50 FT B

ASSIGNMENT SLX 1578C Yr Regn: 2017, April From Date Veh No: Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Estimated Cost: Truck / Trailer or OD / TP / WS / TP RES / OD RES / EVA / INV / MV Volkswager Scirocco c.c 1390 Red A/C: Insured/Std/NI/NA To Inspect Vehicle No Make: Insured / Std / NI / NA at Workshop m/s Colour T/Radio: Insured / Std / NI / NA 40602 of Sp.Reading Insured Eng/No: VEDA02019. Policy No C/No: Gen. Cond: Good/ Fair / Poor / Burnt Claims No. Excess: Steering: norder / Jammed / Leaked / Burnt or Sum Insured: Brake: In order / Jammed / Leaked / Burnt or (Client's Record) Modi: Nil / STD A/Rim or Make of Veh: 235/40R18 Tyre Size: 235/40R18 (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. TOYO / YOKO or Front Bal. or Market Value Rear Oh R/Bal. Consistent?: Yes or No R/Bal. mm IDAC Accident Rport mm 96 L/Bal. L/Bal. Consistent?: Yes or No GIA / PR Seen: mm mm 80/8 C D.O.A. D.O.I. Res.: Yes or No Est. Repairs: days 3 Val.: Yes or No Survey held at Lum Sum. Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or CA / REV / REP. / 24 HRS Vehicle: IN / OUT Person Contacted Date: The U/C / Chassis frame / Body Structure affected due to collision. Action / Instruction Date / Time TP A16. MV: PV: Nett: Date/Time. File Pass to? : Preli. Report Days Of Repair: Survey Fee: : Final Report Resurvey No. of Trip: Date/Time, File Return to? Transportation: Add Fee: : Site Insp (\$ S÷RS. SI Interview (\$ Fholos Tech. Invs (3) Report Formal: Others Long Front Letter Wastand 12

707/4

#### 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 <u>truthful and accurate</u> 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 Report	27/08/2020 17:57
Date Of Accident	26/08/2020 19:55
Exact Location Of Accident	YISHUN AVE 6
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLN1578C
Insured/Policyholder	
Name Of Registered Owner	TENG JUN YONG
NRIC No	SXXXX577Z
Email Address	JUNYONG_TENG@HOTMAIL.SG
Mobile Phone No	(LOCAL) +65-91064652
Alternative Phone No	OFFICE-91064652
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	SCIROCCO GP 1.4 TSI AT 1382G5 HID SR
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	THIRD PARTY
Vehicle Category	PRIVATE CAR

mountaince company	Insurance	Company
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Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5117200026

Cover Note Number

## Driver

 Name of Driver
 TENG JUN YONG

 NRIC No
 SXXXX577Z

 Date Of Birth
 30/01/1991

 Occupation
 INDOOR

 Date Of Driving Pass
 08/04/2010

Driving Experience 10 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91064652

Fax Number

Contact Number OFFICE-91064652

EMail Address JUNYONG\_TENG@HOTMAIL.SG

Address

BLK 818 WOODLANDS ST 82

Postcode

#12-413 730818

Was driver an employee of the Insured's Company NO If No. Relationship of the Driver with the Insured

OWNER

Vehicle Registration Number of Driver's Own Vehicle

Insurance Company of Driver's Own Vehicle

# General Information of the Accident

Type Of Accident

COLLISION - CHANGE/CROSS LANE

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?

