

Date Of Driving Pass	14/07/1995
Driving experience	25 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90117477
Alt. Phone Number	+65-96587384
Email Address	VICTOR_KOH@YAHOO.COM
Address	80 BAYSHORE ROAD
Address complement	#05-27
Postcode	469992
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	Collided into Parked Vehicle
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)	0
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

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 SLP2794C WAS PARKED ALONG OUT SINAI RISE, OUTSIDE UNIT #17E FROM 1830 ONWARDS. AT ABOUT 2040, THE NEIGHBOR YEOH BOON KANG, OWNER OF VEHICLE SMP1046Z KNOCKED ON OUR DOOR TO INFORM US OF THE ACCIDENT. YEOH MENTIONED THAT HE KNOCKED INTO THE CAR SLP2794C WHILE REVERSING. WEATHER WAS CLEAR AND NO OTHER INJURIES OR DAMAGE WAS NTOED WITH THE EXCEPTION OF DAMAGE TO BOTH CARS.

SLP2794C-DRIVER SIDE DOOR AND FRONT PANEL
SMP1046Z-BUMPER RIGHT SIDE

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	SMP1046Z
Vehicle Manufacturer	Mercedes
Vehicle Model	E200
Vehicle Variant	-
Vehicle Colour	Scarlet
Vehicle Category	Private car
Name of Driver	-

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 GlA Records Management Centre established by the General Insurance Association of Singapore (GlA) 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 Submission	28/12/2020 15:54 (SGT)
Date of Accident	24/12/2020 20:30 (SGT)
Exact Location of Accident	17E Mount Sinai Rise, Singapore 276913
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP2794C
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	VICTOR KOH
NRIC No	SXXXX946Z
Email Address	VICTOR_KOH@YAHOO.COM
Mobile Phone No	(Phone) +65-90117477
Alternative Phone No	+65-96587384

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A4
Variant	-
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 - Claiming third party
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	AIG
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1700006976-03
Cover Note Number	-

DRIVER

Name of Driver	VICTOR KOH
NRIC No	SXXXX946Z
Date Of Birth	13/08/1972
Occupation	Indoor

Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

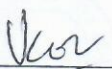
SKETCH PLAN

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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: 28/DEC/2020
09:26 AM

Driver's Signature

(If driver is not the policyholder)
Date & Time:

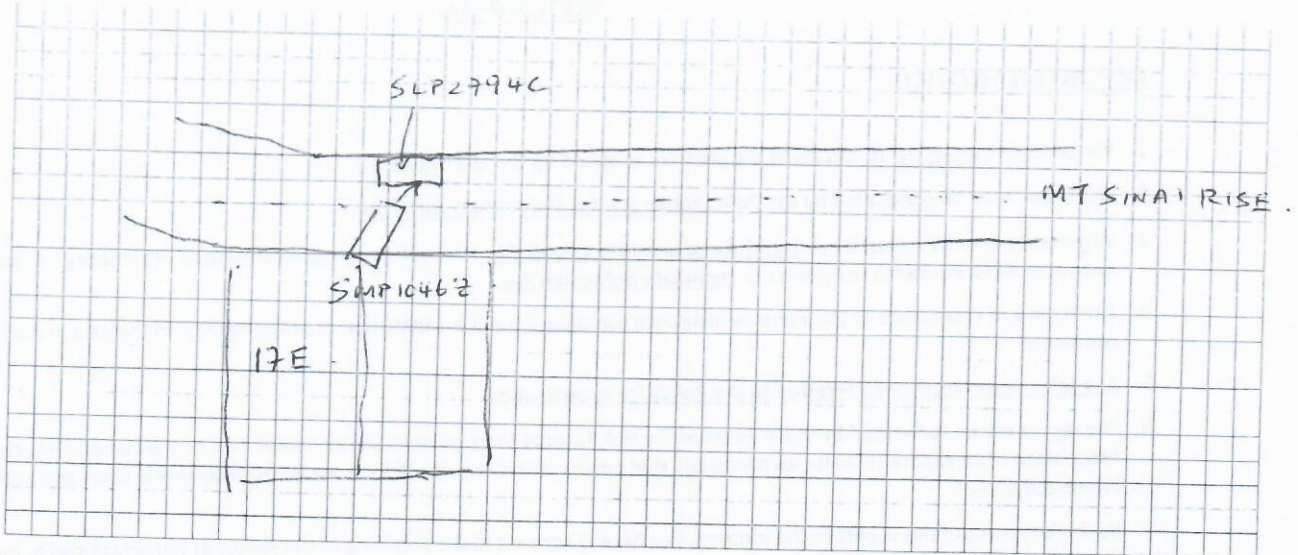

Reporting Centre Personnel's Signature

Name: SHARIFAH

NRIC/FIN No.: S X X X 001 A



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My car SLP 2794C was parked along Mt Sinai Rise, outside unit # 17E from 1830 onwards. At about 2040, the neighbour Yech Boon Kong, owner of vehicle SMP 10462 knocked on our door to inform us of the accident.

Yech mentioned that he knocked into the car SLP 2794C while reversing - weather was clear and no other injuries or damage was noted with the exception of damage to both cars.

SLP 2794C - driver side door & front panel.

