

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	27/03/2023 10:58 (SGT)
Reported by	Actual Driver
Date of Accident	26/03/2023 13:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	NORTHPOINT EXIT SOUTH WING
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD2590A
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ANG ZI YA (HONG ZIYA)
NRIC No	SXXXX522B
Email Address	ziya.kianshin@gmail.com
Mobile Phone No	(Phone) +65-87191819
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Vios
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?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1497

INSURANCE COMPANY

Name of Insurance Company	Direct Asia Insurance (Singapore) Pte Ltd
Policy Number / Cover Note Number	MT/00917856/01

DRIVER

Name of Driver	NG KIAN SHIN, BRANDON
NRIC No	SXXXX573J

Date Of Driving Pass	14/12/2009
Driving experience	13 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93878195
Alt. Phone Number	-
Email Address	brandonpunk88@gmail.com
Address	BLK 366 YISHUN RING ROAD #10-1506
Address complement	-
Postcode	760366
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?	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)	5
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	ANG ZI YA
Gender	Female

PASSENGER 2

Name	NG WEI LOCK DAMIEN
Gender	Male

PASSENGER 3

Name	NG WEI MIN VALERIE
Gender	Female

PASSENGER 4

Name	NG WEI JUN LEROY
Gender	Male

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 SMZ2684Y
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
Name of Driver CHAN WEILIANG
NRIC No SXXXX769C
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

IMPORTANT NOTICE

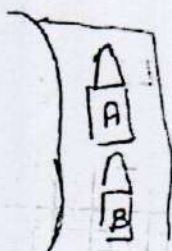
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow 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 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.

0943
21-03-2023.
Policyholder's Signature / Date & Time

0943
270323-
Driver's Signature (if driver is not the policyholder) / Date & Time

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

Sketch Plan



A8SMP2590A
B: SMZ226844

North point
South wing Exit

Describe Circumstance of the Accident

~~I was getting out~~
 I was exiting out of Northport south using carpark and stop at the stop line as indicator to give way to oncoming traffic.
 While waiting for traffic to clear, SM22684Y came from behind and hit onto the back of my car.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

09:43
 21-03-2023

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

09:43
 270323.

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



Automotive Repair Centre Pte Ltd
CO. Reg. No. : 201312913C

Estimate

38 Woodlands Industrial Park E1
#05-18, Singapore 757700
Tel: 64688834 Fax: 64622278
E-mail: info@automotiverepaircentre.com.sg

ESTIMATE NO. : EST2303-202
DATE : 27-Mar-2023
POLICY NO. : DA MT/00917856/01
VEHICLE REG. NO. : SMD2590A
VEHICLE MAKE : TOYOTA VIOS 1.5 E (AUTO)

TO Motor Claim Department
Sampo Insurance Singapore Pte Ltd
50 Raffles Place
#05-01/06 Singapore Land Tower
Tel: 6221 2211, Fax: 6221 3147

