



**GOH LEE HWA AUTOMOBILE PTE LTD**

Block 5033 Ang Mo Kio Industrial Park 2

#01-255 Singapore 569536

Tel No: (65) 6482 5168

Fax No. (65) 6482 4452

Co.reg no. 200808259H

**Reference No: 240822****[WITHOUT PREJUDICE SAVE AS TO COSTS]****Date: 24.08.2022****Jaryl Wang Jiale****Blk 919 Hougang Ave 4 #04-455****Singapore 530919.****Hyundai Avante****Estimated Repair Cost for Vehicle Reg. No: SMN 5454 M****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:

**REPLACEMENT OF DAMAGED PANELS / PARTS**

1 Pc. Front RH Door <i>Dent</i>	1,998.00 ✓	1831.10
2 Pcs. Front RH Door Hinger <i>1st</i>	90.00 ✓	
@ 45.00		
1 Pc. Front RH Door Stopper <i>SR</i>	38.00 X	
1 Pc. Front RH Door Weather Slip <i>SR</i>	296.00 X	
1 Pc. Front RH Door Trim Board <i>MR</i>	786.10 X	
1 Pc. Front RH Door Handle <i>MR</i>	167.80 X	
1 Pc. Front RH Door Lock <i>MR</i>	297.40 X	
1 Pc. Front RH Door Trim <i>MR</i>	796.90 X	
1 Set. Front RH Door Channel Sticker <i>MR</i>	298.00 ✓	183.20

**Total (Panels / Parts): 4,768.20 (SGD)**

2104.30

20% 1683.44 =

**LABOR CHARGES**

To remove & refit all wiring & check.	120.00 30/-	
To knocking, straightening repair & renew all accident affected area.	800.00 20/-	
To respray painting inner pillar, door housing, outer Door, fender & all accident affected area.	1,000.00 20/-	

430.00 =

**Total (Labor Charges): 1,920.00 (SGD)**

7/7 2,113.44

25/08/2022 @ 1030am

HWA *Antu*

Page 1 of 2

3/Part 2 days. *Spun LKK Antu*  
Photo after repair with damaged parts.

## 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 Actual 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	23/08/2022 16:13 (SGT)
Reported by	Both
Date of Accident	22/08/2022 10:05 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ANG MO KIO AVE 3 ESSO PETROL STATION
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMN5454M
-----------------------------	----------

#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	JARYL WANG JIELE
NRIC No	S9239090Z
Email Address	jaryl@jarylwang.com
Mobile Phone No	(Phone) +65-82825400
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Avante
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	1591

#### INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2001169845-01

#### DRIVER

Name of Driver	JARYL WANG JIELE
NRIC No	S9239090Z
Date Of Birth	13/10/1992
Occupation	Indoor

Date Of Driving Pass	23/12/2011
Driving experience	10 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82825400
Alt. Phone Number	-
Email Address	jaryl@jarylwang.com
Address	BLK 919 HOUGANG AVE 4 #04-455
Address complement	-
Postcode	530919
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 - Opening Door of 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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
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	-

#### PASSENGER 1

Name	TAN PEI SI
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

#### REFER TO STATEMENT

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLK5273X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour .....	-
Vehicle Category .....	Private hire
Name of Driver .....	-
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

VEH NO: JMN 5454M  
INSURER: Alliant  
DATE OF ACC: 23/08/22 @ 1005

**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 Actual Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to regulate 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.

**8. Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

(a) My insurer, my broker 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/are 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.

[Signature] 23/8/22  
Policyholder's Signature / Date & Time

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

[Signature] 23/08/22  
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card) JMN LAMK

Sketch Plan

PLEASE  
TURN  
OVER

**Describe Circumstance of the Accident**

**\*\* NOTE : PLEASE TAKE NOTE THAT YOUR INSURER HAVE 14 DAYS TIME FRAME for you to submit OWN DAMAGE**

Claim under your Own Comprehensive policy. Pls check your policy for more information.

( ) Claim Own Policy ( ) Claim Third party ( ) Reporting Only

(✓) Claim OD/TP at other workshop (90% Lee Hwa Automobile P/L)

**Sketch Plan**

As JMN 545UM  
W/ 1 passenger:  
Tan Pei Si - F)

65 SLK 5273X


Location: Ang Mo Kio Ave 3  
Esso petrol station

Vehicle No: JMN 545UM (Allianz)  
Date & Time: 22/08/2022 @ 1005 (11:00 AM)

When parked at Pump 2, before exiting vehicle checked no incoming vehicle and I opened the door. Suddenly vehicle SLK 5273X banged onto the door on my driver side when squeezing between the lots of pump 2 & pump 5.

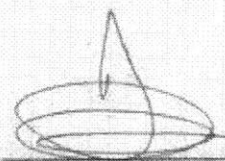
No other passengers on the vehicle. 2 people in my vehicle.  
No one was injured.

**Declaration**  
I/We declare the foregoing particulars are true in every respect.

 23/8/22

Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel  
(Name as in HRICID card)



2