

ASS. REC. BY: Adrian Ling

REF: CS/TP18007327/Asb

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: _____ days Res: Yes or No

Lum Sum: _____ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SKX1153D.

Yr Regn: 2015 / Nov

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Audi A4

c.c 1798

Colour: white

A/C: Insured / Std / NI / NA

Sp. Reading: 38877.

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: _____

WAU2228K6FA181239.

Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 245/40R18.

R: 245/40R18.

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal. 06

mm

R/Bal. 06

mm

L/Bal. 06

mm

L/Bal. 06

mm

D.O.A. _____

D.O.I. 04/04/18

Survey held at

Premium

Des. of Damages: Frnt / Rear / O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

Independent.

SKX 1153D - NA / QBE / S006129 / zll

DUA: 03042018

30-01-2019 Adrian Ling cancel Independent Celine 30/1/2019

Date/Time, File Pass to?

31/01/19

1)

Typist

Date/Time, File Return to?

2)

Report Format: _____

Lump Sum / I.B.I: (\$ _____)

☐ : Preli. Report☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee: _____

Transportation: _____

S - RS \$ _____

Phone: _____

Other: _____

TOTAL

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 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 ability.
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 Report	03/04/2018 18:31
Date Of Accident	03/04/2018 14:00
Exact Location Of Accident	JUNC KPE & BARTLEY RD EAST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKX1153D
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Insured/Policyholder

Name Of Registered Owner	PREMIUM AUTOMOBILES PTE LTD
Co Reg No	199902271W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	AUDI
Model	-
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
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	QBE INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	8-V0001867-MVA-R009
Cover Note Number	

Driver

Name of Driver	CHOO WEI CHEAN (ZHU WEIQUAN)
NRIC No	S8177232J
Date Of Birth	26/05/1981
Occupation	OUTDOOR
Date Of Driving Pass	30/07/2005
Driving Experience	12 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94373355
Fax Number	
Contact Number	OFFICE-94373355
EMail Address	NOEMAIL

Address	BLK 602A PUNGGOL CENTRAL #15-682
Postcode	821602
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLIDED INTO MOTORCYCLIST
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	JPX557 (MOTORCYCLE)
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	JPX557
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	CHOW WAI JYE
NRIC/Passport Number	960806-01-6641
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan

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 willful 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 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 lodging 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 purposes 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/also 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 based outside of Singapore, for one or more of the above Purposes;
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims;
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated; or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time

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

Reporting Centre Person's Signature
Name:
Work/Job No.:

Accident Sketch Plan

SKETCH PLAN



1: SKX11530

2: JPR557

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along KDE and reach a cross junction between KDE and Bentley Road East. My vehicle was at the last turning - right across and there was two Malaysian-registered motorcycle in front of me. The traffic light suddenly turn amber and first motorcycle hit the brake immediately following by the second motorcycle who was already inside the traffic junction. I hit my brake hard ~~and~~ but the vehicle skid and hit the last motorcycle.

DECLARATION

I/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:

2/4/18

Reporting Centip Personnel's Signature
Name:
SPIC/POA No.:

[Signature]

