

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: SDM88582 Tr Regn: 2017 / Sept.
 Type: M.Car M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or

Make: Andi QS c.c. 1984.
 Colour: Black A/C: Insured / Std / NI / NA
 Sp. Reading: 20948 T/Radio: Insured / Std / NI / NA

Eng/No: _____
 C/No: WAU 222F73H2048510

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: 235/55R19

R: 235/55R19

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

TOYO / YOKO or Continental

Front

Rear

R/Bal. 06 mm R/Bal. 06 mm

L/Bal. 06 mm L/Bal. 06 mm

D.O.A. _____ D.O.I. 25/09/20

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 Check

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:

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Insp (\$

☐ : Wash up (\$

Flake

Other:

TOTAL

Report Forward:

Long Quid / M. J. J.

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	14/09/2020 13:22
Date Of Accident	13/09/2020 14:00
Exact Location Of Accident	NEW BRIDGE ROAD TOWARDS KEONG SARK ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDM8858Z
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Insured/Policyholder

Name Of Registered Owner	MERRY GUNAWAN
NRIC No	FXXXX472X
Email Address	MERRY_JACQUELINE@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-97555277
Alternative Phone No	OTHERS-97555277

Vehicle Particulars

Manufacturer	AUDI
Model	Q5 SPORT 2.0 TFSI QU 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	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT/00698903
Cover Note Number	

Driver

Name of Driver	MERRY GUNAWAN
NRIC No	FXXXX472X
Date Of Birth	26/06/1970
Occupation	INDOOR
Date Of Driving Pass	06/09/2004
Driving Experience	16 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97555277
Fax Number	
Contact Number	OTHERS-97555277
EMail Address	MERRY_JACQUELINE@YAHOO.COM.SG

Address	11, NATHAN RD #23-03
Postcode	248732
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?	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)	2
Passenger 1	NAME: : JACQUELINE LEE GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes,Please state which Police Station	
Police Station Name	ORCHARD NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 51 KILLINEY ROAD , POSTCODE: 239572 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7359999 - FAX NO: 67331934
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

MY CAR (SDM 8858 Z) WAS STOPPED AT TRAFFIC LIGHT ON NEW BRIDGE ROAD NEAR (CHINATOWN POINT). CAR WAS HIT FROM BEHIND WHILE STATIONARY AT LIGHT. TIME OF ACCIDENT WAS 2PM.

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	SKW1260H
Vehicle Make/Model/Colour	MERCEDES BENZ/WHITE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	EVELY TNG JING YI(TANG JINGYI)
NRIC/Passport Number	TXXXX831E
Contact Number	

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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)**

(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")

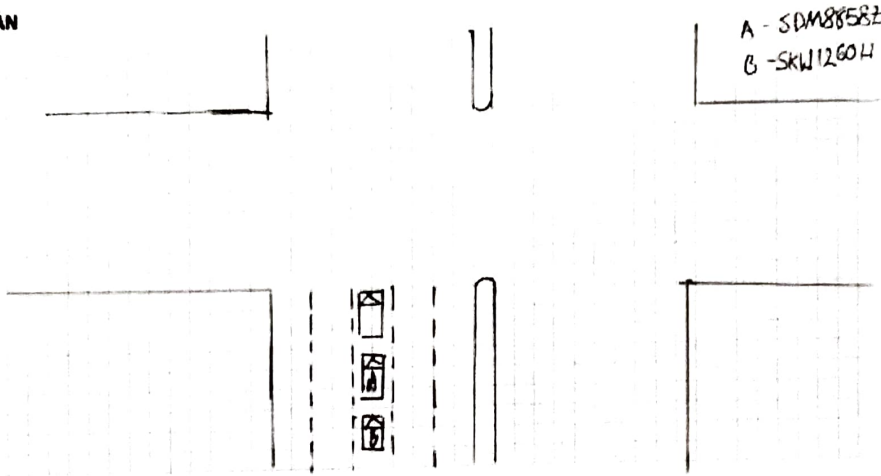
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the 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.

