Westend (\$

TOTAL

Lump Sum / LBJ: /3

Date Of Driving Pass 20/02/1995 Driving experience 25 YEARS AND 9 MONTHS Gender Male Mobile Number (Phone) +65-98511754 Alt. Phone Number +65-98511754 Email Address TJLOH@MSN.COM Address 247 PASIR RIS STREET 21 Address complement #09-145 Postcode 510247 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? No Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Type of Accident Collision - Head to Rear Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 2 Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) 4 Has the driver been approached by unknown person(s) No soliciting/offering accident claims assistance? PASSENGER 1 Name LOH YULI Gender Female PASSENGER 2 Name LOH YU SHERN Gender Male PASSENGER 3 YAP MEE LEE Name Female Gender DETAILS OF POLICE ACTION Was the accident reported to the police? No Was notice of intended Prosecution given? No If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

MY CAR WAS STOPPED AT TRAFFIC JUNCTION. SUDDENLY FELT BUMP IN CAR. DISCOVERED VAN HIT MY CAR REAR. NO INJURY REPORTED.

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Yes

Was there any audio recorded?

No

DETAILS OF OTHER VEHICLE PROPERTY 1



SPOR20C10005 / PREMIUM AUTOMOBILES PTE LTD [408699] ENTRY DATE & TIME: 01/12/2020 10:14 (SGT) SUBMITTED BY: MUHD NURSYAFIQ VERSION: 1 (01/12/2020 10:14 (SGT))

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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 witholding of material facts may allow insurance companies to repudiate

- policy liability on the part of the insurance companies.

 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

01/12/2020 10:14 (SGT) Date of Submission 27/11/2020 13:40 (SGT) Date of Accident **Exact Location of Accident** Pasir Ris Dr 8, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Audi

SLW1265H Vehicle Registration Number

INSURED/POLICYHOLDER

No Is company? LOH TENG JOO(LU TINGYU) Name Of Registered Owner SXXXX835D NRIC No TJLOH@MSN.COM **Email Address** Mobile Phone No (Phone) +65-98511754 Alternative Phone No +65-98511754

VEHICLE PARTICULARS

Manufacturer

A4 Model Variant Exact purpose for which vehicle was being used at time of Private use Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Private car Vehicle Category

INSURANCE COMPANY

Direct Asia Name of Insurance Company Comprehensive Type of Coverage No Fleet Policy MT/00755445 Policy Number Cover Note Number

DRIVER

LOH TENG JOO(LU TINGYU) Name of Driver SXXXX835D NRIC No 20/10/1973 Date Of Birth Indoor Occupation

Vehicle Registration Number	GBH5392U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Goods vehicle
Name of Driver	-
Contact Number	
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

- Please regard gregative the decails of the accident to speed up the claims process.
 This form most be completed by the Policaholder another the Assistantian Driver.
 Information provided must be an opposite amount as processing. Any wiful mis-first lover place mountaint components to propose the Resident Selection.
 The lover and acceptance of this form by mannatic stroppeness is not an administrative process.

- interested parties.

 If the budgement of this region to the transmission, you havely consent to the arithment of the required and the segment as the continued of the record being makes available efficiency.

 Consent under the Personal Dub Pricestime Act (PDPA)

 Interestinate, developing, agree and material freezing and the control freezing and the control freezing and the Consent feet.

 (a) My instruct, my weekshipp and the Consensi Insurance, Association of Singapore ("SAT) may after personal information products by me or presenced by my insure (instructively the "Personal definitions and my affect personal information products by me or presenced by my insure (instructively the "Personal definitions for all finite and transfer such my insure that the control insurance and my affect to the control of the
- (d)

 (ii) processing, hardling anothic dealing with my comes including the sectionment of the claims and any recentary investigations relating to the claims.

 (iii) investigation relating to the claims.

 (iii) conveying out anothing which may instructions or responding to any employees by me.

 (iii) conveying out anothing dealing with my instructions or responding to any employees by me.

