

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. _____

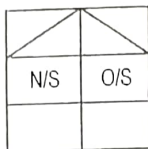
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



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: SKT8765M /t Regn: 2015 May

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

Truck / Trailer or

Make: Andi A6 C.C. 1984

Colour: White A/C: Insured / Std / NI / NA

Sp. Reading: 106221 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WAUZZ224G6EN173540

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S.Rim / STD A/Rim or

Tyre Size: F: 225/55R17

R: 225/55R17

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

TOYO / YOKO or

Front

Rear

R/Bal. 06 mm

R/Bal. 26 mm

L/Bal. 06 mm

L/Bal. 06 mm

D.O.A. _____

D.O.I. 10/09/20

Survey held at Premium

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

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

Date / Time

Action / Instruction

TP 1st Cop.

MV :

PV :

Nett :

Date/Time, File Pass to?



: Preli. Report

1)



: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Insp (\$



: Meet Insp (\$

Survey Fee:

Transportation:

3 + PS. \$

Fuel:

Other:

Report Format:

Emp. Sign / Date:

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	07/09/2020 15:37
Date Of Accident	05/09/2020 14:50
Exact Location Of Accident	AYE TO KEPPEL ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKT8765M
Insured/Policyholder	
Name Of Registered Owner	LI BAOSHUN
NRIC No	SXXXX189H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97659758
Alternative Phone No	OFFICE-97659758

Vehicle Particulars

Manufacturer	AUDI
Model	A6-2.0 TFSI MU (A)
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

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	VA1/GA343948
Cover Note Number	

Driver

Name of Driver	LI BAOSHUN
NRIC No	SXXXX189H
Date Of Birth	26/06/1963
Occupation	INDOOR
Date Of Driving Pass	17/05/2001
Driving Experience	19 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97659758
Fax Number	
Contact Number	OFFICE-97659758
Email Address	NOEMAIL

Address	130 TANJONG RHU ROAD #08-08
Postcode	436918
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 - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

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?	YES
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)	2
Passenger 1	NAME: : LIU HONGMEE GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	10 UBI AVENUE 3
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

WHEN I WAS FILTERING OUT FROM AYE TO KEPPEL ROAD THE CAR INFRONT ME SLOWED DOWN AND I ALSO SLOWED DOWN. SUDDENLY THE VEHICLE BEHIND ME HIT MY REAR OF MY VEHICLE. MY WIFE IMMEDIATELY WENT DOWN THE CAR AND VOMIT AND FELT PAIN NECK AND ARM. I ALSO FELT PAIN ON MY FINGERS.

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	SHC7086X
Vehicle Make/Model/Colour	HYUNDAI
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

1. Please report correctly the details of the accident to speed up the claims process.
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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. 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.
7. 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) 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.
- (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.

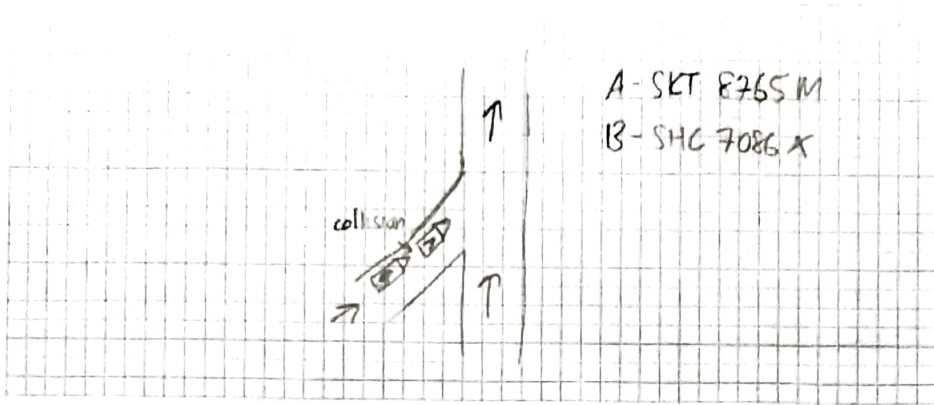

Policyholder's Signature
Date & Time: 31/5/20

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


Reporting Centre Personnel's Signature
Name: Terrence Tan
NRIC/FIN No: G89312987

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

When I was filtering out from AVE to Keppel Road the car in front
 me slowed down and I also slow down. Suddenly the vehicle behind me
 hit my rear of my vehicle. My wife immediately went down the
 car and vomit and felt pain neck and arm. I also felt pain on my
 fingers.

DECLARATION

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

Policyholder's Signature

Date & Time: 7/7/20

3:15 pm

GURPNC SketchPlan no. 03

Driver's Signature

(If driver is not the policyholder)

Date & Time:



Reporting Centre Personnel's Signature

Name: Terrence Tan

NRIC/FIN No.: 68731298T

Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09 00 - 17 00
UEN: S665500206 / GST Reg No: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MPA120077230 Vehicle Registration No: 8K78766M
Name(as shown in NRIC) : LI BAOHUN NRIC/FIN/Passport No : S2690189H
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 130 TANJUNG RHURD, #08-08, Singapore(436918)
Contact (Tel) : - Mobile No. : 97659758
Email Address : -
Date of Accident : 05/09/2020 Time of Accident : 1450 hrs
Place of Accident : AYE to Keppel Road
Insurance Company: -

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Changed car plate number

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Yen Hui Tan
NRIC/FIN No.: 68922987
Date: 2/9/20

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
CONTACT NO	:	6366 2323
FAX NO	:	6841 1183
REFERENCE	:	PA/TP/0645/2020/TT
DATE	:	9-Sep-20
WIP	:	48455

VEHICLE NOT IN WORKSHOP. KINDLY ARRANGE FOR SURVEY.