Accident Photo



Accident Photo



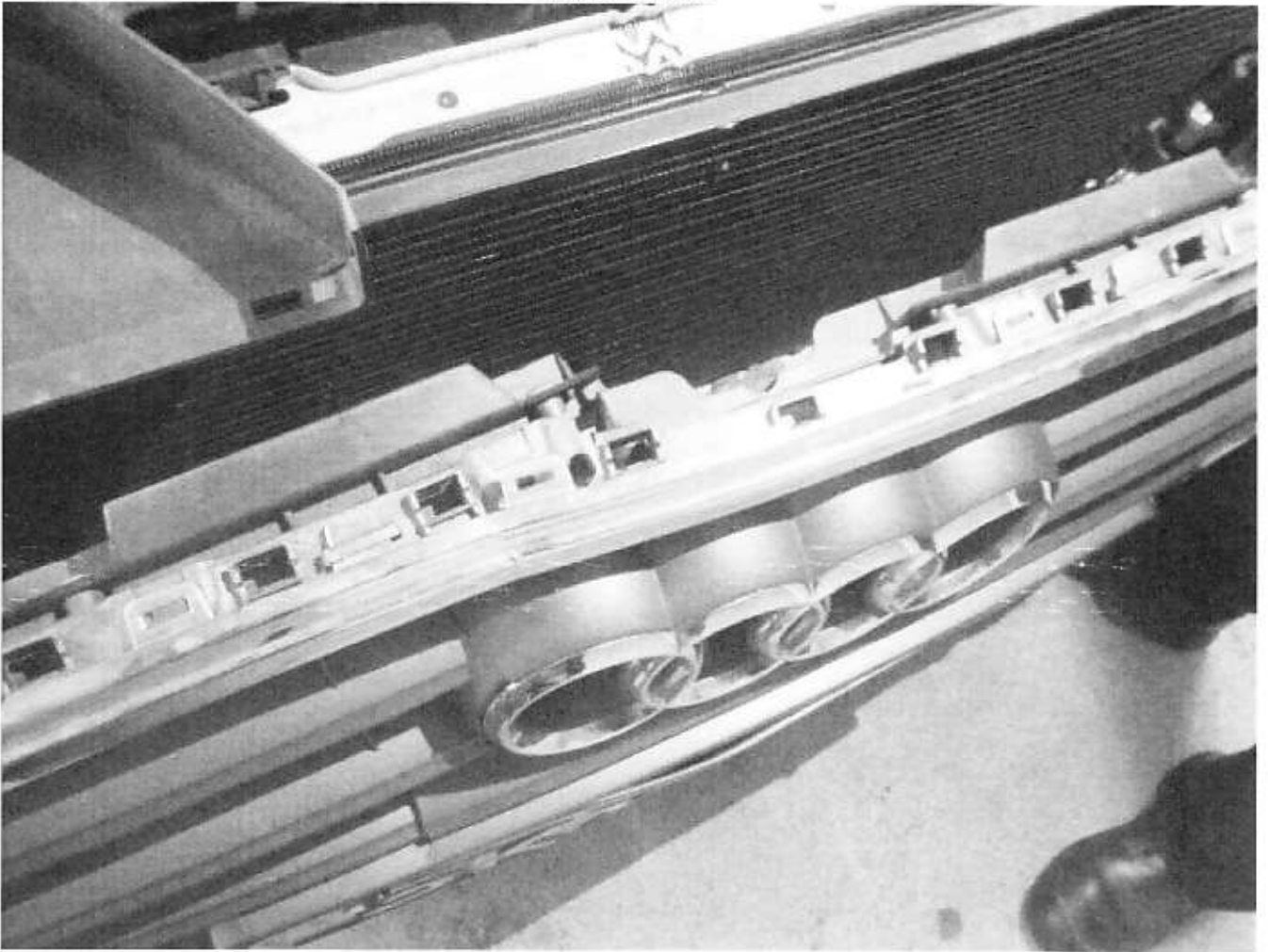
Accident Photo



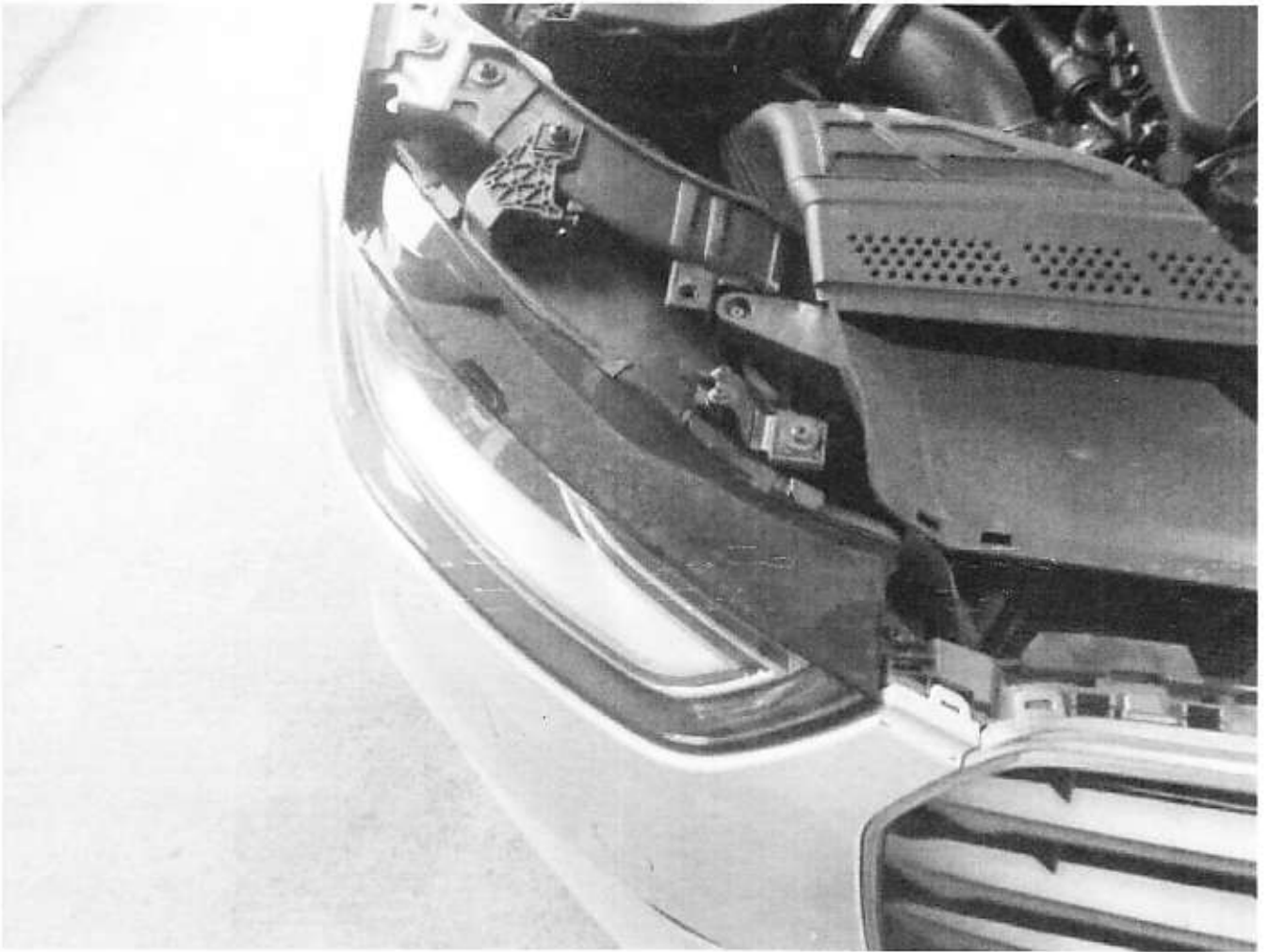