Name: WONG KHONG SEAH, George
NRIC/FIN No.: G2987143x



Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My car (SDM88582) was stopped at traffic light on New Bridge Road near (Chinatown Point). Car was hit from behind while stationary at light. Time of accident was 2pm

DECLARATION

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

Policyholder's Signature

Date & Time: 14/9/2020 @ 11:30

Driver's Signature

(If driver is not the policyholder)

Date & Time: 14/9/2020 @ 11:30

Reporting Centre Personnel's Signature

Name: Wong Seng Siang, George

NRIC/FIN No.: G29871432



POLICE REPORT

Annex E

NOTICE OF REPORTING

This is to confirm that Meng Gunguan, NRIC/FIN
E2490432X, has reported to the Police a non-injury traffic accident which
occurred at New Bridge Road towards
Keang Siah Road
on 13/9/20 at 1400 hrs am/pm involving the following vehicles:

2 If this accident was reported to the Police within 24 hours of its occurrence, then
he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: Sgt Jordan Ng

Date: 13/9/2020 Time: 1525 hrs

S/D Ref: 51

Police Post/Unit: Orchard NPC

ORCHARD NEIGHBOURHOOD POLICE OFFICE
51 KILLINEY ROAD
SINGAPORE 23957
TEL 1800-223-0000

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/0679/2020/NS
DATE : 18-Sep-20
WIP : 49920

VEHICLE NOT IN WORKSHOP. KINDLY ARRANGE FOR SURVEY.

YOUR INSURED VEH NO : SKW 1260 H

CHINA TAIPING INSURANCE (SG) PTE LTD

105 CECIL STREET

#19-00 THE OCTAGON

SINGAPORE 069534

Attn: Ms Angie - Motor Claims Dept/Windscreen

Tel: 6389 6541 - Fax: 6224 7175

OWNER'S NAME : MS MERRY GUNAWAN
ADDRESS : 11 NATHAN RD
#23-03
SINGAPORE 248732
TELEPHONE : HP +65 97555277
TYPE OF CLAIM : THIRD PARTY CLAIM
POLICY NO : MT/00698903
VEHICLE NO : **SDM 8858 Z**
MODEL CODE : AUDI Q5 SPORT 2.0 TFSI QU
MODEL YEAR : 27/9/2017
ENGINE NO : DAX 012912
CHASSIS NO : WAUZZZF3H2048510
MILEAGE : -
DATE IN : -
ESTIMATED BY : JOHNNY BOO / ALLAN WU
ACCIDENT DATE : 13-Sep-20
PLACE OF ACCIDENT : NEW BRIDGE ROAD TOWARDS KEONG SARK 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 SDM 8858 Z

S/N	NATURE OF JOBS	ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATIONS
1	TO REMOVE AND TRANSFER REAR PARKING AID AND REAR LID KICK SENSOR. CHECK FUNCTION AND RENEW ACCORDING TO DAMAGE.	S/N \$ 360.00	✓
2	TO DISMANTLE AND RENEW REAR BUMPER. RE-ORGANISE CRASH MANAGEMENT COMPONENTS. REINSTALL ALL PARTS REMOVED.	\$ 1,200.00	800
3	TO RESPRAY REAR TOP BUMPER, REAR LOWER BUMPER AND BOTH REAR WHEEL ARCH TRIMS.	\$ 2,800.00	2000. 800 x 2 = 1600 Arc x 2 = 200 x 2 = 400
4	TO CARRY OUT DIAGNOSTIC CHECK.	S/N \$ 192.00	✓
TOTAL LABOUR CHARGES		: <u>\$ 4,552.00</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. SDM 8858 Z

S/N PARTS DESCRIPTION	QTY	DAMAGED PARTS & PRICES		REMARKS
		S/NETT		
1 REAR UPPER BUMPER <i>Regis</i>		\$	1,724.00	+
2 REAR LOWER BUMPER		\$	1,182.00	+
3 REAR SPOILER <i>new let</i>		\$	830.00	✓
4 REAR BUMPER TOWING EYE COVER - LH		\$	48.00	+
5 REAR BUMPER TOWING EYE COVER - RH		\$	29.00	+
6 REAR BUMPER CLOSING ELEMENT - LH / RH <i>2</i>	2	\$	190.00	+
7 REAR BUMPER TRIM - LH / RH <i>2</i>	2	\$	468.00	+
8 TAIL LIGHT - LH / RH <i>2</i>	2	\$	1,382.00	+
9 BOOT LID CONTROL UNIT <i>2</i>		\$	399.00	+
10 REAR BUMPER CARRIER		\$	911.00	+
11 REAR BUMPER HOLDING STRAP		\$	166.00	+
12 REAR PARKING AID SENSOR <i>2</i>	2		TBC	+
13 REAR PARKING AID SEAL RING	4	\$	14.00	+
14 REAR WHEEL COVER - LH / RH <i>2</i>	2	\$	1,154.00	✓
15 SUNDRIES		\$	250.00	?
TOTAL SPARE PARTS	:	\$	8,747.00	
TOTAL LABOUR CHARGES	:	\$	4,552.00	
GRAND TOTAL	:	\$	13,299.00	

ALL CHARGES ARE 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

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

NAME : *Adrian Ly*
SURVEYED DATE : *25/09/20*
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