MS FIRST CAPITAL INSURANCE PTE LTD

36 ROBINSON ROAD

#16-01 CITY HOUSE

SINGAPORE 0689877

ATTN: MR. ADRIAN LING - MOTOR CLAIMS DEPT

TEL: 6841 0055 - FAX: 6256 4315

OWNER'S NAME	:	MR LI BAO SHUN
ADDRESS	:	130 TANJONG RHU ROAD #08-08 SINGAPORE 436918
TELEPHONE	:	HP +65 97659758
TYPE OF CLAIM	:	THIRD PARTY CLAIM
POLICY NO	:	VA1/GA343948
VEHICLE NO	:	SKT 8765 M
MODEL CODE	:	AUDI A6 C7 2.0 TFSI MU 4G
MODEL YEAR	:	26/5/2015
ENGINE NO	:	CDN 412656
CHASSIS NO	:	WAUZZZ4G6EN173540
MILEAGE	:	-
DATE IN	:	-
ESTIMATED BY	:	JOHNNY BOO / ALLAN WU
ACCIDENT DATE	:	5-Sep-20
PLACE OF ACCIDENT	:	AYE TO KEPPEL ROAD

55 UBI ROAD 1, SINGAPORE 408699

TEL : 6366 2323 FAX : 6841 1183

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

ESTIMATED LABOUR CHARGES FOR ACCIDENT VEHICLE SFZ 8300 Z

S/N	NATURE OF JOBS		ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATIONS
1	TO REMOVE AND REINSTALL REAR PARKING AID AND REAR LID KICK SENSOR. CHECK FUNCTION	S/N	\$ 360.00	✓
2	TO DISMANTLE AND RENEW REAR BUMPER. RE-ORGANISE CRASH MANAGEMENT COMPONENTS.	S/N	\$ 1,200.00	sw
3	TO RESPRAY REAR BUMPER	S/N	\$ 1,000.00	sw
4	TO CARRY OUT DIAGNOSTIC CHECK	S/N	\$ 192.00	✓
TOTAL LABOUR CHARGES		:	<u>\$ 2,752.00</u>	



PREMIUM AUTOMOBILES



55 UBI ROAD 1, SINGAPORE 408699

TEL : 6366 2323 FAX : 6841 1183

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

MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SFZ 8300 Z

S/N PARTS DESCRIPTION	QTY	DAMAGED PARTS & PRICES		REMARKS
		S/NETT		
1 REAR BUMPER <i>del d</i>		\$	2,537.00	✓
2 REAR BUMPER FIXING PARTS <i>not n</i>		\$	272.00	+
3 REAR BUMPER SPOILER <i>del d</i>		\$	343.00	✓
4 REAR BUMPER SECURING STRIP ?		\$	170.00	?
5 REAR BUMPER CARRIER ?		\$	960.00	?
6 REAR BUMPER CARRIER SEAL - LH/RH <i>men</i>	2	\$	28.00	+
7 REAR BUMPER GUIDE SECTION - LH/RH <i>men</i>	2	\$	66.00	+
8 REAR BUMPER CONNECTING PIECE <i>men</i>	2	\$	25.00	+
9 REAR BUMPER GUIDE PROFILE - LH/RH UPPER ?	2	\$	114.00	+
10 REAR BUMPER GUIDE SECTION - CENTRE	2	\$	105.00	+
11 REAR BUMPER CARRIER COVER - RH		\$	114.00	+
12 REAR PARKING AID SENSOR <i>men</i>	2		TBC	+
13 BOOT LID CONTROL UNIT ?		\$	399.00	✓
14 EXHAUST TAIL PIPE TRIM <i>men</i>		\$	561.00	+
15 SUNDRIES ?		\$	200.00	?
TOTAL SPARE PARTS	:	\$	5,894.00	
TOTAL LABOUR CHARGES	:	\$	2,752.00	
GRAND TOTAL	:	\$	8,646.00	

ALL CHARGES ARE INCLUSIVE OF GST

LEGEND:

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

SPARE PARTS ARE SPECIAL NETT.

PREMIUM AUTOMOBILES

55 UBI ROAD 1, SINGAPORE 408699

TEL: 6366 2323 FAX: 6841 1183

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



NAME : Adam L
SURVEYED DATE : 10/09/2017
AUTHORISED DATE :
EXCESS COST :
LIABILITY :
REMARKS : 16hr Authorised, 03 Days

PLEASE NOTE : THIS ESTIMATE IS BASED ON VISUAL INSPECTION OF THE AFFECTED VEHICLE. SHOULD WE REQUIRE FURTHER LAOUR 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