

## 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	30/06/2023 15:00 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	29/06/2023 16:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	NG TENG FONG HOSPITAL
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNE211R
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	GOH THIAM CHWEE
NRIC No	SXXXX747I
Email Address	gohkhskfap1@gmail.com
Mobile Phone No	(Phone) +65-98184170
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	S450I
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	2999

#### INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D22MTPV01020745

#### DRIVER

Name of Driver	GOH THIAM CHWEE
NRIC No	SXXXX747I
Date Of Birth	14/08/1963
Occupation	Indoor

Date Of Driving Pass .....	27/10/1983
Driving experience .....	39 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98184170
Alt. Phone Number .....	-
Email Address .....	gohkhskfap1@gmail.com
Address .....	BLK 411 PANDAN GARDENS #08-84
Address complement .....	-
Postcode .....	600411
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 .....	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

#### 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 .....	SNG7706Z
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	MR LIM
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 Authorised 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. 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.

Policyholder's Signature / Date & Time

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

Go Chee Han  
DID : 6771 4336 HP : 9181 7717  
Email : cheehan.go@cyclecarrage.com.sg  
Cycle & Carriage Industries Pte Ltd  
Customer Service Centre - Pandan Loop

Witnessed by Reporting Centre Personnel

### Sketch Plan

A: SNEZIR


B: SNG 7706Z

Describe Circumstances of the Accident

I was informed by Ng Teng Fong Hospital Security Guard that Car "B" brushed into my car, when i after visited my mother at Hospital going to collecting my Car at the car parked.

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 Cent  
Personnel

Go Chee Han  
DID : 6771 4336 HP : 9181 7717  
Email : cheehan.go@cyclecarriage.com.  
Cycle & Carriage Industries Pte Ltd  
Customer Service Centre - Pandan Lc





Mercedes-Benz

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

## ESTIMATE FOR SNE211R

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

### Vehicle & Document Information

WIP No **10985**  
Reg No/Reg Date **SNE211R / 28/12/2021**  
Date In/Mileage **/ 0**  
Chassis No **W1K2231602A074003X**  
Engine No **25693030392153**  
Make/Model **MB/S 450 SEDAN LONG**  
Colour/Trim **025 660 Rubellite R/ 048 805 NappaLeathe**

Account No	Terms	Date/Time Printed	CSE	Operator
WA000001	Credit	30/06/2023/ 19:33	CH	371 / Go Chee Han

Description of Goods / Services	Qty	Unit Price	Disc%	Amount
Z REQUEST Customer Request				
M BPNSUN POLICY NO/ACC DATE : D22MTPV01020745 // 29-6-2023 DRIVE IN/TP VEH NUMBER : 30-6-2023 // SNG7706Z - ALLIANZ DATE IN/DATE SURVEY: DIRECT SETTLEMENT BY:				
A BPILAB DISASSEMBLE AND REPLACE ATTACHED DAMAGED PARTS & REFINISH.				1440.00
A BPIRES RESPRAY FRONT BUMPER				960.00
A BPILAB USING XENTRY DIAGNOSTIC TO CHECK ON CONTROL UNIT RESET MEMORY TO IDENTIFICATION STANDARD. NETT				480.00
A BPILAB TO REMOVE,CHECK HEADLAMP WITH FOCUS . NETT				120.00
M BPNSUN SUNDRIES				15.00
M FRONT BUMPER	1.00	1928.60	00.00	1928.60
M LH/FRONT BUMPER TRIM STRIP	1.00	282.57	00.00	282.57
M COMPANY SIGN	1.00	51.99	00.00	51.99
M RIVET FOR BUMPER	14.00	2.36	00.00	33.04
M RADIATOR GRILLE	1.00	2039.65	00.00	2039.65

**Go Chee Han**  
DID : 6771 4336 HP : 9181 7717  
Email : cheehan.go@cyclecarrriage.com.sg  
Cycle & Carriage Industries Pte Ltd  
Customer Service Centre - Pandan Loop

Confirmed & accepted by

Authorized signatory and company stamp

**Nett 7,350.85**  
**8% GST on 7350.85 588.07**  
**Total Payable 7,938.92**

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.

Pandan Loop Service Center  
188 Pandan Loop  
Singapore 128378  
Tel: 6298 1818  
Fax: 6779 5383  
www.mercedes-benz.com.sg



and Mercedes-Benz are trademarks of Mercedes-Benz Group AG