

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	18/05/2023 15:43 (SGT)
Reported by	Actual Driver
Date of Accident	18/05/2023 08:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	GEYLANG LORONG 14
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBF9499E

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	OFFICE PRODUCTS ENGINEERING COMPANY
Company Reg No	2XXXX500L
Email Address	REPORTING@MYCAR.SG
Mobile Phone No	(Phone) +65-98333368
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
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	Commercial vehicle
Transmission	Manual
CC	2000

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	MZCO1664

DRIVER

Name of Driver	TEO EE LAI
NRIC No	SXXXX176G
Date Of Birth	14/11/1955
Occupation	Outdoor

Date Of Driving Pass	07/07/1976
Driving experience	46 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98333368
Alt. Phone Number	-
Email Address	REPORTING@MYCAR.SG
Address	BLK 467 NORTH BRIDGE RD #16-5047
Address complement	-
Postcode	190467
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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 - Major/Minor Rd
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)	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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO 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	GBH7110D
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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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.
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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.



[Handwritten Signature]

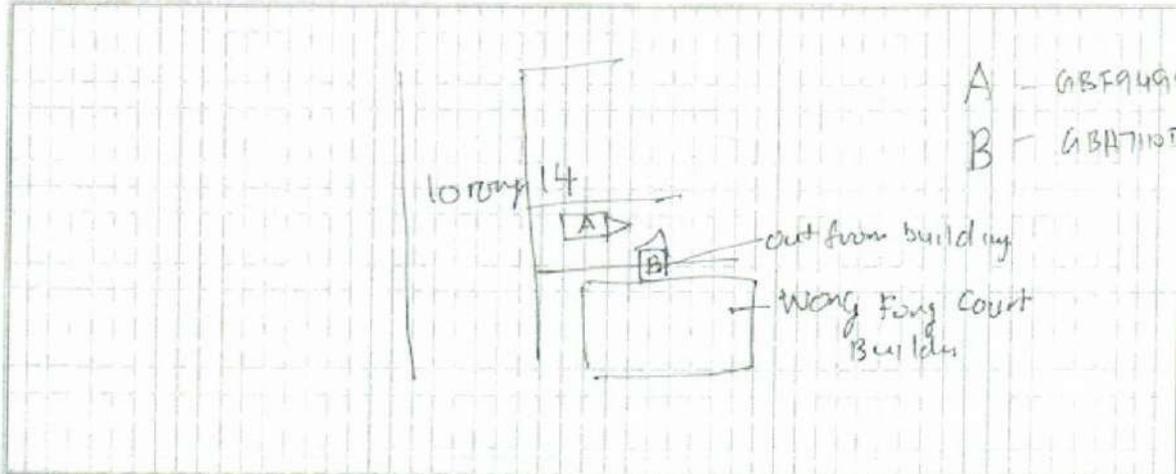
CITY AUTO PTE LTD
Bik 8 Sin Ming Road
#01-58/60/62 Sin Ming Ind Est
Singapore 575643
Tel: 6453 1235 Fax: 6453 7944
(Claims Section)

Policyholder's Signature / Date & Time

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

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

Sketch Plan



Describe Circumstance of the Accident

I was travelling straight suddenly the Van Bearing, GBH 71100 which was coming out from the building hit on to my right side portion of my vehicle

Declaration

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



Policyholder's Signature / Date & Time

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

CITY AUTO PTE LTD
Blk 8 Sin Ming Road
#01-58/60/62 Sin Ming Ind Est
Singapore 575643
Tel: 6453 1235 Fax: 6453 7944
(Claims Section)

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

MADALANE AUTO PTE LTD
 60 JALAN LAM HUAT CARROS CENTRE
 #02-18/19 (S737869)
 Tel: 93911482

*Not Authorized
 1/1 Sup @ 3500/p
 Recovery After claim
 6 days*

TO	: INCOME	DATE	: 13-Jun-23
ATTENTION	: MOTOR CLAIMS DEPT	JOB TYPE	: T/P CLAIM
<u>VEHICLE DETAILS</u>			
:		VEHICLE NO	: GBF9499E
:		MODEL	: TOYOTA HIACE

QUOTATION SUMMARY

CLAIM DETAIL : PARTS

S/N	DESCRIPTION	QTY	UNIT LIST PRICE	TOTAL LIST PRICE
1	SLIDING DOOR RH <i>1611</i>	<i>By</i> 1	\$ 1,798.00	\$ 1,798.00
2	SLIDING DOOR INNER TRIM BOARD	<i>By</i> 1	\$ 312.00	\$ 312.00
3	SLIDING DOOR LOCK RH	<i>R</i> 1	\$ 321.00	\$ 321.00
4	SLIDING DOOR WEATHERSTRIP	<i>By</i> 1	\$ 259.00	\$ 259.00
5	SLIDING DOOR LOWER ROLLER HINGE	<i>R</i> 1	\$ 321.00	\$ 321.00
6	SLIDING DOOR RAILING RH	<i>By</i> 1	\$ 398.20	\$ 398.20
	SLIDING DOOR FRAME PANEL RH	<i>R</i> 1	\$ 687.00	\$ 687.00
7	REAR SIDE BODY PANEL RH	<i>By</i> 1	\$ 1,528.00	\$ 1,528.00
8	ROCKER PANEL RH	<i>R</i> 1	\$ 1,025.00	\$ 1,025.00
9	REAR WHEEL AXLE	<i>By</i> 1	\$ 2,890.00	\$ 2,890.00
10	REAR SHOCK ABSORBER RH	<i>By</i> 1	\$ 258.00	\$ 258.00
11	REAR WHEEL BEARING RH	<i>By</i> 1	\$ 198.00	\$ 198.00

TOTAL PRICE \$ 9,995.20
 LESS 25% \$ 2,498.80
 SUB TOTAL PRICE \$ 7,496.40

S/N	DESCRIPTION	QTY	UNIT S/NETT	TOTAL S/NETT
1	REAR BUMPER CLIPS SET RH	<i>na</i> 1	\$ 60.00	\$ 60.00
2	REAR WHEEL HUB RH	<i>na</i> 1	\$ 100.00	\$ 100.00
3	REAR FENDER INNER PANEL SEALANT	<i>na</i> 1	\$ 80.00	\$ 80.00

TOTAL \$ 240.00

✓
✓
X
50% na 129.50 na
X
X
X
✓
X
X
X
X

X
X
30% na

CLAIM DETAILS: LABOUR AND SPRAY PAINTING (REAR)

S/N	JOB DESCRIPTION	PRICE	ADJUSTED COST	APPROVED
1	PANEL BEATING AND REPLACE PARTS	\$1,600.00		8001
2	SPRAY PAINTING TO AFFECTED AREA	\$1,400.00		6501
3	REMOVE AND REPAIR SLIDING DOOR MECHANISM	\$150.00		601
4	TUFF COAT	\$250.00		601
5	CONDUCT WHEEL ALIGNMENT	\$120.00		601
6	WIRING, BULB CHECKING	\$80.00		201
7	REMOVE AND REPLACE REAR UNDERCARRIAGE	\$600.00		X
8	CONDUCT FULL WHEEL ALIGNMENT	\$120.00	Repair	X

TOTAL \$4,320.00

ESTIMATE REPORT

TOTAL PARTS COST : \$ 7,736.40
 TOTAL LABOUR COST : \$ 4,320.00
 TOTAL REPAIR COST : \$ 12,056.40

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: