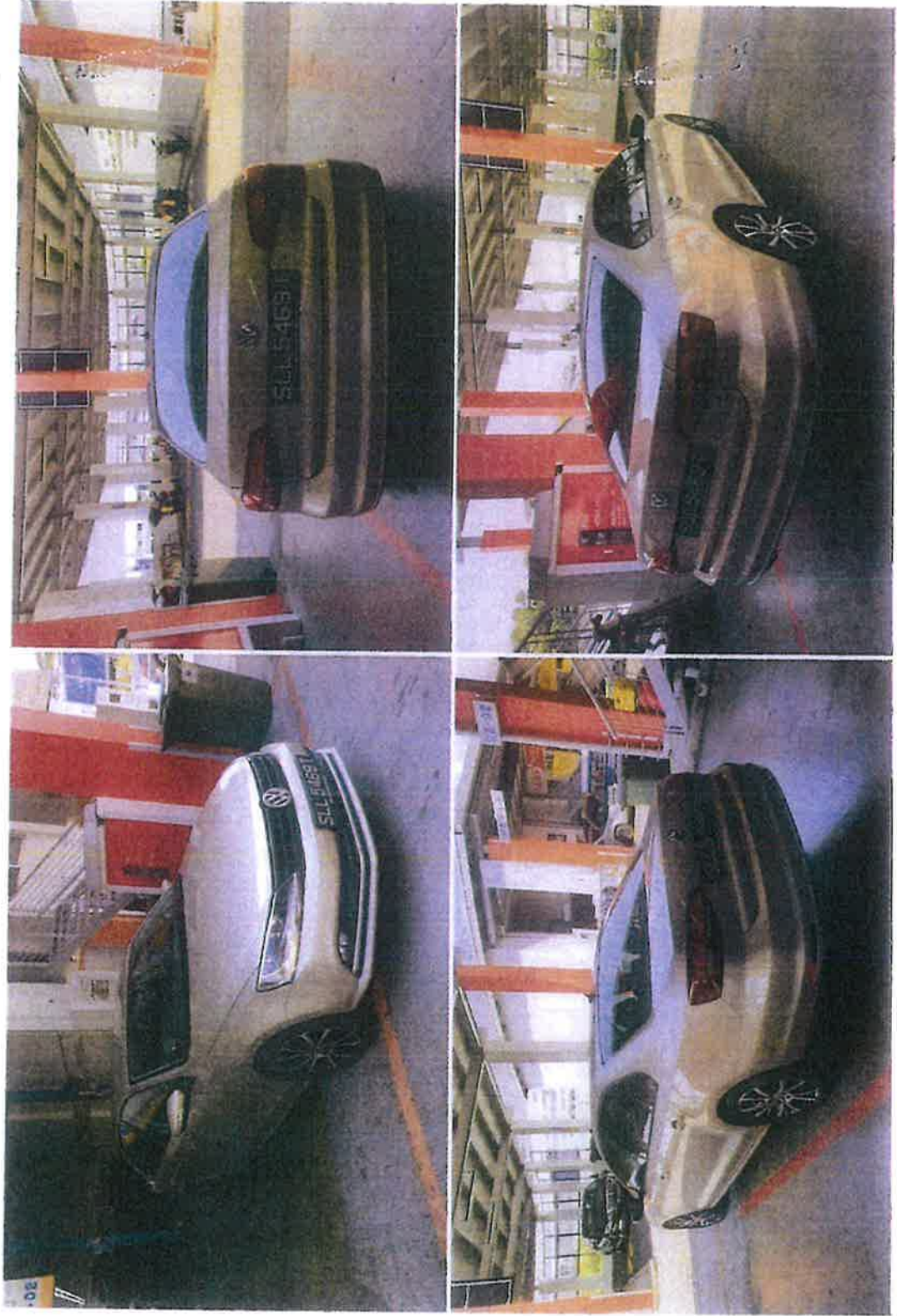
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RE-INSPECTION PHOTOS



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