



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 | 24/02/2023 13:07 (SGT) |
| Reported by | Both Policyholder and Actual Driver |
| Date of Accident | 23/02/2023 15:10 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | WHEELLOCK PLACE CAR PARK B2 |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-------|
| Vehicle Registration Number | SKQ7L |
|-----------------------------|-------|

INSURED/POLICYHOLDER

| | |
|--------------------------|--------------------------|
| Is company? | No |
| Name Of Registered Owner | LOIW SOON TAR HERRMAS |
| NRIC No | S7110275J |
| Email Address | MARGARETYEOHHH@GMAIL.COM |
| Mobile Phone No | (Phone) +65-97807434 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|-------------------------------|
| Manufacturer | Mercedes |
| Model | AMG GT 63 S 4MATIC+ (R20 LED) |
| 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 | 3982 |

INSURANCE COMPANY

| | |
|-----------------------------------|-------------------------|
| Name of Insurance Company | Etiga Insurance Pte Ltd |
| Policy Number / Cover Note Number | M0027640 |

DRIVER

| | |
|----------------|--------------|
| Name of Driver | YEOH HUI HUI |
| NRIC No | S7147826B |
| Date Of Birth | 10/12/1971 |
| Occupation | Indoor |



| | |
|--|--------------------------|
| Date Of Driving Pass | 20/08/1997 |
| Driving experience | 25 YEARS AND 6 MONTHS |
| Gender | Female |
| Mobile Number | (Phone) +65-97807434 |
| Alt. Phone Number | - |
| Email Address | MARGARETYEOHHH@GMAIL.COM |
| Address | 264 HOLLAND ROAD |
| Address complement | - |
| Postcode | 278611 |
| 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 | 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

-

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 | SNH8059X |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | SVETLANA DUNAEVSKAYA |
| 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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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/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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan




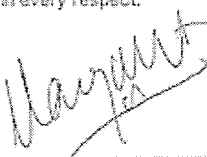
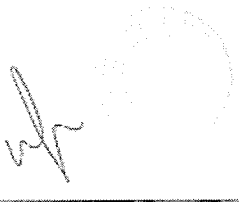
Clear Day

Describe Circumstances of the Accident

| | |
|---|--|
| LICENSE PLATE: <u>SKR 7L</u> | ACCIDENT DATE & TIME: <u>23/2/23 3-10 pm</u> |
| CONTACT NUMBER: <u>9780 7439</u> | E-MAIL ADDRESS: <u>margaretfeebh@gmail.com</u> |
| LOCATION: <u>Wheelock place Car Park B2</u> | |
| <p>My car was stationary parked at Wheelock place car park B2 and when I was driving out, I noticed a note from a lady named Lana. She explained that she accidentally hit my front bumper with ^{rights} headlights smashed. I called her and she admitted her fault and I will proceed to claim her insurance.</p> <p>Her name is Svetlana Dunaevskaya, car no. SNH R059X</p> | |
| <p>NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.</p> | |
| Please state: | |
| <input type="checkbox"/> Claim Own Policy <input type="checkbox"/> Claim Third Party <input checked="" type="checkbox"/> Claim OD/TP at other workshop <input type="checkbox"/> Reporting Only | |

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 Centre Personnel |
|---|---|--|



Mercedes-Benz

Cycle & Carriage
Industries Pte Limited
Authorised Dealer
Company No. 196400367W
GST Reg No. MR-8500111-X

ESTIMATE FOR SKQ7L

ALLIANZ INSURANCE SINGAPORE PTE.
LTD.
MOTOR CLAIM DEPARTMENT
79 ROBINSON ROAD
#09-01
SINGAPORE 068897
67143369

WIP No
Reg No/Reg Date
Date In/Mileage
Chassis No
Engine No
Make/Model
Colour/Trim

