

Lump Sum Paid

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 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 Report 28/05/2020 15:31
Date Of Accident 27/05/2020 17:40
Exact Location Of Accident YUNG HO RD CAR PARK
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMJ8210B
Insured/Policyholder
Name Of Registered Owner LOW YOKE SWAN
NRIC No SXXXX276A
Email Address NOEMAIL
Mobile Phone No (LOCAL) +65-96682425
Alternative Phone No OFFICE-67622806
Vehicle Particulars
Manufacturer HONDA
Model VEZEL-1.5 X CVT ABS D/AIRBAG 2WD 5DR (A)
Exact Purpose for which vehicle was being used at time of accident PRIVATE USED
Are you claiming under your own insurance policy for repair to your vehicle? NO
If No, Please state action to be taken THIRD PARTY
Vehicle Category PRIVATE CAR

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage COMPREHENSIVE
Fleet Policy NO
Policy Number 5108299793
Cover Note Number

Driver

Name of Driver SIM SEO SENG
NRIC No SXXXX037C
Date Of Birth 21/05/1966
Occupation INDOOR
Date Of Driving Pass 01/12/1984
Driving Experience 35 YEARS AND 5 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-82886829
Fax Number
Contact Number
Email Address SIMSEOSEN@YAHOO.COM.SG

| | |
|-----------------------------------------------------|-----------------------------------|
| Address | APT BLK 13 TOH YI DRIVE #12-01 |
| Postcode | 590013 |
| 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 | COLLISION - MAJOR/MINOR RD |
| Weather Conditions | CLEAR |
| Road Surface | DRY |

Other Information

| | |
|---------------------------------------------------------------------------------------------|-----|
| Was any foreign vehicle involved in this accident? | NO |
| Number of vehicles (including own vehicle) 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

I WAS FINDING THE PARKING PLACE TO PUT MY CAR. AFTER FOUND A PLACE TO PARK, SUDDENLY VEHICLE VEHICLE B REVERSE OUT FROM PARKING LOT WHILE I WAS ON THE PROCESS PARKING. I HAVE HORN TO GIVE THE SIGNAL AND THE UNKNOWN VEHICLE C ALSO HORN BUT THE VEHICLE B DIDN'T NOTICE FOR IT. THEN, VEHICLE B DIRECTLY REVERSE THE CAR WITHOUT NOTICED, THEN HIT INTO MY CAR. AFTER THE ACCIDENT HAPPEN, VEHICLE C CAN BECOME MY WITNESS NAME DARIUS TAN TEL: 81804996.

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 | YP7598R |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | COMMERCIAL VEHICLE |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

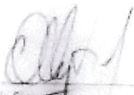
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8. Consent under the Personal Data Protection Act (PDPA)

I have read, 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:
 - (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) 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.
- (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.
 - (i) Information so collected under (d) above may be shared / disclosed:
 - (A) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud;
 - (B) to regulators, law enforcement and government agencies as reasonably required for the purposes stated; or
 - (C) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

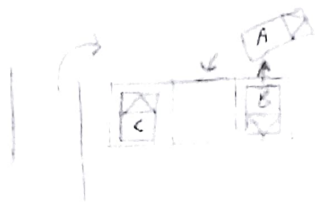

Driver's Signature
(If driver is not the policyholder)
Date & Time:


Reporting Centre Personnel's Signature
Name: Angeline Ting Sing Wei
NRIC/FIN No: G18XXXX10X

Sketch Plan #2

SKETCH PLAN

A: SM58 JB
B: YP 3K



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was finding the parking place to put my car. After finding a place to park. Suddenly vehicle B reverse out from parking lot while I was on the process. I have been to give the signal and the unknown vehicle C also turn back. Vehicle B didn't notice for it. Then, vehicle B directly reverse the car without notice, then hit into my car. After the accident happen, vehicle C can become my witness. Name: Drivers Tan Tel: 8180 4996.

DECLARATION

I/We declare the following particulars are true in every respect

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

Reporting Centre Personnel
Name: Andrew Tan
NRIC No: XXXXXXXX

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/TP/0404/2020/RT |
| Date | : | 30-May-20 |

Vehicle NOT IN workshop. Kindly arrange for survey.

