

ALAN'S UNITED AUTO PTE. LTD.

Block 7, Sin Ming Industrial Estate, #01-76, Singapore 575642.

Tel: 6453 8686 (3 Lines) Fax: 6459 6550

Company Reg. No.: 201113667N

GST Reg. No.: 201113667N

No. : 06859

Vehicle Insured : SJP7477J
Accident Date : 14-Jun-2023

Date : 16-Jun-2023

Our Ref : 023132 (AUTO & GEN) / CHAN

PAGE : 1

TAN SIEW HUAY
BLK 863 YISHUN AVE 4
#03-77
Singapore 760863

ESTIMATED COST OF REPAIR FOR TOYOTA COASTER CB3366D

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1 pc	Rear bumper fascia		764.30
2 pcs	Rear bumper inner bracket	@ S\$276.00	552.00
1 pc	Rear bumper tow cover		52.60

1,368.90

Less 25% : 342.23

1,026.67

To putty and spray replaced parts

500.00

To remove, cut-out damaged parts,
panel beating, welding, align,
refix and to renew above parts

400.00

Total : S\$ 1,926.67

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Singapore Dollars One Thousand Nine Hundred and
Twenty Six and Cents Sixty Seven Only



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	15/06/2023 18:06 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	14/06/2023 18:25 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	YISHUN AVE 2 SLIP RD TWDS YISHUN AVE 1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	CB3366D
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN SIEW HUAY
NRIC No	S1527449B
Email Address	jess@oddsneven.com.sg
Mobile Phone No	(Phone) +65-90087863
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	COASTER 23 SEATER AUTO
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	Bus
Transmission	Auto
CC	4009

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMB1SNW00004322300

DRIVER

Name of Driver	TAN SIEW HUAY
NRIC No	S1527449B
Date Of Birth	05/01/1962
Occupation	Outdoor



Date Of Driving Pass	23/02/1984
Driving experience	39 YEARS AND 4 MONTHS
Gender	Female
Mobile Number	(Phone) +65-90087863
Alt. Phone Number	-
Email Address	jess@oddsneven.com.sg
Address	BLK 863 YISHUN AVE 4 #03-77
Address complement	-
Postcode	760863
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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)	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 ATTACHED.

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	SJP7477J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LIM PEI CHIN EUNICE
NRIC No	S9136028D

Contact Number	(Phone) +65-91510304
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN

VEH NO: CB3366D
INSURER: China Taiping
DATE OF ACC: 14/6/23 @ 18:35

IMPORTANT NOTICE

1. Please report promptly 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:

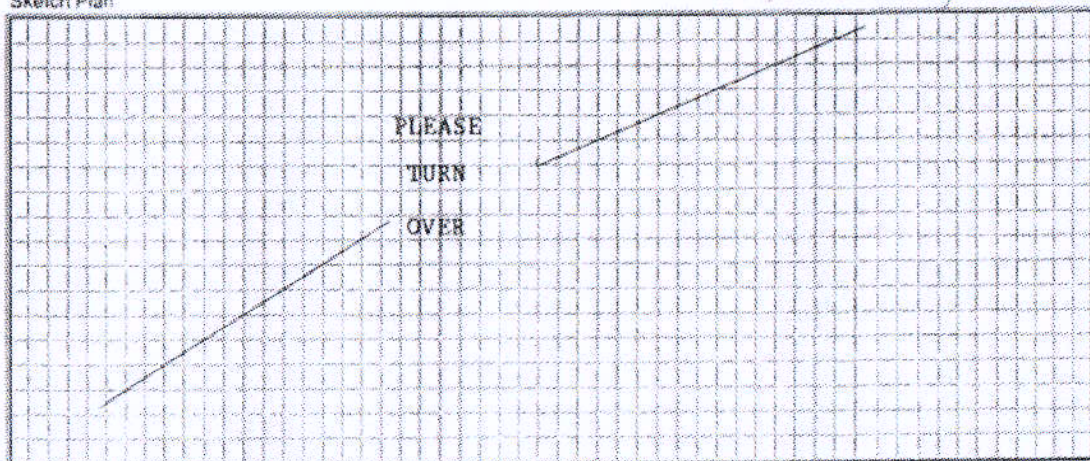
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the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

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 card)

Sketch Plan



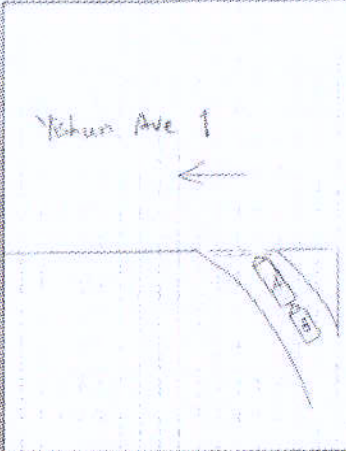
Describe Circumstance of the Accident

** NOTE: PLEASE TAKE NOTE THAT YOUR INSURER HAVE 14 DAYS TIME FRAME for you to submit OWN DAMAGE Claim under your Own Comprehensive policy. Pls check your policy for more information.

() Claim Own Policy () Claim Third party () Reporting Only

(☒) Claim OD/TP at other workshop ()

Sketch Plan



Yishun Ave 1

Yishun Ave 2

A: CB3366D (Alone)

B: SJP7477J (Alone)

Lim Pei Chin Eunice


S9136028D

HP: 91510304

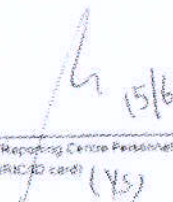
I came to a stop at the above slip road to check for main road traffic when suddenly car B rear ended my vehicle. No one was injured.

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 (Name as in NRIC ID card) (YS)