



53 UBI ROAD 1, SINGAPORE 408699

TEL : 6366 2323 FAX : 6841 1183

EMAIL: NORA.KHAI@PREMIUMAUTO.COM.SG / CLAIMS.XPENG@PREMIUMAUTO.COM.SG

ESTIMATE : ACCIDENT REPAIRS
WORKSHOP : UBI ROAD 1
CONTACT NO : 6366 2323
FAX NO : 6841 1183
REFERENCE : PAXP/TP/0003/2024/KS
DATE : 18-Nov-24
WIP : 10044

VEHICLE NOT IN WORKSHOP. KINDLY ARRANGE FOR SURVEY 19/11/2024

YOUR INSURED VEHICLE NO : SNF 7602 U

LONPAC INSURANCE Bhd

100 BEACH ROAD

#19-00 SHAW TOWER

SINGAPORE 189702

Attn: Motor Claims Dept

Tel: 6827 27692 - Fax: 6225 7402

OWNER'S NAME : MR SOONG CHIN KHANG
ADDRESS : 27 FERNVALE ROAD
#22-27
SINGAPORE 797415
TELEPHONE : HP +65 97828858
TYPE OF CLAIM : THIRD PARTY CLAIM
POLICY NO : 7240194396
VEHICLE NO : SNT 3410 J
MODEL CODE : XPENG G6 RWD (LONG RANGE)
MODEL YEAR : 26/9/2024
ENGINE NO : E7H5017911030000FA6
CHASSIS NO : L1NNSGHA5RB074127
MILEAGE : -
DATE IN : -
ESTIMATED BY : JOHNNY BOO / ALLAN WU
ACCIDENT DATE : 11-Nov-24
PLACE OF ACCIDENT : PUNGGOL CENTRAL (OUTSIDE PARC CENTROS)

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ESTIMATED LABOUR CHARGES FOR ACCIDENT VEHICLE. SNT 3410 J.

S/N	NATURE OF JOBS	ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATIONS
1	TO REMOVE AND TRANSFER REAR PARKING AID AND REAR LID KICK SENSOR.	S/N \$ 360.00	✓
2	TO DISMANTLE AND RENEW REAR BUMPER. RE-ORGANIZE CRASH MANAGEMENT COMPONENTS. REINSTALL ALL PARTS REMOVED. <i>1 - 12" x 1</i>	\$ 2,000.00	1200 ✓
3	TO RESPRAY REAR BUMPER, REAR BUMPER MID, REAR BUMPER SPOILER AND BOTH REAR WHEEL ARCH TRIMS. <i>1 - 12" x 1</i> <i>300 x 2</i>	\$ 4,200.00	1800 ✓
4	TO CARRY OUT DIAGNOSTIC CHECK	S/N \$ 480.00	✓
TOTAL LABOUR CHARGES		: \$ 7,040.00	

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MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SNT 3410 J

			DAMAGED PARTS & PRICES	
S/N	PARTS DESCRIPTION	QTY	S/NETT	REMARKS
1	REAR BUMPER UPPER X nn	1	\$ 773.00	
2	REAR BUMPER LOWER DEF	1	\$ 773.00	/ ✓
3	REAR BUMPER SPOILER CUF	1	\$ 387.00	/ ✓
4	REAR BUMPER REVERSE \$ FOG LIGHT (RH) CUF	1	\$ 248.00	/ ✓
5	REAR WHEEL ARCH TRIM - LH / RH MK	2	\$ 350.00	/ ✓
6	SUNDRIES ? x nn		\$ 500.00	
TOTAL SPARE PARTS		:	\$ 3,031.00	
TOTAL LABOUR CHARGES		:	\$ 7,040.00	
GRAND TOTAL		:	\$ 10,071.00	

ALL CHARGES ARE NOT INCLUSIVE OF GST
LEGEND: REMARKS (OK) = APPROVED, REMARKS (X) = NOT APPROVED
SPARE PARTS ARE SPECIAL NETT.