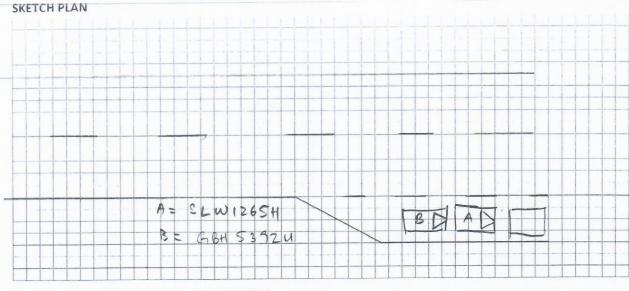
 (iv) administrating my claims (including the making of correspondence, blammans, invoices, response or notices to me, which sould merrie destination of certain personnel data about me to bring about destination of the control personnel data about me to bring about destination of the control personnel data about me to bring about destination of the control personnel data about me to bring about destination of the control personnel data about me to bring about destination of the control personnel data about me to bring about destination of the control personnel data about me to bring about destination of the control personnel data about me to bring about destination of the control personnel data about me to bring about the control personnel data about me to bring about the control personnel data about me to bring about the control personnel data about me to bring about the control personnel data about me to bring about the control personnel data about me to bring about the control personnel data about me to bring about the control personnel data about me to bring about the control personnel data about the contr

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 (I) the information calculated under the ablasse may be amount of such source.

 (I) the information calculated under the globate may be amount of such source, investigating, encounting or managing flyud, regulates, the enforcement and operation of species are caused by require for the purposes stated, or (II) the resembling with recomments under any regulations, less of court entires.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My car was stopped at traffic junction. Suddenly felt bump in car. Piscovered Long hit my car rear. No injury reported.	~			, ,	or Her	1. un b -		udda	1- E-11	bung	in
	1114	car was	stopped	od 1	1x(4)	Juichia	<u> </u>	- maren) 104	- CIVY	
	car.	Piscovered	loog hit	my	car le	al.	No	njury	cep orte	d	
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							ana light had				

DECLARATION

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

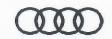
Jugs. 29/11 1510 H

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



Reporting Centre Personnel's Signature Name: SHARIFAH NRIC/FIN No.: \$ x xxx oc\ F)

* PREMIUM AUTOMOBILES



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/0932/2020/NS

DATE : 30-Nov-20 **WIP** : 59378

VEHICLE NOT IN WORKSHOP. KINDLY ARRANGE FOR SURVEY.

YOUR INSURED VEH NO: GBH 5392 U

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 LOH TENG JOO(LU TINGYU)

ADDRESS : BLK 247 PASIR RIS STREET 21

#09-145

SINGAPORE 510247

 TELEPHONE
 :
 HP +65 98511754

 TYPE OF CLAIM
 :
 THIRD PARTY CLAIM

 POLICY NO
 :
 MT/00755445

 VEHICLE NO
 :
 SLW 1265 H

MODEL CODE : AUDI A4 SEDAN 2.0 TFSI 8W

 MODEL YEAR
 :
 30/1/2018

 ENGINE NO
 :
 CVK 049078

CHASSIS NO : WAUZZZF49JA062713

MILEAGE : -

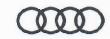
DATE IN : -

ESTIMATED BY : JOHNNY BOO / ALLAN WU

ACCIDENT DATE : 27-Nov-20

PLACE OF ACCIDENT : PASIR RIS DRIVE 8





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 SLW 1265 H

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.		\$	1,050.00	500
3	TO RESPRAY REAR BUMPER.		\$	900.00	550
4	TO CARRY OUT DIAGNOSTIC CHECK.	S/N	\$	192.00	
	TOTAL LABOUR CHARGES		\$	2,502.00	



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MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SLW 1265 H

S/N PARTS DESCRIPTION		DAMAGED PARTS 8 S/NETT	S & PRICES REMARKS	
1 REAR BUMPER Defound.		\$ 2,181.00 2		
2 REAR BUMPER FIXING PARTS 2		\$ 72.00		
3 REAR BUMPER SECURING STRIP		\$ 220.00	*	
4 REAR BUMPER SPOILER XH M		\$ 246.00	4	
5 REAR LIGHT REFLECTOR - LH/RH 7	2	\$ 82.00 🗴		
6 REAR BUMPER CARRIER		\$ 886.00 *		
7 REAR BUMPER CARRIER SEAL	2	\$ 28.00 +		
8 REAR BUMPER GUIDE SECTION - LH/RH	2	\$ 44.00 +		
9 REAR PARKING AID SENSOR - INNER/OUTER	2	\$ 484.00 +		
10 REAR PARKING AID SEAL RING ALL	4	\$ 14.00	X	
11 SUNDRIES		\$ 200.00		
TOTAL SPARE PARTS	:	\$ 4,457.00		
TOTAL LABOUR CHARGES	:	\$ 2,502.00		
GRAND TOTAL	:	\$ 6,959.00		

ALL CHARGES ARE INCLUSIVE OF GST

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

SPARE PARTS ARE SPECIAL NETT.

* PREMIUM AUTOMOBILES



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

NAME

SURVEYED DATE

AUTHORISED DATE

EXCESS COST

LIABILITY **REMARKS**

: Not Anthonised, 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