

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	29/08/2022 11:15 (SGT)
Reported by	Both
Date of Accident	27/08/2022 18:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CAR PARK 630 ANG MO KIO AVE 4
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJK946U
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	VIJAY BALAKRISHNAN WARRIER
NRIC No	SXXXX562F
Email Address	VJWARRIER25@GMAIL.COM
Mobile Phone No	(Phone) +65-90053015
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	LANCER 1.5 MIVEC GLX AT ABS D/AB 2WD 4DR
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	1499

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Policy Number / Cover Note Number	GA500183

DRIVER

Name of Driver	VIJAY BALAKRISHNAN WARRIER
NRIC No	SXXXX562F
Date Of Birth	25/04/1973
Occupation	Indoor

Date Of Driving Pass	19/11/2012
Driving experience	9 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90053015
Alt. Phone Number	-
Email Address	VJWARRIER25@GMAIL.COM
Address	BLK 491 YIO CHU KANG ROAD #02-08
Address complement	-
Postcode	787078
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	Hit and run / Vandalism / Damaged whilst parked
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)	0
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO THE ATTACHED SKETCH PLAN BY DRIVER.

ATTACHMENT(S)

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

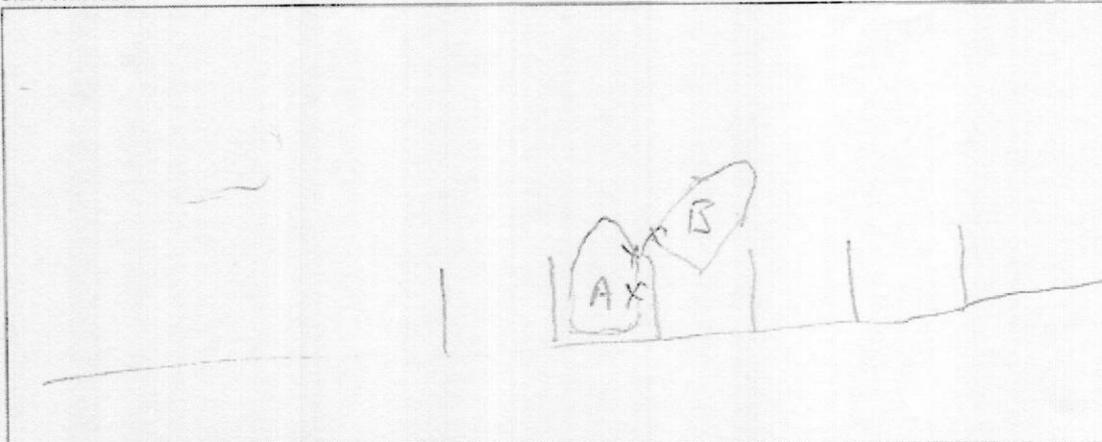
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBA2827P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	CHEW TENG SING
Contact Number	-

Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

Date of accident: 27/8/2022 Time: 6:15pm Location: Carpark 630 Ang Mo Kio
 My Vehicle A: SJK946U Vehicle B: GA2827P Vehicle C: 0Avenue 4

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Car ~~was~~ SJK946U was parked in the HDB open car park. Owner after returning from his marketing saw the car was banged on the right side till the door (drivers door) with scratches and the indicator light hanging out on the wire. On investigating the truck standing next had white car paint on the left corner behind. The truck driver was confronted and he agreed to having banged his truck when reversing.

Claim OD/TP at Ah Lim Motor Claim OD/TP at other workshop Reporting Only

Remarks: Please forward a copy of my efile accident report to:

My workshop :
 Email address :
 & myself :
 Email address :

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

DECLARATION

I/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:

Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

AH LIM MOTOR COMPANY

SKETCH PLAN

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

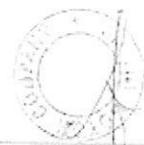
I understand, acknowledge, agree and consent that:

- (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' 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:

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



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

RIVERVIEW AUTO SERVICES PTE LTD

10 ANG MO KIO INDUSTRIAL PARK 2A
 #04-07/#04-16 AMK AUTOPOINT
 SINGAPORE 568047

Tel : 6481 2025 / 6481 5797 Fax : 6481 8715

Email : service@riverviewauto.com.sg

Website : www.riverviewauto.com.sg

Co.Reg No: 200800062E GST.Reg No: 200800062E

Lump Sum Repair
 Less 20%

SJK946U
 Parts

Mitsubishi Lancer

List Price

front fender RHS *Pr ✓* \$588.00

front fender inner shield RHS *cm ✓* \$175.90

front fender signal lamp RHS *cm* \$87.50

front door RHS *Pr ✓* \$921.50

front door handle RHS *Pr ✓* \$128.00

special nett items *10%*

front fender inner shield clips RHS *Pr \$35 ✓*

front door sticker wrap RHS *Pr \$180 base*

Labour charges

1) To Renew damaged parts & repair Accident Area. *45cl* \$1000

2) To spray paint front fender RHS *7cd* \$1200
 front door RHS and Rear door RHS

Not Authorised
11/11/2011 @ 2350h
Resurvey After Paint
4 days

4315.90

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: