SECTEGES.	
A.	SSIGNNENT
Estimated Cost: OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Veli No: SLU 521K - Yr Regn: 2017 / Nov Type: M.Cad/ M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or
To Inspect Vehicle No:	Make: Andi A3 Sedan. c.o 999
at Workshop m/s	Colour Black · A/C: Insured/Std/NI/NA
of grant of	Sp.Reading 87154 T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	C/No: WAU2228V3J1022598
Claims No. Sum Insured: Evenes:	Gen. Cond: Good / Fair / Poor / Burnt
(Client's Record)	Steering: Norder / Jammed / Leaked / Burnt or
Make of Veh:	Brake: Inorder / Jammed / Leaked / Burnt or
(Policy Condition) Remark: The veh had commenced its repair at the time of inspection.	Tyre Size: F: $225/45R17$. R: $325/45R17$.
Bal. or Market Value.	<u>Front</u> <u>Rear</u>
IDAC Accident Rport: Consistent? : Yes or No GIA / PR Seen: Consistent? : Yes or No Est. Repairs: days Res.: Yes or No	R/Bal. 06 mm R/Bal. 06 mm L/Bal. 06 mm L/Bal. 06 mm D.O.A. D.O.I. 05/1/20
Lum Sum: % 3 Val.: Yes or No	Survey held at Premium.
CA / REV / REP. / 24 HRS Vehicle: IN / OU Date: Person Contacted:	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Date / Time Action / Instruction	, and a state of the state of t
mv: PV: Nett:	
Dale/Time, File Pass to? : Prell. Report	Days Of Repair:
1) : Final Report Date/Time File Pourn to?	Resurvey No. of Trip: Survey Fee: Transportation:
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	: Interview (3) Floids

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11111-1

Tech. Inv. G

Max 2 = 1 + 1

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	02/11/2020 10:12	
Date Of Accident	31/10/2020 16:55	
Exact Location Of Accident	ANG MO KIO AVE 5 OUTSIDE BLK 151	
Country/State of Loss	SINGAPORE	
C. C	ETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLU521K	festious adl n. Founds
Insured/Policyholder		
Name Of Registered Owner	KOH ZHI CHENG(GAO ZHICHENG)	
NRIC No	SXXXX656H	
Email Address	KZCMARK@SGMAILHUB.COM	
Mobile Phone No	(LOCAL) +65-88861088	
Alternative Phone No	OFFICE-88861088	
Vehicle Particulars		
Manufacturer	AUDI	
Model	A3 SEDAN 1.0 TFSI 8V	
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	
f No, Please state action to be taken	THIRD PARTY	
Vehicle Category	PRIVATE CAR	
Insurance Company		
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.	
Type Of Coverage	COMPREHENSIVE	
Fleet Policy	NO	
Policy Number	1700077636-03	
Cover Note Number		cross at attact readic
Driver		
Name of Driver	KOH ZHI CHENG(GAO ZHICHENG)	
NRIC No	SXXXX656H	
Date Of Birth	17/10/1982	
Occupation	INDOOR	
Date Of Driving Pass	26/12/2008	
Driving Experience	11 YEARS AND 10 MONTHS	
Gender	MALE	
Mobile Number	(LOCAL) +65-88861088	
Fax Number		
Contact Number	OFFICE-88861088	
EMail Address	KZCMARK@SGMAILHUB.COM	

Address 530B PASIR RIS DRIVE 1

#03-370

Postcode 512530

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

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by ambulance?

ambulance :

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

YES

2

YES

NO

1

Police Station Address ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY:

SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

THIS ACCIDENT HAPPENED ALONG ANG MO KIO AVE 5 OUTSIDE BLK 151 TOWARDS UPPER THOMSON ROAD. I WAS WAITING AT A TRAFFIC LIGHT JUNCTION TO MAKE A UTURN WHEN THIS VAN REAR-ENDED MY REAR BUMPER. I GOT DOWN TO CHECK MY REAR BUT AS IT WAS RAINING HEAVILY, I COULD NOT QUICKLY JUDGE THE DAMAGE. THE OTHER PARTY INSISTED IT WAS HIS LICENSE PLATE THAT REAR-ENDED MY CAR AND NO VISIBLE CRACKS, SCRATCHES OR DAMAGES WERE SEEN. I FOUND MY REVERSE SENSOR TO BE SLIGHTED OUT OF PLACE AND HE INSIST THERE IS NOTHING. AS IT WAS RAINING HEAVILY, I COULD NOT TAKE A CLEAR PHOTO OF THE ACCIDENT SCENE BUT I HAVE A VIDEO OF HIS VAN REAR ENDING MY REAR. PARTICULARS OF THE OTHER DRIVER COULD NOT BE TAKEN AS WELL.

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 GBE3782G

Vehicle Make/Model/Colour HYUNDAI STAREX.WHITE

Details Of Properties

Vehicle Category GOODS VEHICLE

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.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful</u> and <u>accurate as possible</u>. Any willful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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) of .
 - 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:

02/11/20 (90)

- (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:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: Will Foor

NRIC/FIN NO.: SUKKE 94 RE

Policyholder's Signature Viver Signature	KETCH PLAN		
ESCRIBE CIRCUMSTANCES OF THE ACCIDENT This accident happened along ang mo kile ac 5 existed ELK ISI towns Upper Thomas a load I was waiting at a traffic light junction of MONE a viven when this van sear extent any every hung get down to check my secre but as it was ranning how and not quickly sidge the danage the others party insisted it was his license plate that face and he insist floor as visit as it was raining heavy I gold not take a clear photo at a accident seem but I have a video of his van recording Periodent as well. DECLARATION We declare the foregoing particulars are true in every respect. Proportion of the proposed of the control of			
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Policyholder's Signature University Europe	I/We declare the foregoing particu	lars are true in every respect.	(\$(£')\$)
Policyholder's Signature University Europe	1121		\$500 30 A
Name: Last Local	Partition Standard	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time: PIGITO NRIC/FIN No.: SXXX Q+2 E	Date & Time: 3/11/20	(If driver is not the policyholder)	Company No.

GUARMS SketchPlanForm_VE





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/0833/2020/NS

DATE : 3-Nov-20 **WIP** : 56128

VEHICLE NOT IN WORKSHOP. KINDLY ARRANGE FOR SURVEY.

YOUR INSURED VEH NO: GBE 3782 G

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 KOH ZHI CHENG (GAO ZHICHENG)

ADDRESS : BLK 530B PASIR RIS DR 1

#03-370

SINGAPORE 512530

 TELEPHONE
 :
 HP +65 88861088

 TYPE OF CLAIM
 :
 THIRD PARTY CLAIM

 POLICY NO
 :
 1700077636-03

VEHICLE NO : SLU 521 K

MODEL CODE : AUDI A3 SEDAN 1.30 TFSI 8V

 MODEL YEAR
 :
 21/11/2017

 ENGINE NO
 :
 CHZ 575918

CHASSIS NO : WAUZZZ8V3J1022598

MILEAGE : -

DATE IN : -

ESTIMATED BY : JOHNNY BOO / ALLAN WU

ACCIDENT DATE : 31-Oct-20

PLACE OF ACCIDENT : ANG MO KIO AVE 5 OUTSIDE BLK 151



* PREMIUM AUTOMOBILES



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 SLU 521 K

S/N	NATURE OF JOBS		STIMATED CHARGES	SURVEYOR'S RECOMMENDATIONS
1	TO REMOVE AND REINSTALL REAR PARKING AID. CHECK FUNCTION AND RENEW ACCORDING TO DAMAGE.	S/N	\$ 280.00	
2	TO DISMANTLE AND REINSTALL REAR BUMPER. RE- ORGANISE CRASH MANAGEMENT COMPONENTS. REINSTALL ALL PARTS REMOVED.		\$ 1,050,00	500
3	TO RESPRAY REAR BUMPER.		\$ 900.00	550
4	TO CARRY OUT DIAGNOSTIC CHECK.	S/N	\$ 192.00	~
	TOTAL LABOUR CHARGES	:	\$ 2,422.00	





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. SLU 521 K

S/N PARTS DESCRIPTION	QTY	DAMAGED PARTS S/NETT	& PRICES REMARKS
1 REAR PARKING AID SENSOR - INNER/OUTER	not M	\$ 242.00	×
2 SUNDRIES		\$ 200.00	*.
TOTAL SPARE PARTS TOTAL LABOUR CHARGES	:	\$ 442.00 2,422.00	
GRAND TOTAL	:	\$ 2,864.00	

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

Adrian L.

SURVEYED DATE

AUTHORISED DATE

EXCESS COST

LIABILITY

REMARKS

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**