SMP 10462 - bumper right side.

DECLARATION

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

Victor Koh
 Policyholder's Signature
 Date & Time: 28/DEC/2020
 0926 AM

GIARMC SketchPlanForm_V3

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

Sharifah
 Reporting Centre Personnel's Signature
 Name: SHARIFAH
 NRIC/FIN No.: SXXXX001A



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/1018/2020/NS
DATE : 29-Dec-20
WIP : 64387

VEHICLE NOT IN WORKSHOP. KINDLY ARRANGE FOR SURVEY.

YOUR INSURED VEH NO : SMP 1046 Z

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 VICTOR KOH
ADDRESS : 80 BAYSHORE ROAD
#05-27
SINGAPORE 469992
TELEPHONE : HP +65 90117477
TYPE OF CLAIM : THIRD PARTY CLAIM
POLICY NO : 1700006976-03
VEHICLE NO : **SLP 2794 C**
MODEL CODE : AUDI A4 SEDAN 1.4 TFSI S
MODEL YEAR : 30/5/2017
ENGINE NO : CVN 038676
CHASSIS NO : WAUZZZF43HA162588
MILEAGE : -
DATE IN : -
ESTIMATED BY : JOHNNY BOO / ALLAN WU
ACCIDENT DATE : 24-Dec-20
PLACE OF ACCIDENT : 17E MOUNT SINAI RISE SINGAPORE 276913



PREMIUM AUTOMOBILES



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TEL : 6366 2323 FAX : 6841 1183

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

ESTIMATED LABOUR CHARGES FOR ACCIDENT VEHICLE SLP 2794 C

S/N	NATURE OF JOBS	ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATIONS
1	TO REMOVE, CHECK AND TRANSFER FRONT WIRE HARNESS FOR HEADLIGHTS, HORNS, OUTSIDE TEMPERATURE SENSOR AND HEADLIGHT WASHER ASSY.	S/N \$ 280.00	X
2	TO REMOVE AND TRANSFER RHS FRONT DOOR'S MULTI-LOCK SYSTEM AND POWER WINDOW DEVICES. INSPECT FOR DAMAGES.	S/N \$ 280.00	✓
3	TO DISMANTLE FRONT BUMPER, RHS FRONT FENDER, AND RHS FRONT DOOR. TO RENEW RHS FRONT FENDER AND RHS FRONT DOOR. RE-ORGANISE CRASH MANAGEMENT COMPONENTS. REINSTALL ALL PARTS REMOVED.	\$ 2,800.00	1500
4	TO RESPRAY THS FRONT FENDER AND RHS FRONT DOOR.	\$ 2,300.00	1100
5	TO CARRY OUT DIAGNOSTIC CHECK.	S/N \$ 192.00	✓
TOTAL LABOUR CHARGES		: \$ 5,852.00	



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

MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SLP 2794 C

S/N PARTS DESCRIPTION	QTY	DAMAGED PARTS & PRICES	
		S/NETT	REMARKS
1 FRONT FENDER - RH <i>Dented</i>		\$ 758.00	✓
2 FRONT FENDER ATTACHMENT PARTS <i>yes</i>		\$ 200.00	✓
3 FRONT FENDER BRACE - RH FRONT <i>yes</i>		\$ 117.00	✓
4 FRONT FENDER BRACKET - RH <i>yes</i>		\$ 35.00	✓
5 FRONT FENDER CLOSING ELEMENT - RH <i>yes</i>		\$ 49.00	✓
6 WHEEL HOUSING LINER - RH <i>yes</i>		\$ 239.00	✓
7 WHEEL HOUSING LINER ATTACHMENT PARTS <i>yes</i>		\$ 90.00	✓
8 STONE CHIP GUARD <i>yes</i>		\$ 50.00	✓
9 TOP FENDER LEDGE COVER - UPPER ?		\$ 31.00	?
10 TOP FENDER LEDGE COVER - LOWER ?		\$ 23.00	?
11 FRONT DOOR - RH <i>Dented</i>		\$ 2,354.00	✓
12 FRONT DOOR OUTER SEAL - RH <i>yes</i>	NEC	\$ 203.00	✓
13 BONDING AGENT ?	NEC	\$ 47.00	?
14 CLEANING SOLUTION ?	NEC	\$ 65.00	?
15 FRONT DOOR ATTACHMENT PARTS <i>yes</i>		\$ 870.00	✓
16 FRONT DOOR CATCH <i>yes</i> ?		\$ 104.00	?
17 TYRE PRESSURE DATA PLATE <i>NEL</i>		\$ 37.00	✓
18 SUNDRIES ?		\$ 200.00	?
TOTAL SPARE PARTS	:	\$ 5,472.00	
TOTAL LABOUR CHARGES	:	\$ 5,852.00	
GRAND TOTAL	:	\$ 11,324.00	

ALL CHARGES ARE INCLUSIVE OF GST

LEGEND:

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



PREMIUM AUTOMOBILES



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TEL : 6366 2323 FAX : 6841 1183

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

NAME : Adnan L
SURVEYED DATE : 30/12/20
AUTHORISED DATE :
EXCESS COST :
LIABILITY :
REMARKS : Not Authorised, 05 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