

## SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

1. Please report <u>correctly</u> the details of the accident to speed up the claims process.

2. This Form must be <u>completed</u> by the <u>Policyholder and/or the Authorised Driver</u>

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.

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** 08/01/2021 18:16 (SGT) Date of Submission 08/01/2021 13:15 (SGT) Date of Accident Boon Lay Way, Singapore **Exact Location of Accident** JURONG JALAN BOON LAY ABOUT TO GO ONTO PIE Additional Location Information Singapore Country/State of Loss **DETAILS OF OWN VEHICLE** CMD7042V

Vehicle Registration Number		SIVII 73421
INSURED/POLICYHOLDER		

No Is company? TAN SEOK CHIN Name Of Registered Owner SXXXX672D NRIC No JOYCET482@GMAIL.COM **Email Address** (Phone) +65-96384462 Mobile Phone No (Home) +65-96384462 Alternative Phone No

Variant Exact purpose for which vehicle was being used at time of Private use accident Are you claiming under your own insurance policy for repair to

No - Claiming third party

your vehicle? Private car Vehicle Category

### INSURANCE COMPANY Name of Insurance Company AIG Comprehensive Type of Coverage

No Fleet Policy 1900190251 Policy Number Cover Note Number

DRIVER HEW SZE-HWA ALVIN Name of Driver

SXXXX877H NRIC No 03/04/1972 Date Of Birth Indoor Occupation

Date Of Driving Pass 24/06/1996 Driving experience 24 YEARS AND 7 MONTHS Gender Male Mobile Number (Phone) +65-96177145 Alt. Phone Number **Email Address** ALVHEW@GMAIL.COM Address 957 BUKIT TIMAH ROAD Address complement #04-16 Postcode 589653 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Spouse 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) 3 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No PASSENGER 1 Name **ALVIN HEW** Gender Male PASSENGER 2 LAWRENCE LOW Gender Male 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 I WAS STOPPED BEHIND A CAR. IMPACT FROM BEHIND. CAR PLATE: SLV 6793 Y DRIVER: SONG HWA LEE SXXXX917Z TEL: 82282885 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	SLV6793Y
Vehicle Manufacturer	Kia
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Red
Vehicle Category	Private car
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

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- 1. Please report correctly the details of the accident to speed up the claims process.
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  - Information provised must be as <u>trythful</u> and accurate as passible. Any wilful misrepresentation or withholding of material facts may allow injurance companies to regulate policy liability.
  - The issue and acceptance of this Form by Incurance companies is not an admission of policy kab lity on the part of the insurance companies.
  - 5. Any false reporting may be referred to the Police for investigation.
  - The report will be lonwarded 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 ludgment 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 source (collectively the "Personal information") and disclose and transfer such. Personal information is and disclose and transfer such when the process of the process of the personal information and disclose and transfer such and represent the personal information and disclose and transfer such as the personal information personal information personal information provided by the personal information personal information provided by the personal information personal
  - 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 but 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 no 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 wis/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 excel of the above Purposes; and
- (c) my Personal Information may/can be disdosed by any of the Incurers and/or GA 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 Perional Information will also be collected and used to compile dams 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 inserers and/or any other third parties that assist in eveluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies to reasonably required for the purposes stated, or

(ii) for complying with requirements under any regulations, laws or court orders

Policyholder's Signatur Outo & Time Dright's Signature (If driver is not the policyholder)

8/1/2020 @14:57

ADDRESS AND A SECOND ASSESSED ASSESSEDA

	A A B	A-SMP79 B-94679
	<u>  B </u> † f	
DESCRIBE CIRCUMSTANCES	OF THE ACCIDENT	
1 was	stopped behind a	car
Impact	from Behind	
Car plai	SONS HWA LE SONS HWA LE	
	tel 8228	2885
DECLARATION  //We declare the foregoing part	iculars are true in every respect.	(O).
Policyholder's Signature Date & Time:	Devoer's Segnature (If driver is not the policyholder) Date & Time:  81 1220 0 145.54	ENG Centre Personne's Signature WORK WELLS SENS, GE EN NO.: G2887434

# \* 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 6841 1183

**FAX NO** REFERENCE

PA/TP/0042/2021/GW

DATE

: :

13-Jan-21

WIP

VEHICLE NOT IN WORKSHOP. KINDLY ARRANGE FOR SURVEY.

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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

MS. TAN SEOK CHIN

**ADDRESS** 

957 BUKIT TIMAH ROAD

#04-16

SINGAPORE 589653

: **TELEPHONE** 

HP +65 96384462

TYPE OF CLAIM

THIRD PARTY CLAIMS

1900190251

**POLICY NO** 

**VEHICLE NO** 

SMP 7942 Y

MODEL CODE

AUDI A6 2.0 TFSI

**MODEL YEAR** 

15/10/2019

**ENGINE NO** 

DLH054572

WAUZZZF23KN123109

**CHASSIS NO** 

MILEAGE

DATE IN

:

**ESTIMATED BY** 

JOHNNY BOO / ALLAN WU

**ACCIDENT DATE** 

8-Jan-21

PLACE OF ACCIDENT

Jurong Jalan Boon Lay About To go onto PIE



# \* PREMIUM AUTOMOBILES



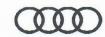
55 UBI ROAD 1, SINGAPORE 408699 TEL: 6366 2323 FAX: 6841 1183

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

## ESTIMATED LABOUR CHARGES FOR ACCIDENT VEHICLE SMP 7942 Y

S/N	NATURE OF JOBS		 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. TO REPAIR REAR LID. RE-ORGANIZE CRASH MANAGEMENT COMPONENTS. REINSTALL ALL PARTS REMOVED.		\$ 1,600,90	500
3	TO RESPRAY REAR BUMPER AND REAR LID.		\$ 2,400.00	1100
4	TO CARRY OUT DIAGNOSTIC CHECK.	S/N	\$ 192.00	
	TOTAL LABOUR CHARGES	:	\$ 4,552.00	





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## MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SMP 7942 Y

S/N PARTS DESCRIPTION	QTY	DAMAGED PARTS & PRICES S/NETT REMARKS
1 REAR BUMPER Related		\$ 2,832.00
2 REAR BUMPER FIXING PARTS W		\$ 236.00 ⊀
3 REAR BUMPER SPOILER 2		\$ 885.00
4 REAR BUMPER TRIM-LH/RH	2	\$ 490.00
5 REAR BUMPER TRIM-CENTER		\$ 173.00 /
6 REAR BUMPER SECURING STRIP		\$ 172.00
7 AERIEL KEY SENSOR A		\$ 184.00 +
8 REAR LIGHT REFLECTOR-LH/RH 2	2	\$ 82.00 ⊀
9 REAR LIGHT REFLECTOR INNER-LH/RH	2	\$ 60.00
10 REAR SENSOR New		TBC +
11 REAR SENSOR SEAL RING	4	\$ 14.00
12 REAR PACKING ADHESIVE		\$ 19.00
13 REAR AUDI EMBLEM 2		\$ 138.00
14 REAR INSCRIPTION 'A6'		\$ 99.00
15 SUNDRIES		\$ 200.00
TOTAL SPARE PARTS	:	\$ 5,584.00
TOTAL LABOUR CHARGES	:	\$ 4,552.00
GRAND TOTAL	:	\$ 10,136.00

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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NAME

SURVEYED DATE

**AUTHORISED DATE** 

**EXCESS COST** 

LIABILITY

**REMARKS** 

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**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