

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: SLU521K Regt: 2017 Nov
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or

Make: Audi A3 Sedan C.C. 999
 Colour: Black A/C: Insured / Std / NI / NA
 Sp. Reading: 87154 T/Radio: Insured / Std / NI / NA

Eng/No: _____
 C/No: WAUZZZ8V3J1022598

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: 225/45R17

R: 225/45R17

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

TOYO / YOKO or

Front		Rear	
R/Bal.	<u>06</u> mm	R/Bal.	<u>06</u> mm
L/Bal.	<u>06</u> mm	L/Bal.	<u>06</u> mm
D.O.A.		D.O.I.	<u>05/11/20</u>

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 AIG.

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:

Arld Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Insp. (\$

☐ : Meet and (\$

Survey Fee:

Transportation:

____ \$ + PS. ____ \$

Fluor:

Other:

Report Form 3:

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	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

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU521K
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
If 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	

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
EEmail 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	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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
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?	NO
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	

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.
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.


02/11/20 09:20

Policyholder's Signature
Date & Time:

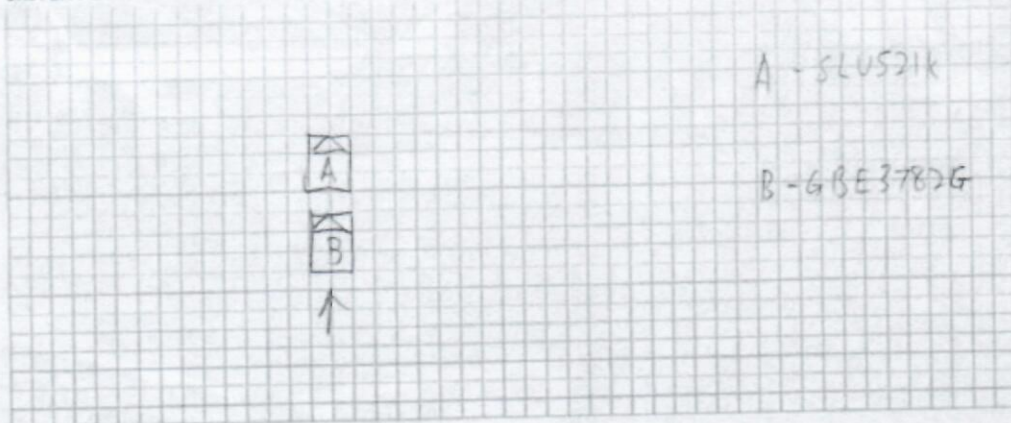
Driver's Signature
(If driver is not the policyholder)
Date & Time:



Reporting Centre Personnel's Signature
Name: Tony Foo
NRIC/FIN No.: SHK9411E

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

This accident happened along Ang Mo Kio Ave S outside blk 151 towards Upper Thomson Road I was waiting at a traffic light junction to make a u-turn 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 dislodged 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 bumper. Particulars of the other driver could not be taken as well.

DECLARATION

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


 Policyholder's Signature
 Date & Time: 2/11/20
 -09:20pm

GIARMC SketchPlanForm_V3

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



Reporting Centre Personnel's Signature
 Name: Tony Fong
 NRIC/FIN No: SXXXX 078E

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	ESTIMATED 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		: <u>\$ 2,422.00</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. SLU 521 K

S/N PARTS DESCRIPTION	QTY	DAMAGED PARTS & PRICES	
		S/NETT	REMARKS
1 REAR PARKING AID SENSOR - INNER/OUTER	2	\$ 242.00	X
2 SUNDRIES	1	\$ 200.00	X
TOTAL SPARE PARTS	:	\$ 442.00	
TOTAL LABOUR CHARGES	:	\$ 2,422.00	
GRAND TOTAL	:	\$ 2,864.00	

ALL CHARGES ARE INCLUSIVE OF GST

LEGEND:

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

SPARE PARTS ARE SPECIAL NETT.



NAME : Adrian Lj
SURVEYED DATE : 05/11/20.
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