ASS. REG. BY: Tayph REF:	
ASSIGNMENT	
From: Date: Veh No:	9_
Estimaled Cost: Type: MCGr / M.Cycle / Bus / Van / Lorry / Taxl / Prime Mover /	•
OD TTP WS / TP RES / OD RES / EVA / INV / MV	
To Inspect Vehicle No: Make: Audi 42 (ab c.c 134	5
at Workshop m/s Colour . Reg A/C: Insured / Std / Ní / N	A
of Sp. Reading 81824 T/Radio: Insured / Std / Ni / I	IA.
Insured: Eng/No:	
Policy No	
Claims No. Gen. Cond; (Sod / Fair / Poor / Burnt	•
Sum insured: Excess: Sleering: Inc@r/Jammed/Leaked/Burnt or	
(Client's Record) Brake: Inforger / Jammed / Leaked / Burnt or	
Make of Veh: Modi: NII / Skin / STD A/Rim or	
Tyre Size: F: 205 55 RIL	
(Policy Condition)	
Remark: The veh had commenced its N/S O/S BS / DUN / EXNOVA / GY /-FS / LIZA / MIC OHTSU / PIR / SUMI /	
repair at the time of inspection.	
Bal or Market Value: Front Rear	
IDAC Accident Roort Gonsistent? : Yes or No R/Bal, 6 mm R/Bal, 6	atti -
GIA / PR Seerc Consistent?: Yes or No L/Bal. 6 mm L/Bal. 6	nm
Est Repairs: days Res.: Yes or No. D.O.I. 2/7/24	
Lum Sumc % 3 Val.: Yes or No Survey held at Comman Ubi	
CA I REV I REP. I 24 HRS Des. of Damages : Frt / Rear I O/S / N/S / U/G / Rooftop or	
Dale: Person Contacted: Vehicle: IN / OUT The LI/C / Charple frame / Rody Structure officeted due to collin	
Date: Person Contacted: The U/C / Chassis frame / Body Structure affected due to collice Date / Time Action / Instruction	ion.
Date 1 title Account instruction	
	,
Osta/Time, File Pess W? : Prelii Report Days Of Repair:	
The street stree	
i) : Final Report Resurvey No. of Trip: Survey Fee:	
Transportation:	
Add Fee: Site Insp (\$) s+Rs_si	

* PREMIUM AUTOMOBILES



55 UBI ROAD 1, SINGAPORE 408699 TEL: 6366 2323 FAX: 6841 1183

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

ESTIMATE

: ACCIDENT REPAIRS

WORKSHOP

UBI ROAD 1 6366 2323

CONTACT NO

6841 1183

REFERENCE

PA/TP/0507/2024/KS

DATE

FAX NO

29-Jun-24

WIP

21086

VEHICLE NOT IN WORKSHOP. KINDLY ARRANGE FOR SURVEY ON 2/7/2024

YOUR INSURED VEH NO: SKW 3157 K

AIG Asia Pacific Insurance Pte Ltd

78 Shenton Way #07-16 AIG Building Singapore 079120

Attn: Motor Claims Dept

OWNER'S NAME

MS TAN SOCK HUA ANGELINE

ADDRESS

78 HOUGANG AVENUE 7

#16-28

SINGAPORE 534260

TELEPHONE

: HP +65 97332939

TYPE OF CLAIM

THIRD PARTY CLAIM

POLICY NO

V5018532

VEHICLE NO

SKV 6006 Z

MODEL CODE

A3 CABRIOLET 1.4 TFSI

MODEL YEAR

29/5/2015

ENGINE NO

CZC 261319

CHASSIS NO

WAUZZZ8V5F1140370

MILEAGE

KM

DATE IN

ESTIMATED BY

JOHNNY BOO / ALLAN WU

ACCIDENT DATE

: 26-Jun-24

PLACE OF ACCIDENT

PIE TOWARDS TUAS EXIT 27



PREMIUM AUTOMOBILES



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

ESTIMATED LABOUR CHARGES FOR ACCIDENT VEHICLE SKV 6006 Z.

S/N	NATURE OF JOBS		 ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATIONS
1	TO REMOVE AND TRANSFER PARKING AID.	S/N	\$ 280.00	/
2	TO DISMANTLE AND RENEW BUMPER. RE-ORGANIZE CRASH MANAGEMENT COMPONENTS		\$ 1,000.00	500
3	TO RESPRAY REAR BUMPER		\$ 1,000.00	55°
4	TO CARRY OUT DIAGNOSTIC CHECK	S/N	\$ 480.00	1292
	TOTAL LABOUR CHARGES	:	\$ 2,760.00	-





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

MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SKV 6006 Z.

DAMAGED PARTS & PRICES

S/N	PARTS DESCRIPTION	QTY		S/NETT	REMARKS
		1	\$	2,483.00 1	0
1	REAR BUMPER	,I,	Φ	_ *	•
2	REAR BUMPER FIXING PARTS	1	\$	216.00 🗡	
3	REAR BUMPER GUIDE SECTION - LH / RH	2	\$	42.00 ⊀	
4	REAR BUMPER GUIDE SECTION PIN - LH / RH	2	\$	75.00 🗡	
5	REAR BUMPER SPOILER	1	\$	297.00 7	
6	REAR BUMPER REINFORCEMENT BEAM	1	\$	736.00	
7	REAR BUMPER LOWER BRACKET - LH / RH	2	\$	34.00 🛴	
8	REAR PARKING AID SENSOR	2	\$	572.00 ⊀	
9	REAR PARKING AID SENSOR SEAL RING	4	\$	11.00 1	
10	SUNDRIES		\$	300.00	
	TOTAL SPARE PARTS		\$	4,766.00	
	TOTAL LABOUR CHARGES	ğ,	\$	2,760.00	
	GRAND TOTAL	;	\$	7,526.00	

ALL CHARGES ARE NOT INCLUSIVE OF GST

LEGEND: REMARKS (OK) = APPROVED, REMARKS (X) = NOT APROVED

SPARE PARTS ARE SPECIAL NETT.