Vehicle & Document Information

63236
SKQ7L / 04/08/2020
/ 0
W1K2906892A0324057
17798060142525
MB/T 63 S 4MATIC+
021 197 Obsidian Bl/ 045 501 Designo Nap

| Account No | Terms | Date/Time Printed | CSE | Operator | | | | |
|--|--------|-------------------|-----|-------------------|-------|------------|-------|---------|
| WA000001 | Credit | 02/03/2023/ 14:28 | CH | 371 / Go Chee Han | | | | |
| Description of Goods / Services | | | | | Qty | Unit Price | Disc% | Amount |
| Z REQUEST | | | | | | | | |
| Customer Request | | | | | | | | |
| M BPNSUN | | | | | | | | |
| POLICY NO/ACC DATE : M0027640 // 23-2-2023 | | | | | | | | |
| DRIVE IN/TP VEH NUMBER : 24-2-2023 // SNH8059X - ALLIANZ | | | | | | | | |
| DATE IN/DATE SURVEY: | | | | | | | | |
| DIRECT SETTLEMENT BY: | | | | | | | | 1920.00 |
| A BPILAB | | | | | | | | |
| DISASSEMBLE AND REPLACE ATTACHED DAMAGED PARTS & REFINISH. | | | | | | | | 960.00 |
| A BPIRES | | | | | | | | |
| RESPRAY FRONT BUMPER | | | | | | | | 480.00 |
| A BPILAB | | | | | | | | |
| USING XENTRY DIAGNOSTIC TO CHECK ON CONTROL UNIT RESET MEMORY TO | | | | | | | | |
| IDENTIFICATION STANDARD. NETT | | | | | | | | 120.00 |
| A BPILAB | | | | | | | | |
| TO REMOVE, REPLACE HEADLAMP WITH FOCUS . NETT | | | | | 1.00 | 2918.36 | 00.00 | 2918.36 |
| M FRONT AMG BUMPER | | | | | 1.00 | 134.01 | 00.00 | 134.01 |
| M LH/FRONT BUMPER LOWER TRIM STRIP | | | | | 1.00 | 134.01 | 00.00 | 134.01 |
| M RH/FRONT BUMPER LOWER TRIM STRIP | | | | | 1.00 | 194.01 | 00.00 | 194.01 |
| M CTR/FRONT BUMPER LOWER TRIM STRIP | | | | | 1.00 | 86.17 | 00.00 | 86.17 |
| M TOWING EYE COVER | | | | | 1.00 | 184.09 | 00.00 | 184.09 |
| M LH/UPPER FRONT BUMPER BRACKET | | | | | 1.00 | 184.71 | 00.00 | 184.71 |
| M RH/UPPER FRONT BUMPER BRACKET | | | | | 1.00 | 278.33 | 00.00 | 278.33 |
| M FRONT BUMPER TOP BASIC CARRIER | | | | | 1.00 | 169.64 | 00.00 | 169.64 |
| M FRONT BUMPER TOP INNER BASIC CARRIER | | | | | 8.00 | 3.52 | 00.00 | 28.16 |
| M SPRING NUT | | | | | 1.00 | 345.55 | 00.00 | 345.55 |
| M MOUNTING CONSOLE | | | | | 1.00 | 100.21 | 00.00 | 100.21 |
| M RH/HEADLAMP BOTTOM BRACKET | | | | | 1.00 | 7167.64 | 00.00 | 7167.64 |
| M RH/HEADLAMP UNIT | | | | | 1.00 | 5.34 | 00.00 | 5.34 |
| M RIVET FOR BUMPER | | | | | 20.00 | | | 106.80 |

Confirmed & accepted by

Nett 15,511.69
8% GST on 15511.69 1240.94
Total Payable 16,752.63

Authorized signatory and company stamp

Validity of this estimate is 14 days from date of quote. This is a computer generated document, no signature is required.
Estimated costs quoted are excluding GST. We would mention that the above estimate is based on our initial inspection and does not include any additional parts or labour which may be required after repair work has commenced. Occasionally worn or damaged parts are discovered after work has started and needed for repairs or replacement. However, should this occur, we would advise you. Please be informed that a deposit of 50% of the above estimate is payable before commencement of the work. Payment for this may be made in cash, credit card or cheque. You must also agree to pay full amount for renewal of the windscreen in the event of inadvertent breakage in the course of renewing the rubber seal or other repair requiring the removal of the windscreen.

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