Accident Photo



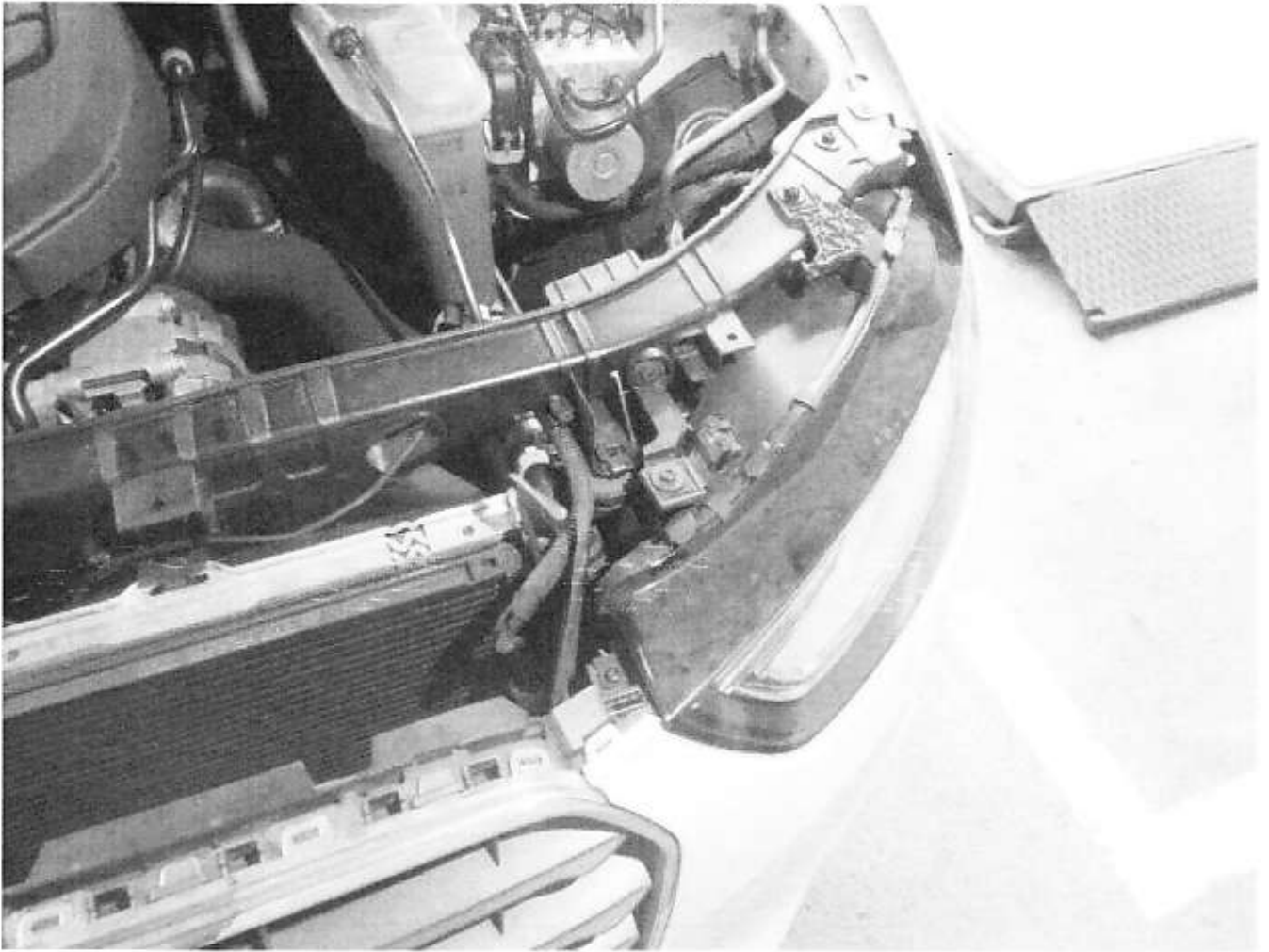
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Report No. G/20180403/7039