FOR SURVEYOR

Not Notation
11 Rmp @ 2750h
Remedy After Repair
5 days

ESTIMATE REPAIR COST

NO.	DESCRIPTION	QUANTITY	UNIT COST	TOTAL COST
SPARE PARTS				
1	Rear Bumper <i>503.20</i>	<i>Ry</i> 1	\$ 680.00	\$ 680.00
2	Rear Bumper Clips	<i>mu</i> 10	\$ 5.00	\$ 50.00
3	Rear Bumper Retainer LH	<i>pu</i> 1	\$ 180.00	\$ 180.00
4	Rear Bumper Retainer RH <i>44.80</i>	<i>Di</i> 1	\$ 180.00	\$ 180.00
5	Rear Reinforcement	<i>NSP</i> 1	\$ 380.00	\$ 380.00
6	Rear Toyota Emblem	<i>mu</i> 1	\$ 60.00	\$ 60.00
7	Rear Vios Emblem	<i>mu</i> 1	\$ 60.00	\$ 60.00
8	Rear E Emblem	<i>mu</i> 1	\$ 50.00	\$ 50.00
9	Tail Lamp LH	<i>pu</i> 1	\$ 480.00	\$ 480.00
10	Tail Lamp RH <i>372</i>	<i>cm</i> 1	\$ 480.00	\$ 480.00
11	Rear End Panel <i>439</i>	<i>Ry</i> 1	\$ 800.00	\$ 800.00
12	Rear End Panel Garnish <i>182</i>	<i>Det</i> 1	\$ 280.00	\$ 280.00
13	Rear Spare Tyre Board	<i>pu</i> 1	\$ 420.00	\$ 420.00
14	Rear Floor Panel	<i>R</i> 1	\$ 980.00	\$ 980.00
15	Rear Bootlid <i>725.30</i>	<i>Ry</i> 1	\$ 800.00	\$ 800.00
16	Rear Bootlid Lock <i>211.70</i>	<i>Det</i> 1	\$ 400.00	\$ 400.00
17	Rear Bootlid Lower Latch	<i>R</i> 1	\$ 50.00	\$ 50.00
18	Rear Bootlid Weatherstrip	<i>Cut</i> 1	\$ 200.00	\$ 200.00
19	Rear Bootlid Outer Garnish <i>241</i>	<i>Warp</i> 1	\$ 400.00	\$ 400.00
20	Rear Bootlid Hinge RH	<i>R</i> 1	\$ 100.00	\$ 100.00
21	Rear Bootlid Hinge LH	<i>R</i> 1	\$ 100.00	\$ 100.00
<i>Tail lamp basket x2 @ 25.00 mu 120h</i>				Total Spare Parts \$ 7,130.00
SPECIAL NETT				
22	Rear Licence Plate	<i>Det</i> 1	\$ 35.00	\$ 35.00
23	Reverse Sensor	1	\$ 200.00	\$ <i>pu</i> 200.00
Total Special Nett				\$ 200.00
LABOUR				
24	Spray Paint Rear Bumper, Rear Bootlid Including Blending	1	\$ 500.00	\$ 500.00
25	Repair, Replace and Refill Affected Accident Area	1	\$ 500.00	\$ 500.00
26	Remove and Refit Rear Bumper Reverse Sensor	1	\$ 100.00	\$ 100.00
27	Remove and Refit Rear Exhaust Pipe and Silencer, Re-align	1	\$ 80.00	\$ <i>mu</i> 80.00
28	Apply Rust Proofing on Replaced/Repaired Panel	1	\$ 100.00	\$ 100.00



Automotive Repair Centre Pte Ltd
CO. Reg. No. : 201312913C

Estimate

38 Woodlands Industrial Park E1
#05-18, Singapore 757700
Tel: 64688834 Fax: 64622278
E-mail: info@automotiverepaircentre.com.sg

ESTIMATE NO. : EST2303-202
DATE : 27-Mar-2023
POLICY NO. : DA MT/00917856/01
VEHICLE REG. NO. : SMD2590A
VEHICLE MAKE : TOYOTA VIOS 1.5 E (AUTO)

TO Motor Claim Department
Sompo Insurance Singapore Pte Ltd
50 Raffles Place
#05-01/06 Singapore Land Tower
Tel: 6221 2211, Fax: 6221 3147

FOR SURVEYOR

ESTIMATE REPAIR COST

NO.	DESCRIPTION	QUANTITY	UNIT COST	TOTAL COST
29	Check and Rectify Electrical Wiring	1	\$ 30.00	\$ 30.00
Total Labour				\$ 1,310.00
Amount Before Excess				\$ 8,640.00
Add GST @ 7%				604.80
Total Amount Payable				\$ 9,244.80

Estimate prepared by: Oscar Pong

The above is an estimate based on our inspection and does not cover any additional parts or labour which may be required after work has been started. Occasionally, worn or damaged parts are discovered which may not be evident on the first inspection. Because of this, the above price are not guaranteed.

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: