

4	TO SUPPLY SEALANT ON THE QUARTER GLASS RH.		80.00
5	TO SUPPLY SOLAR FILM QUARTER GLASS RH.		140.00
6	TO TRANSFER REAR RH DOOR MECHANISMS.		330.00
7	TO CHECK ELECTRICAL SYSTEM FOR PROPER FUNCTIONING.		200.00
8	TO REPROGRAMME AFTER THE ACCIDENT REPAIR WORKS.		250.00
9	TO CARRY-OUT BODY CAVITY PRESERVATION.(INCLUDING NEW PARTS AND CAOUTCHOU).		150.00
10	SUNDRIES		20.00

Survey Date & Time:	Repair Days:	Excess:
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Surveyor Remarks:

Remarks:

- This is only an estimate based on visual inspection. Should there be more damages found during repair, it will be informed and quoted additionally.
- A fee of \$400 (excl. GST) will be chargeable for damage assessment and preparation of this estimate, if you choose not to proceed with repair.

Sub-Total (Labour Price)	-	4,870.00
	REVISED	PRICE
Parts Price	-	4,137.00
Labour Price	-	4,870.00
Total (Initial Estimate)	-	9,007.00
Supp 1	-	-
Supp 2	-	-
Supp 3	-	-
Total (Before Excess)	-	9,007.00
Less Excess	-	-
TOTAL (After Excess)	-	9,007.00
GST 7%	-	630.49
GRAND TOTAL	-	9,637.49

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 06/12/2022 19:45 (SGT)
Reported by Both
Date of Accident 03/12/2022 08:00 (SGT)
Exact Location of Accident Malaysia
Additional Location Information AFTER JB CHECKPOINT
Country/State of Loss Malaysia

DETAILS OF OWN VEHICLE

Vehicle Registration Number SNB6046C

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LIM AH CHU
NRIC No S8372834E
Email Address WINLIM83@HOTMAIL.COM
Mobile Phone No (Phone) +65-93388972
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer MG
Model HS
Variant -
Exact purpose for which vehicle was being used at time of accident -
Are you claiming under your own insurance policy for repair to your vehicle? Yes
Vehicle Category Private car
Transmission Auto
CC 1490

INSURANCE COMPANY

Name of Insurance Company ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number DMPG22009729

DRIVER

Name of Driver TAN TECK HUAT
NRIC No S8188628H
Date Of Birth 30/12/1981
Occupation Indoor

Date Of Driving Pass	22/04/2004
Driving experience	18 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98574084
Alt. Phone Number	-
Email Address	WINLIM83@HOTMAIL.COM
Address	BLK 443C FERNSVALE ROAD, #20-377
Address complement	-
Postcode	793443
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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?	Yes
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)	3
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	-

FOREIGN VEHICLE 1

Vehicle Registration Number	BMS7734
Vehicle Category	Private car

PASSENGER 1

Name	LIM AH CHU
Gender	Female

PASSENGER 2

Name	TAN YU XIANG
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	TAMAN PELANGI,J/BAHRU SELATAN
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER SKETCH PLAN

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	BMS7734
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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

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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 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:

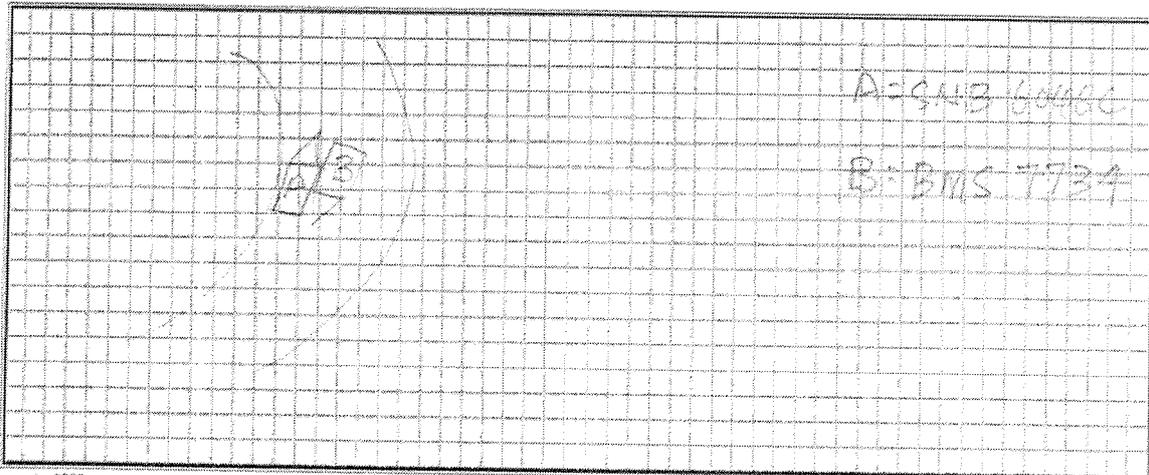
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

 6/10/22
 Policyholder's Signature / Date & Time


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

 
 Witnessed by Recording Centre Personnel
 (Name as in NRIC/ID card)

Sketch Plan



vJun2022

Describe Circumstance of the Accident

PLEASE REFER POLICE REPORT.

DRIVING ALONG THE ROAD AFTER
JB CUSTOMS. ROUND THE BEND, VEHICLE
B HIT MY CAR. WE SAW THE VEHICLE
NUMBER BUT WE CANNOT STOP AT THE
AREA.

REPORTING FOR NOW. WE WILL DECIDE
LATER IF WE WANT TO CLAIM OWN
DAMAGE (WITHIN 14 DAYS).

Declaration

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

 6/12/22
Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel
(Name as on NRIC/ID card)