Police Station Of Origin
Bedok Police Divisional HQ
30 Bedok North Road SINGAPORE 469676
Tel No:1800-2440000

Date/Time Report Made 03/04/2018 19:18	Vide Report No.	Station Diary No.
Name Of Informant CHOO WEI CHEAN	Address APT BLK 602A PUNGGOL CENTRAL #15-682 SINGAPORE 821602	
ID Type / ID No. NRIC NO / S8177232J	Contact No. Home/Office: Mobile: 94373355	
Nationality SINGAPORE CITIZEN	Email Address gab_66@hotmail.com	
Occupation Automotive engineering technician	Sex Male	Age 36
	Date of Birth 26/05/1981	Race Chinese
Institution/School Name	Language English	
Date/Time Of Incident 03/04/2018 13:30 - 03/04/2018 13:30	Location Of Incident AIRPORT ROAD NIL SINGAPORE 533951	

Brief details.

I was driving along KPE going to Bartley Viaduct. I arrived at the junction between KPE and Bartley Rd East. As I passed the last turning arrow, the light started to turn amber. There were 2 Malaysian registered motorbike travelling in front of me. They picked up speed after passing the stop line. Unaware suddenly both motorbike made a sudden and abrupt stop. I braked hard, however I could not stop my car in time due to the short distance. My car gently nudged against the rear of the motorbike. Because of this, he lost balance and fell to the side. I got out of the car and went to his assistance. I offered to call the ambulance, however he checked himself and insisted he is not injured. He continuously reject my offer

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 03/04/2018 19:18
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20180403/7039

and insist to leave the scene as soon as possible. He did not want to exchange particulars at first however I told him that we have to. He give in and left after exchanging our particulars.

Subjects Involved				
Victim				
Person Name	CHOO WEI CHEAN			
ID Type	NRIC NO	ID No	S8177232J	
Gender	Male	Age	36	
Race	Chinese	Language	English	
Occupation	Automotive engineering technician	Address Type		
Address	APT BLK 602A PUNGGOL CENTRAL #15-682 SINGAPORE 821602		Mobile No	94373355
Is Informant A Victim?	Yes			
Person Name	CHOO WEI CHEAN (Informant)			

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 03/04/2018 19:18
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**

 Singapore Government
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ELECTRONIC POLICE CENTRE

e-Police Report

Acknowledgement

Your report has been forwarded to **Bedok Police Divisional HQ**. Your report number is **G/20180403/7039**.

A copy of your report will be emailed to your given email address **gab_66@hotmail.com**.

Within the next 48 hours, the Police will also inform you of the name and contact number of the investigation officer in charge of your report.

If you do not receive your report or email, please contact the SPF Feedback Unit at 1800-358-0000 or you may submit an **online feedback form** to SPF.

If you encounter problems with this e-Service, you may submit an online feedback form to SPF.
You may also give us your comment at ePoll.

