

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: SLR476SM 11 Regn: 2017, August
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Audi Q2 CC 999
 Colour: Grey A/C: Insured / Std / NI / NA
 Sp. Reading: 38307 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: WA42226A9JA001351
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modi: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 215/60 R16
 R: 215/60R16
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or
 Front _____ Rear _____
 R/Bal. ob mm R/Bal. ob mm
 L/Bal. ob mm L/Bal. ob mm
 D.O.A. _____ D.O.I. 18/09/20
 Survey held at Premium
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Rear o/s
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>TP EQ.</u>
	<u>MV :</u>
	<u>PV :</u>
	<u>Nett :</u>

Date/Time, File Pass to? ☐ : Preli. Report

1) ☐ : Final Report

Date/Time, File Return to?

2) _____

Report Format: _____

Lang: Sma / L.D.E. G

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$)

☐ : Interview (\$)

☐ : Tech. Insp (\$)

☐ : Wheel end (\$)

Survey Fee: _____

Transportation: _____

\$ + PS. \$

Photos

Other: _____

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	15/09/2020 14:13
Date Of Accident	15/09/2020 10:25
Exact Location Of Accident	CLUB STREET LAM POST NUMBER 10
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLR4765M

Insured/Policyholder	
Name Of Registered Owner	SIM SHAO QUAN(SHEN SHAOQUAN)
NRIC No	SXXXX573H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97885225
Alternative Phone No	OTHERS-97885225

Vehicle Particulars	
Manufacturer	AUDI
Model	Q2 1.0 TFSI S TRONIC
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5118238328
Cover Note Number	

Driver	
Name of Driver	SIM SHAO QUAN(SHEN SHAOQUAN)
NRIC No	SXXXX573H
Date Of Birth	07/11/1982
Occupation	INDOOR
Date Of Driving Pass	11/11/2005
Driving Experience	14 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97885225
Fax Number	
Contact Number	OTHERS-97885225
EEmail Address	NOEMAIL

Address	BLK 96B HENDERSON ROAD #38-72
Postcode	152096
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT MERAH EAST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 391 NEW BRIDGE ROAD POLICE CANTONMENT COMPLEX BLOCK A , POSTCODE: 088762 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2369999 - FAX NO: 62268438
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO THE POLICE REPORT NO.T/2020915/2025.

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	SKP5546U
Vehicle Make/Model/Colour	HONDA VEZEL/WHITE
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

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. 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:

15/1/2010 @ 1:59 PM

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: WONG HONG JUNG, GEORGE
NRIC/FIN No.: G2087143X

Sketch Plan #2

SKETCH PLAN



A - SLR4765M

B - SKP5546U

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to the police report NO.T/2020915/2025

DECLARATION

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

Policyholder's Signature

Date & Time:

15/9/2020 @ 1:59pm

GLAMC SketchplanForm_V3

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: WONG KHONG SENG GEORGE

NRIC/FIN No.: G298713X



POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200915/2025

1 of 3

Report No. T/20200915/2025

Police Station Of Origin:
Bukit Merah East N.P.C
A 391 New Bridge Road Police Cantonment
Complex SINGAPORE 088762
Tel No: 1800-2369999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/09/2020 12:03		Vide Report No.:		Station Diary No.: 22	
Name of Informant: SIM SHAO QUAN			Address: APT BLK 96B HENDERSON ROAD #38-72 SINGAPORE 152096		
ID Type / ID No.: NRIC NO / S8238573H			Contact No.: Home/Office: Mobile: 97685225		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 37	Date of Birth: 07/11/1982	Type of Informant: Vehicle Owner		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: PROJECT MANGER		Driving Licence Information: Class: 3,3A Date of Expiry:			

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 15/09/2020 10:25	Type of Location: Straight Road
Location: CLUB STREET				
Lamp Post Number: 10				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 30 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

SKP5546U	Car	HONDA	Vezel	White		0
SLR4765M	Car	AUDI	Q2	Grey	Slightly Damaged	0

SLR4765M	NTUC Income Insurance Co-Operative Limited			
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POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200915/2025

2 of 3

Report No. T/20200915/2025

Police Station Of Origin:
Bukit Merah East N.P.C
A 391 New Bridge Road Police Cantonment
Complex SINGAPORE 088762
Tel No: 1800-2369999

