

RE: MOTOR CLAIM: TP CLAIM

REG. NO : SNB8744H
INSURED : EUROAUTOMOBILE PTE LTD
MODEL : Alfa Giulietta 1.4 TB Multiair
CHASSIS NO : ZAR94000007388328
POLICY NUMBER : DMCRHQ22-000018
EXCESS : -
D.O.A. : 3/1/2023

S/NO	PARTS REPLACEMENT	QTY	LIST PRICE	NETT PRICE	NETT TOTAL
1	FRONT BUMPER	1	\$ 1,179.13	\$ 943.30	\$ 943.30
2	FRONT BUMPER SCREW	18	\$ 8.00	\$ 6.40	\$ 115.20
3	FRONT BUMPER BRACKET RHS	1	\$ 51.75	\$ 41.40	\$ 41.40
4	FRONT FENDER RHS	1	\$ 474.23	\$ 379.38	\$ 379.38
5	FRONT FENDER SUPPORT RHS	1	\$ 75.75	\$ 60.60	\$ 60.60
6	FRONT FENDER REAR BRACKET RHS	1	\$ 22.60	\$ 18.08	\$ 18.08
7	FRONT FENDER SCREW	6	\$ 2.78	\$ 2.22	\$ 13.32
8	FRONT DOOR RHS	1	\$ 1,307.33	\$ 1,045.86	\$ 1,045.86
9	SIDE MIRROR RHS	1	\$ 483.88	\$ 387.10	\$ 387.10
10	SIDE MIRROR COVER RHS	1	\$ 25.08	\$ 20.06	\$ 20.06
SubTotal Parts					\$ 3,024.30

S/NO	LABOUR	
1	TO REMOVE & REPLACE FRONT BUMPER	\$1,000.00
2	TO SPRAY FRONT BUMPER	\$1,000.00
3	TO REMOVE & REPLACE FRONT FENDER	\$1,000.00
4	TO SPRAY FRONT FENDER	\$1,000.00
5	TO REMOVE & REPLACE FRONT DOOR RHS	\$1,000.00
6	TO SPRAY FRONT DOOR RHS	\$1,000.00
8	TO REMOVE & REPLACE SIDE MIRROR RHS	\$500.00
10	TO CHECK WHEEL-ALIGNMENT	\$1,000.00
11	LABOUR FOR PRE/POST DIAGNOSTIC	\$1,000.00
SubTotal Labour		\$8,500.00

Cost of Repair

Parts \$3,024.30
Labor \$8,500.00
Sub Total \$11,524.30
Total W/GST \$12,331.00

Surveyed by: _____

Contact No: _____

Special Nett

Total exclude GST: _____

Surveyed date: _____

Excess: _____

Yours faithfully,

JIONGHOW

Authorised on: _____

Resurvey: _____

Company Chop & Sign

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	04/01/2023 22:42 (SGT)
Reported by	Driver
Date of Accident	03/01/2023 10:25 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE/ CHANGI AFTER LORNIE ROAD EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SNB8744H

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	EUROAUTOMOBILE PTE LTD
Company Reg No	200201004E
Email Address	macleandawson@gmail.com
Mobile Phone No	(Phone) +65-97469232
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Alfa Romeo
Model	Giulietta
Variant	1.4 Hatchback
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	1368

INSURANCE COMPANY

Name of Insurance Company	EQ Insurance Company Ltd
Policy Number / Cover Note Number	DMCRHQ22-000018

DRIVER

Name of Driver	MACLEAN DAWSON
NRIC No	S8515996H
Date Of Birth	18/04/1985
Occupation	Indoor