This website is optimised for IE version 9.0 and 10.0

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REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S8177232J**
Name
CHOO WEI CHEAN
(ZHU WEIQUAN)

Birth Date 26 May 1981
Issue Date 11 Sep 2006

001444012D



REPUBLIC OF SINGAPORE
IDENTITY CARD NO: **S8177232J**

41020

Name
CHOO WEI CHEAN
(ZHU WEIQUAN)
朱 炜 权

Race
CHINESE

Date of birth 26-05-1981 Sex **M**

Country of birth
MALAYSIA

S8177232J




YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg 30 Jul 2005

NP 428A

Licence No: S8177232J



41020



NRIC No: **S8177232J**



Date of Issue
31-08-2007

APT BLK 802A PUNGGOL CENTRAL #15-662
SINGAPORE 821602

NRIC No: **S8177232J** Date: **28/08/2016**

Premium Automobiles

55 Ubi Road 1, Singapore 408699

Tel : 6366 2323 Fax : 6841 1183

Email: Nora.khai@premiumauto.com.sg / claims@premiumauto.com.sg

Telefax

Estimate : Accident Repairs
Workshop : Ubi Road 1
Contact No : 6366 2323
Fax No : 6841 1183
Reference : PA/0406/2018/CCS
Date : 04-Apr-18

Vehicle IN workshop. Kindly arrange for survey.

Owner's Name : Premium Automobiles Pte Ltd
Address : 55 Ubi Road 1

Singapore 408699
Telephone : (HP) 6768 9911
Type of Claim :
Policy No. :
Vehicle No : **SKX 1153 D**
Model Code : Audi A4 1.8T FSI MU
Model / Year : Nov-15
Engine No : CJE 114348
Chassis No : WAUZZZ8K6FA181239
Mileage :
Date In : 03-Apr-18
Liability : -
Excess Cost : -
Estimated By : Johnny Boo / Allan Wu
Accident Date : 03-Apr-18
Place of Accident : Junc KPE & Bartley Rd East

Premium Automobiles

55 Ubi Road 1, Singapore 408699
Tel: 6366 2323 Fax: 6841 1183

Telefax

Estimated Labour Charges for Accident Vehicle SKX 1153 D.

S/N	Nature of Jobs	Estimated Charges	Surveyor's Recommendation
1	To remove and replace front bumper assy and bonnet.		
2	To spray paint on front bumper and bonnet.		
3	To carry out diagnostic check.		
<u>TOTAL LABOUR CHARGES</u>		<u>\$</u>	

Premium Automobiles

55 Ubi Road 1, Singapore 408699
Tel : 6366 2323 Fax : 6841 1183

Telefax

Material List for Accident Vehicle Regn No. SKX 1153 D.

S/N	Parts Description	Damage Parts & Prices	
		S/NETT	REMARKS
1	FRONT BUMPER <i>Repair</i>	\$ 2,038.00	X
2	RADIATOR GRILLE <i>cracked</i>	\$ 930.00	✓
3	FRONT BUMPER GRILLE - LOWER CTR <i>Not New</i>	\$ 118.00	X
4	FRONT BUMPER CLOSING ELEMENT - LOWER CTR <i>Not New</i>	\$ 195.00	✓
5	FRONT BUMPER CLOSING ELEMENT - UPPER CTR	\$ 167.00	+
6	FRONT BUMPER FOAM <i>Not New</i>	\$ 107.00	X
7	FRONT REINFORCEMENT BEAM	\$ 770.00	X
8	FRONT BUMPER TOP COVER <i>Deformed</i>	\$ 109.00	✓
9	SIGN 'CAUTION' STICKER <i>in</i>	\$ 12.00	✓
10	BONNET <i>Dented</i>	\$ 2,357.00	✓
11	BONNET EDGE PROTECTION <i>Not</i>	\$ 24.00	✓
12	FRONT NO. PLATE <i>Not</i>	S/N \$ 25.00	✓
13	SUNDRIES <i>Not New</i>	\$ 100.00	X
TOTAL SPARE PARTS		\$ 6,952.00	
TOTAL LABOUR CHARGES		\$ -	
GRANDTOTAL		\$ 6,952.00	

Legend : Remarks (OK) = Approved, Remarks (X) = Not approved
Spare parts are Special Nett.

\$3457 (P/P)

04 Days

Premium Automobiles

55 Ubi Road 1, Singapore 408699
Tel : 6366 2323 Fax : 6841 1183

Telefax

Name :
Surveyed Date :
Authorised Date :
Excess Cost :
Liability :
Remarks :

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:

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 Norah Khai at
Tel:6768 9828 for appointment.

Yours faithfully,
Premium Automobiles Pte Ltd

LKK Auto Consultants hence notify
the Repairer of the following:
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• 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