CONTINUATION OF REPORT

Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Name	SIM SHAO QUAN	ID No.	S8238573H
Related Vehicle	NIL	Contact No.	97885225
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the above date, time and location, I parked my vehicle SLR4765M at the parallel parking lot as my office is at 88 Club Street. I went back to my vehicle from my office and when I was in my car, my device 'IROAD' showed me that there was an impact on my vehicle. I make a check surrounding of my vehicle and discovered there was a slight scratch and dent on my right rear side of my vehicle. I checked my back camera for evidence and saw a vehicle bearing SKP5546U hitting onto my rear side while trying to move out of the lot behind my vehicle and drive off. The owner of the vehicle SKP5546U did not approach me to exchange any particulars. I making this report for insurance claims.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200915/2025

Police Station Of Origin:
Bukit Merah East N.P.C
A 391 New Bridge Road Police Cantonment
Complex SINGAPORE 068762
Tel No: 1800-2369999

3 of 3

Report No. T/20200915/2025

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: A / Sgt 2 YEO YAOYI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 15/09/2020 12:03
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt IRMAN BIN MOHAMAD SAID Contact No.: 65476145	Classification Of Case:
Authentication Stamp NP168	 Signature Singapore Police Force

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/0646/2020/NS
DATE	:	9-Sep-20
WIP	:	48271

VEHICLE NOT IN WORKSHOP. KINDLY ARRANGE FOR SURVEY.

YOUR INSURED VEH NO : SKP 5546 U

EQ INSURANCE COMPANY LIMITED

22 GEMMILL LANE

SINGAPORE 069257

Motor Claims Dept

Tel: 6223 9433 - Fax: 6223 4190

OWNER'S NAME	:	MR SIM SHAO QUAN(SHEN SHAOQUAN)
ADDRESS	:	96B HENDERSON ROAD #38-72 SINGAPORE 152096
TELEPHONE	:	HP +65 97885225
TYPE OF CLAIM	:	THIRD PARTY CLAIM
POLICY NO	:	5118238328
VEHICLE NO	:	SLR 4765 M
MODEL CODE	:	AUDI Q2 1.0 TFSI S TRONIC
MODEL YEAR	:	16/8/2017
ENGINE NO	:	CHZ 397933
CHASSIS NO	:	WAUZZZGA9JA001351
MILEAGE	:	-
DATE IN	:	-
ESTIMATED BY	:	JOHNNY BOO / ALLAN WU
ACCIDENT DATE	:	15-Sep-20
PLACE OF ACCIDENT	:	CLUB STREET LAMP POST NUMBER 10

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 SLR 4765 M

S/N	NATURE OF JOBS	ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATIONS
1	TO REMOVE AND TRANSFER REAR PARKING AID. CHECK FUNCTION AND RENEW ACCORDING TO DAMAGE.	S/N \$ 280.00 ✓	
2	TO DISMANTLE AND RENEW REAR BUMPER. RE-ORGANISE CRASH MANAGEMENT COMPONENTS. REINSTALL ALL PARTS REMOVED.	\$ 1,200.00 800	
3	TO RESPRAY REAR BUMPER.	\$ 1,000.00 800	
4	TO CARRY OUT DIAGNOSTIC CHECK.	S/N \$ 192.00 ✓	
TOTAL LABOUR CHARGES		: \$ <u>2,672.00</u>	

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. SLR 4765 M

S/N PARTS DESCRIPTION	QTY	DAMAGED PARTS & PRICES		REMARKS
		S/NETT		
1 REAR BUMPER <i>Repair</i>		\$	1,164.00	X
2 REAR BUMPER FIXING PARTS <i>new</i>		\$	76.00	X
3 REAR BUMPER SPOILER <i>new</i>		\$	281.00	X
4 REAR BUMPER TOWING EYE COVER <i>new</i>		\$	43.00	X
5 REAR LIGHT REFLECTOR - RH ?		\$	30.00	?
6 TAIL LIGHT <i>2</i>		\$	1,306.00	+
7 TAIL LIGHT TRIM <i>new</i>		\$	30.00	+
8 REAR BUMPER CARRIER		\$	544.00	+
9 REAR BUMPER HOLDING STRAP - LH / RH <i>2</i>	2	\$	26.00	+
10 REAR PARKING AID SENSOR - OUTER <i>2</i>			TBC	+
11 REAR PARKING AID SEAL RING <i>new</i>	4	\$	14.00	+
12 REAR WHEEL COVER - LH / RH <i>new</i>	2	\$	336.00	✓
13 SUNDRIES ?		\$	200.00	?
TOTAL SPARE PARTS	:	\$	4,050.00	
TOTAL LABOUR CHARGES	:	\$	2,672.00	
GRAND TOTAL	:	\$	6,722.00	

ALL CHARGES ARE 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

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

NAME : Adnan L
SURVEYED DATE : 18/09/201
AUTHORISED DATE :
EXCESS COST :
LIABILITY :
REMARKS : Not 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