Your insured vehicle no : YP 7598 R

ERGO INSURANCE PTE LTD

Motor Claims Dept

5 Temasek Boulevard

#04-01 Sunteck Tower Five

Singapore 038985

Attn: Motor Claims Dept

Tel: 6829 9199

| | | |
|-------------------|---|-------------------------------------------------------|
| Owner's Name | : | Mr Low Yoke Swan |
| Address | : | Apt Blk 13 Toh Yi Drive #12-01 Singapore 590013 |
| Telephone | : | HP +65 96682425 |
| Type of Claim | : | Third Party Claim |
| Policy No. | : | 5108299793 |
| Vehicle No | : | SMJ 8210 B |
| Model Code | : | Honda Vezel1.5X CVT ABS D/AIRBAG 2WD SDR(A) |
| Model / Year | : | Mar-19 |
| Engine No | : | L15B5561693 |
| Chassis No | : | RU11311682 |
| Mileage | : | - |
| Date In | : | - |
| Estimated By | : | Johnny Boo / Allan Wu |
| Accident Date | : | 27-May-20 |
| Place of Accident | : | Yung Ho Rd Car Park |

Premium Automobiles

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

Telefax

Estimated Labour Charges for Accident Vehicle. SMJ 8210 B

| S/n | Nature of Jobs | | Estimated Charges | Surveyor's Recommendations |
|----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|---------------------|----------------------------|
| 1 | To remove and reinstall rear parking aid. Check function and renew according to damage. | S/N \$ | 280.00 | 60. |
| 2 | To dislodge and reinstall rear wire harness for lights, battery manager, fuse and relay trays, electrical and audio equipment. | S/N \$ | 1,400.00 | X. |
| 3 | To remove and reinstall rear seat, back rest, hat tray, abcd pillar trims, luggage compartment trims. Dislodge roof liner and disengage curtain airbag etc. | S/N \$ | 1,400.00 | X |
| 4 | To dismantle and renew rear bumper. Cut out and weld rhs rear fender. Re-organize crash management components. Reinstall all parts removed. | \$ | 3,500.00 | X 700 |
| 5 | To respray rear bumper, rhs rear fender, rhs sill panel, door entrances, roof channel, drain panel and end panning. To carry out stone chip treatment and joint sealer works. | \$ | 3,250.00 | 700 550 |
| 6 | To carry out diagnostic check. | S/N \$ | 192.00 | X |
| TOTAL LABOUR CHARGES | | : | <u>\$ 10,022.00</u> | |

Premium Automobiles

11, 12, Road 1, Singapore 438699
Tel: 6866 2121 Fax: 6841 1181

Telefax

Material List for Accident Vehicle Regn No. SMJ 8210 B

| S/N | Parts Description | Damaged Parts & Prices | |
|---------------------------|--------------------------------------|------------------------|---------|
| | | S/Nett | Remarks |
| 1 | REAR BUMPER COVER RH <i>Rebond</i> | \$ 165.00 | ✓ |
| 2 | REAR FENDER RH <i>Repair</i> | \$ 1,440.00 | X |
| 3 | REAR BUMPER SIDE GUIDE RH <i>New</i> | \$ 45.00 | X |
| 4 | REAR WHEEL COVER LH/RH <i>New</i> | 2 \$ 330.00 | ✓ |
| 5 | ACRYLIC SEALANT <i>2</i> | S/N \$ 180.00 | X |
| 6 | CAVITY WAX <i>New</i> | S/N \$ 140.00 | X |
| 7 | METAL FILLER POWDER | S/N \$ 180.00 | X |
| 8 | SUNDRIES ? | \$ 100.00 | ? |
| TOTAL SPARE PARTS CHARGES | | : \$ 2,580.00 | |
| TOTAL LABOUR CHARGES | | : \$ 10,022.00 | |
| GRAND TOTAL | | : \$ 12,602.00 | |

All charges are not inclusive of GST.

Legend: Remarks (OK) = Approved, Remarks (X) = Not approved

Spare parts are Special Nett.

Premium Automobiles

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

Telefax

Name

Surveyed Date

Authorised Date

Excess Cost

Liability

Remarks

: Adam L
: 02/06/20
:
:
:
:
:
:
: Not Authorised , 04 Days.

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

Johnny Boo
Body Repair Manager

Allan Wu
Claims Consultant