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NAME :
SURVEYED DATE :
AUTHORISED DATE :
EXCESS COST :
LIABILITY :
REMARKS :

Steve (LKK)
19/11/24, 2.30 PM
L L
PIP

by Mr M, 4 days

PLEASE NOTE :

THIS ESTIMATE IS BASED ON VISUAL INSPECTION OF THE AFFECTED VEHICLE. SHOULD WE REQUIRE FURTHER LABOUR CHARGES AND SPARE PARTS IN THE PROGRESS OF REPAIR, WE SHALL INFORM YOU ACCORDINGLY.
FOR INSPECTION OF VEHICLE, PLEASE REFER TO MS. NORA KHAI AT TEL: 6768 9828 / 6768 9911 FOR APPOINTMENT.

YOURS FAITHFULLY,
PREMIUM AUTOMOBILES PTE LTD

- 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:

JOHNNY BOO
BODY REPAIR MANAGER

ALLAN WU
CLAIMS CONSULTANT

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 First Submission	12/11/2024 18:08 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	11/11/2024 18:53 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PUNGGOL CENTRAL (OUTSIDE PARC CENTROS)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNT3410J
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SOONG CHIN KHANG
NRIC No	SXXXX719I
Email Address	soongchinkhang@hotmail.com
Mobile Phone No	(Phone) +65-97828858
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	XPENG
Model	G6
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	0
Vehicle Fuel	Electric
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7240194396

DRIVER

Name of Driver	SOONG CHIN KHANG
NRIC No	SXXXX719I
Date Of Birth	18/12/1979
Occupation	Indoor
Driving Pass Date	01/12/1999
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	24 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97828858
Alt. Phone Number	-
Email Address	soongchinkhang@hotmail.com
Address	27 FERVALE ROAD
Address complement	#22-27
Postcode	797415
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	1
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

TRAFFIC LIGHT STOP AT PUNGGOL CENTRAL OUTSIDE PARC CENTROS.
I, DRIVER OF SNT 3410 J STOPPED AT THE RED LIGHT AND SNF 7602 U HIT MY REAR (VIDEO AS ATTACHED). IT HAPPENED ON 11/11/2024 , 1853HPRS

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SNF7602U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	NG GEOK CHOON
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)

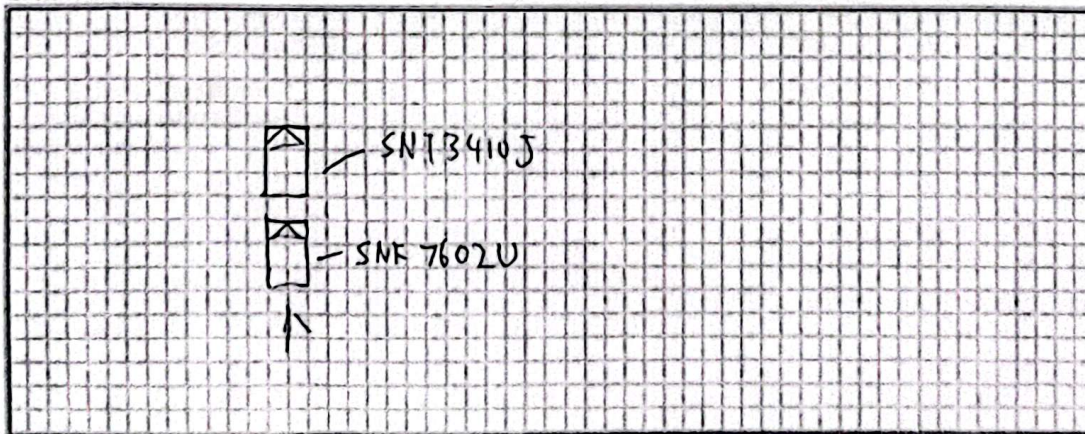
I understand, acknowledge, agree and consent that:

- (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.

 12/11/2024
Policyholder's Signature / Date & Time
1500Hrs

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


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


Sketch Plan

©Jun2022

Describe Circumstance of the Accident

Traffic light stop at Punggol Central outside Parc Centres.
 I, driver of SNT340J stopped at the red light and S1F76024
 hit my rear (video as attached). It happened on 11/11/2024, 1853hrs

Declaration
 We declare the foregoing particulars are true in every respect.

 12/11/2024
 Policyholder's Signature / Date & Time
 1500hrs

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



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