NO

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

2

Passenger 1

NAME:

: KOH HUI HUI

GENDER:

: FEMALE

### 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 DRIVING STRAIGHT ON THE LEFT LANE, THE VAN CHANGE LANE AND HIT MY VEHICLE ON THE RIGHT HAND SIDE

#### Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

**GBJ9739S** 

Vehicle Make/Model/Colour

TOYOTA HIACE

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage No. Of Passenger (Including Driver)

#### Sketch Plan

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 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
- 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 talse 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
- By the lodgment 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) and insurers' in the police).
  - 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
- (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
  - 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: 7 7 / 08 / 20

Driver's Signature

(If driver is not the policyholder)

Date & Time

7-20pm

Reporting Centre Personnel's Signature Name Link 122 Pm NRIC/FIN No. GANDONS & COM

### Sketch Plan #2

SKETCH PLAN

DECLARATION

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

A: SLV 1576 L B. GEJ 97 395
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT
I was driven straight on the left land, the van change but and nit my vahille on the night have side
but and nit my vehicle on the night hand star

Reporting Centre Personnel's Signature Name: LIM BR SIGN NRIC/FIN NO GRANS 65M Policyholder's Signature
Date & Time 2 2 (08) 2 U ((if driver is not the policyholder)
3 30 pm Date & Time

Page 5 of 25

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

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

WIP: 47135

## **Telefax**

Estimate Workshop **Accident Repairs** 

**Contact No** 

Ubi Road 1 6366 2323 6841 1183

Fax No Reference

PA/TP/0609/2020/NS

Date

28-Aug-20

Vehicle NOT IN workshop. Please arrange for survey.

Your insured veh no:

GB<sub>1</sub> 9739 S

# AIG Asia Pacific Insurance Pte Ltd

78 Shenton Way #07-16 AIG Building Singapore 079120

Attn: Mr. Adrian Ling - Motor Claims Dept

Tel: 6841 0055 - Fax: 6256 4315

Owner's Name

Mr Teng jun Yong

Address

Blk 818 Woodlands St 82

#12-413

Singapore 730818

Telephone Type of Claim

(HP) +65 91064652 Third Party Claims 5117200026

Policy No. Vehicle No

**SLN 1578 C** 

Model Code

Volkswagen Scirocco

Model / Year

25/5/2017

**Engine No** 

CMS 044465

Chassis No

WVWZZZ13ZHV004871

Mileage Date In

Estimated By

**Accident Date** 

Johnny Boo / Allan Wu

26-Aug-20 Place of Accident

Yishun Ave 6

\$5 Ubi Road 1, Singapore 408699

# Telefax

# Estimated Labour Charges for Accident Vehicle. SLN 1578 C

S/n	Nature of Jobs		 Estimated Charges	Survevor' <b>s</b> Recommendations
1	To remove and transfer rhs front door's multi- lock system and power window devices. Inspect for damages.	5/N	\$ 280.00	✓
2	To dismantle and renew rhs front door. Reorganise crash management components. Reinstall all parts removed.		\$ 1,050,00	500
3	To respray rhs front door, door handle and rhs rear fender.		\$	1000
4	To carry out diagnostic check.	S/N	\$ 192.00	
	TOTAL LABOUR CHARGES	:	\$ 3,822.00	-

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

Material List for Accident Vehicle Regn No. SLN 1578 C

		Damaged Parts & Prices		
S/N	Parts Description		S/Nett Remarks	
1	FRONT DOOR - RH Devited.	\$	2,674.00	
2	OUTER A-PILLAR DOOR SEAL - RH NL N	\$	114.00 🗡	
3	OUTER DOOR SEAL Hur	\$	62.00 /	
4	SOUND ABSORBER ?	\$	31.00	
5	MOUNTING BAR - RH , We w	\$	239.00 ₹.	
6	EXTERIOR DOOR HANDLE - RH は	\$	337.00 /	
7	DOOR HANDLE CAP-RH	\$	35.00 ≿,	
8	FRONT DOOR COVER - RH W	\$	163.00	
9	REAR PROTECTIVE STRIP - RH W	\$	149.00	
10	SUNDRIES ?	\$	200.00 ?	
	TOTAL SPARE PARTS : TOTAL LABOUR CHARGES : GRAND TOTAL :	\$ \$ \$	4,004.00 3,822.00 7,826.00	

All charges are not inclusive of GST.

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

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

# Telefax

Name

Surveyed Date

Authorised Date

Excess Cost

Liability Remarks

Not Authorized, OA Pays

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