PREMIUM AUTOMOBILES



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

NAME

SURVEYED DATE AUTHORISED DATE

EXCESS COST

LIABILITY REMARKS

PLEASE NOTE

THIS ESTIMATE IS BASED ON VISUAL INSPECTION OF

THE AFFECTED VEHICLE. SHOULD WE REQUIRE

FURTHER LABOUR CHARGES AND SPARE PARTS IN THE

Jan 12495749

wp, 7/2/24 e llan

Solars

part/ proper

teaght c (mant)

PROGRESS OF REPAIR, WE SHALL INFORM YOU

ACCORDINGLY.

FOR INSPECTION OF VEHICLE, PLEASE REFER TO MS. NORAH 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:

10:11

JOHNNY BOO **BODY REPAIR MANAGER**

ALLAN WU CLAIMS CONSULTANT



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
 This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>
 Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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 26/06/2024 17:18 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 26/06/2024 08:20 (SGT) Exact Location of Accident Near PIE, Singapore Additional Location Information PIE TOWARDS TUAS BEFORE EXIT 27

Country/State of Loss	Singapore
DETAILS	F.OWN VEHICLE
Vehicle Registration Number	SKV6006Z
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	TAN SOCK HUA ANGELINE
NRIC No	S1739990Z
Email Address	DOLFINISLAND@YAHOO.COM
Mobile Phone No	(Phone) +65-97332939
Alternative Phone No	is.
VEHICLE PARTICULARS	
Manufacturer	Audi
Model	A3
Variant	-
Exact purpose for which vehicle was being used at time of	
accident Arguert claiming and description	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No Claimin at had
Vehicle Category	No - Claiming third party
Transmission	Private car
CC	Auto 1395
1 - 101 10 15100(1919) 110 1101111111111111111111111111111	1393
INSURANCE COMPANY	
Name of Insurance Company	Crack Factors O. IV
Policy Number / Cover Note Number	Great Eastern General Insurance Limited V5018532
DRIVER	
Name of Driver	
NRIC No	TAN SOCK HUA ANGELINE
Date Of Birth	S1739990Z
Occupation	17/11/1966
The second secon	Indoor

Driving Pass Date	04/02/1989
Driving experience	35 YEARS AND 4 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97332939
Alt. Phone Number	*
Email Address	DOLFINISLAND@YAHOO.COM
Address	78, HOUGANG AVE 7
Address complement	#16-28
Postcode	534260
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	
	ann i Llandas Door
Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry
OTHER INFORMATION	
2 2011	
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Number of venicles involved in the accident	No
Was anybody injured in the Accident?	
Was any injured conveyed to hospital by ambulance?	Yes
Was any other vehicle or property damaged?	1
Number of Passengers (Including Driver)	ļ.
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
Was notice of intended Prosecution given:	-
f yes, against whom?	•
CIRCUMSTANCES OF ACCIDENT	
REFER TO THE SKETCH PLAN FOR DETAILS	
ATTACHMENT(S)	
Are accident photos available for attachment?	Yes
Vas there any video captured by Car Camera?	No
IDETAILS OF OTHE	R VEHICLE PROPERTY III
/ehicle Registration Number	SKW3157K
	Kia
/ehicle Manufacturer	Ma
/ehicle Model	•
/ehicle Variant	•

Private car LOW HAN KIAT S6829883J

Vehicle Variant

Vehicle Colour

Vehicle Category

Name of Driver

NRIC No

S6

antact Number	(Phone) +65-90498868	~
Address	<u>.</u>	
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.
- This Form must be completed by the Policyholder and/or the Actual Driver.
- 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.
- 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:

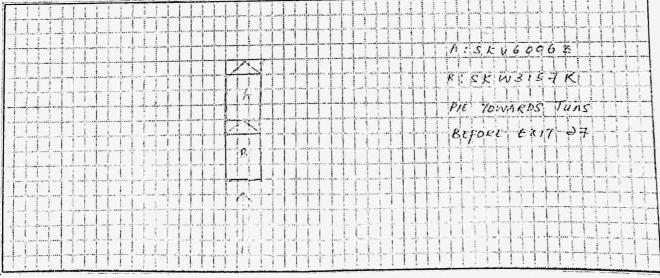
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

Policyholders Signature / Date & Time

Driver's Signature (if driver la not tree policyholder) / Date & Fime

Witnessed by Reporting Centre Personnel (Name as in NRICVID cord)

Sketch Plan



Re

Describe Circumstance of the Accident 7 This morning, 26th June 2024 at about 0820am, I exited PIE via exit 27 towards Toh Tuck Avenue. The traffic came to a stop about half way through the stretch of road. My vehicle is already stationary when SXW 3157K, a Silver coloured Kia bumped into me from the back. We pulled off to the left side of the road to inspect the damage and exchange particulars. Mr Low Han Kiat, IC No. 6829883J apologised and admitted that he was distracted by a motorcycle and overlooked what is in front.

Declaration

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

Policyrolder's Signature / Date & Time

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

Witnessed by Recording Centre Personnel (Name as in NRIC(D card)

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