Date Of Driving Pass	14/05/2008
Driving experience	14 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97469232
Alt. Phone Number	-
Email Address	macleandawson@gmail.com
Address	296B Bukit Batok Street 22
Address complement	#05-80
Postcode	652296
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	Side Swipe
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 NO, T/20230104/7013 LODGE AT 10 UBI AVENUE 3
 I WAS DRIVING ALONG PIE (TOWARDS CHANGI) AND ALL OF A SUDDEN I HEARD AND FELT AN IMPACT ON MY RIGHT. THIS WAS AFTER LORNIE EXIT, SOMEWHERE NEAR THE ECP GANTRY. I SAW THAT THE LORRY BESIDE ME AND MY CAR WERE SIDE BY SIDE. SO, I SIGNALLED TO THE DRIVER AND WE BOTH STOPPED AT THE SHOULDER TO TAKE PHOTOS AND EXCHANGED INFORMATION. THE LORRY AND THE DRIVER WERE FINE. I COULD NOT OPEN MY DRIVER DOOR SO HAD TO CRAWL OUT FROM THE PASSENGER SIDE DOOR. AFTER EXCHANGING INFORMATION AND TAKING PHOTOS, I SPOKE TO THE DRIVER'S BOSS TO INFORM THAT SINCE MY CAR IS UNDER LEASE, I WOULD BE REPORTING TO THE COMPANY AND INSURER

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	GBE8007D
Vehicle Manufacturer	Toyota
Vehicle Model	Dyna
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Commercial vehicle
Name of Driver	ZHOU HEBO
Work Permit No	G2431706X
Contact Number	(Phone) +65-98285366
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MACLEAN DAWSON
Gender	Male
Phone No	(Phone) +65-97469232
Address	296B Bukit Batok Street 22
Address Complement	#05-80
Post Code	652296
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SNB8744H
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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 willful 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. The 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.
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.

Witnessed By Reporting Officer
Aizam Bin Atan

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

<p>REFER TO ATTACHED ACCIDENT DIAGRAM</p>
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Describe Circumstances of the Accident

REFER AS IN POLICE REPORT,

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &
Time



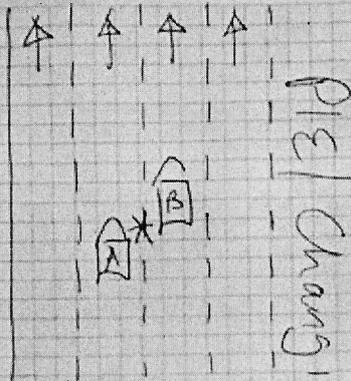
Driver's Signature (If driver is not the policyholder) / Date
& Time

Witnessed By Reporting Officer
Aizam Bin Atan

Witnessed by Reporting Centre
Personnel

ACCIDENT DIAGRAM

A: SNB 8744H
B: GBE 8007D



Policyholder's Signature / Date & Time

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

Witnessed By Reporting Officer
Aizam Bin Alan

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20230104/7013

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20230104/7013

CONTINUATION OF REPORT

Driver			
Name	ZHOU HEBO	ID No.	G2431706X
Related Vehicle	GBE8007D (Lorry)	Contact No.	98285366
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3,4 Date of Expiry: 08/10/2024
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	MACLEAN DAWSON	ID No.	S8515996H
Related Vehicle	SNB8744H (Car)	Contact No.	97469232
Hospital/Clinic	MOUNT ELIZABETH NOVENA HOSPITAL	Class of Driving Licence & Expiry	Class: 3,4 Date of Expiry: NIL
Date	03/01/2023	Date	03/01/2023
No. of Days granted Medical Leave	04	Degree of	Slight

Brief Details.

I was driving along PIE (towards Changi) and all of a sudden i heard and felt an impact on my right. This was after Lornie Exit, somewhere near the ERP gantry. I saw that the lorry beside me and my car were side by side. So, I signaled to the driver and we both stopped at the shoulder to take photos and exchange information. The lorry and the driver were fine. I could not open my driver door so had to crawl out from the passenger side door. After exchanging information and taking photos, I spoke to the driver's boss to inform that since my car is under lease, I would be reporting to the company and insurer.



**SINGAPORE
POLICE FORCE**



T/20230104/7013

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3
Report No. T/20230104/7013

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / TPIB / ANG YI TING, STEPHANIE Contact No.: 65476414

Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Date/Time: 04/01/2023 14:20
Classification Of Case:

NP168