

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 19/07/2022 16:23 (SGT)
Reported by Both
Date of Accident 19/07/2022 07:45 (SGT)
Exact Location of Accident Joo Koon Way, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMM1743K

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner WANG YINZHI
NRIC No SXXXX874E
Email Address yinzhi1229@gmail.com
Mobile Phone No (Phone) +65-91165217
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Honda
Model Grace
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
Transmission Auto
CC 1496

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number 7220066427

DRIVER

Name of Driver WANG YINZHI
NRIC No SXXXX874E
Date Of Birth 29/12/1987
Occupation Outdoor

Date Of Driving Pass	15/05/2009
Driving experience	13 YEARS AND 2 MONTHS
Gender	Female
Mobile Number	(Phone) +65-91165217
Alt. Phone Number	-
Email Address	yinzhi1229@gmail.com
Address	BLK 273 BANGKIT ROAD #03-160
Address complement	-
Postcode	670273
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle 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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20220719/7013

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKF1637U
Vehicle Manufacturer	BMW
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHEN WENZHONG, WINSTON
NRIC No	SXXXX817J
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	WANG YINZHI
Gender	Female
Phone No	(Phone) +65-91165217
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SMM1743K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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' 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


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

 19/07/2022
 Witnessed by Reporting Centre Personnel

Sketch Plan

Joo Koon WAG

A
B

A : 211117432

B : 334 16321



Describe Circumstances of the Accident

Police Report - T/20220719/7013

Declaration

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

 19/07/2022
Witnessed by Reporting Centre Personnel

			Less 20%	\$ 5,718.52
			Total	\$ 22,874.08

S/Nett items:						
1	REAR REVERSE SENSOR	<i>Old</i>	1	\$ 250.00	\$ 250.00	<i>2000</i>
2	RERA REVERSE CAMERA	<i>Per</i>	1	\$ 400.00	\$ 400.00	<i>7</i>
3	REAR BUMPER CLIP	<i>Mr</i>	1	\$ 80.00	\$ 80.00	<i>500</i>
4	REAR END PANEL GARNISH CLIP	<i>Mr</i>	1	\$ 30.00	\$ 30.00	<i>✓</i>
5	FLOOR PANEL SEALANT	<i>Mr</i>	1	\$ 80.00	\$ 80.00	<i>300</i>
6	END PANEL SEALANT	<i>Mr</i>	1	\$ 80.00	\$ 80.00	<i>300</i>
7	TOWING	<i>(Bill)</i>	1	\$ 160.00	\$ 160.00	<i>800</i>
8	REAR WINDSCREEN GLASS SEALANT	<i>Mr</i>	1	\$ 60.00	\$ 60.00	<i>x</i>
9	REAR FENDER INNER TRIM CLIPS	<i>Mr</i>	2	\$ 50.00	\$ 100.00	<i>✓</i>
10	BOOTLID CLIPS	<i>Mr</i>	1	\$ 50.00	\$ 50.00	<i>✓</i>
					\$ 1,290.00	
Labour to:						
1	TO CHECK ELECTRICAL WIRING		1	\$ 80.00	\$ 80.00	<i>200</i>
2	TO REMOVE AND REFIT REVERSE SENSOR/CAMERA		1	\$ 150.00	\$ 150.00	<i>800</i>
3	REMOVE AND REFIX REAR UPHOLSTERY		1	\$ 150.00	\$ 150.00	<i>1200</i>
4	REMOVE AND RENEW RH REAR UNDERCARRIAGE		1	\$ 200.00	\$ 200.00	<i>2600</i>
6	REPAIR AND STRAIGHTEN REAR CHASSIS FRAME		1	\$ 300.00	\$	<i>2000</i>
7	RENEW / REPAIR AND STRAIGHTEN EXHUAUST PIPE		1	\$ 250.00	\$ 250.00	<i>600</i>
8	RESET HYBRID BATTERY CODE		1	\$ 500.00	\$ 500.00	<i>2000</i>
9	REMOVE AND TRANSFER REAR BOOTLID FITTING		1	\$ 150.00	\$ 150.00	<i>500</i>
10	REMOVE AND REFIX REAR WINDSCREEN GLASS	<i>Mr</i>	1	\$ 150.00	\$ 150.00	<i>x</i>
11	CHECK AND RESET FAULT CODE LIGHT ON	<i>Mr</i>	1	\$ 150.00	\$ 00	<i>7</i>
12	TO RESPRAY UNDERCOATING		1	\$ 150.00	\$ 150.00	<i>900</i>
13	APPLY ANTI RUST ON AFFECTED AREAS		1	\$ 200.00	\$ 200.00	<i>✓</i>
14	SPRAY PAINTING ON AFFECTED AREAS		1	\$ 2,200.00	\$ 2,200.00	<i>12000</i>
15	PANEL BEATING ON AFFECTED AREAS		1	\$ 2,400.00	\$ 2,400.00	<i>14000</i>
					\$ 6,625.00	
				Parts Replacement Amount	\$ 24,164.08	
				Total Amount for Labour	\$ 6,625.00	
				Total Amount	\$ 30,789.08	

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: