

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 Submission	20/01/2021 14:48 (SGT)
Date of Accident	18/01/2021 11:50 (SGT)
Exact Location of Accident	285A Bukit Batok East Ave 3, Singapore 651285
Additional Location Information	IN FRONT OF 285A BUKIT BATOK EAST AVE 3
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFP3193B
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LOW POOI FONG
NRIC No	SXXXX377F
Email Address	LOWPFC@GMAIL.COM
Mobile Phone No	(Phone) +65-97562680
Alternative Phone No	+65-97562680

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A3
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	2100365393-06
Cover Note Number	-

DRIVER

Name of Driver	LOW POOI FONG
NRIC No	SXXXX377F
Date Of Birth	04/06/1948
Occupation	Indoor

Date Of Driving Pass	29/12/1972
Driving experience	48 YEARS AND 1 MONTH
Gender	Female
Mobile Number	(Phone) +65-97562680
Alt. Phone Number	+65-97562680
Email Address	LOWPFC@GMAIL.COM
Address	57 HUME AVE
Address complement	#09-12
Postcode	598753
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	Side Swipe
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)	1
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

ON 18 JAN 2021 AT AROUND 11:50AM, I WAS DRIVING ON OWN LANE IN BUKIT BATOK EAST AVE 3 INFRONT OF BLOCK 285A OPPOSITE GIANT SUPERMARKET. A LORRY NO PLATE YP 6491 X AT THE OPPOSITE LANE PASSING BY ON MY RIGHT. THE REAR GATES OF THE LORRY SUDDENLY WIDE OPEN AND HIT ON MY CAR. WE BOTH STOP AND I FOUND THE RIGHT SIDE MIRROR OF MY CAR BROKEN. THE DRIVER'S BOSS ALLAN TAN OVER THE PHONE PROMISED THAT HE WILL BE RESPONSIBLE FOR THE DAMAGES.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YP6491X
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

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 4. The issue and acceptance of the 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 to the insurers of the SAK Vehicle Management Centre established by the General Insurance Association of Singapore (GIAS) for archiving and that copies of the report will for a fee be made available upon application by interested parties.
 7. By the judgement of this report to the insurers, you hereby consent to the archiving of the report in the name and to copies of the report being made available electronically.
 8. Consent under the Personal Data Protection Act (PDPA)
- I, undersigned, acknowledge and agree and consent that:
- (a) My insurer, my workshop and the General Insurance Association of Singapore (GIAS) may be permitted to collect, use, disclose and/or process my personal data and/or information set out in the (Form) and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and/or transfer such Personal Information to all Insurers who have insured vehicles involved in the accident (all Insurers) who have insured vehicles involved in the accident (all Insurers) who have insured vehicles involved in the accident and any relevant government agency/authority (such as the police), for the purposes 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 making of assessments, statements, invoices, records 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 enveloped mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (including the "Purposes").
 - (b) all Insurer(s) who have insured vehicle(s) involved in the accident and the Insurer's Insurer(s) may be 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 not be processed by any of the Insurers and/or GIAS to their third party service providers or agents including their Insurer(s) which may be based outside of Singapore, for one or more of the above Purposes.

11/24/21
 Policyholder's Signature / Date & Time: [Signature] 21/01/21
 Driver's Signature (if driver is not the policyholder) / Date & Time: _____
 Witnessed by Reporting Centre Personnel: [Signature]



Describe Circumstances of the Accident

On 14 Jan 2021 at around 11:50 am I was driving on
only lane in Bukit Datar East Ave 3 in front of block
R5A opposite Grant Supermarket. A lorry with plate
YD 6491X at the opposite side was parking on an
my right. The rear gate of the lorry suddenly
slide open and hit on my car. We both
stop and I found the right side mirror
of my car broken.
The driver's boss Allan Tan call the phone
promised that he will be responsible for the
damages

Declaration

We declare the foregoing particulars are true in every respect.


20/01/21
Policyholder's Signature / Date & Time


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


Witnessed by Recovery Centre Personnel: 

 **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/0074/2021/NS
DATE : 21-Jan-21
WIP : 12340

VEHICLE IN WORKSHOP. KINDLY ARRANGE FOR SURVEY.

YOUR INSURED VEH NO : YP 6491 X

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 LOW POOI FONG
ADDRESS : 57 HUME AVENUE
#09-12
SINGAPORE 598753
TELEPHONE : HP +65 97562680
TYPE OF CLAIM : THIRD PARTY CLAIM
POLICY NO : 2100365393-06
VEHICLE NO : **SFP 3193 B**
MODEL CODE : AUDI A3 SEDAN 1.4 TFSI
MODEL YEAR : 25/2/2014
ENGINE NO : CXS 052756
CHASSIS NO : WAUZZZ8V0E1014142
MILEAGE : -
DATE IN : -
ESTIMATED BY : JOHNNY BOO / ALLAN WU
ACCIDENT DATE : 18-Jan-21
PLACE OF ACCIDENT : IN FRONT OF 285A BUKIT BATOK EAST AVE 3



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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 SFP 3193 B

<u>S/N</u>	<u>NATURE OF JOBS</u>	<u>ESTIMATED CHARGES</u>	<u>SURVEYOR'S RECOMMENDATIONS</u>
1	TO INSTALL SOLAR FILM ON RHS FRONT DOOR WINDOW GLASS.	S/N \$ 400.00	✓
2	TO DISMANTLE AND REINSTALL RHS FRONT DOOR PANEL TRIM. TO REMOVE AND RENEW RHS WING MIRROR ASSY.	S/N \$ 280.00	✓
3	TO DISMANTLE AND REINSTALL RHS FRONT DOOR. RE-ORGANISE CRASH MANAGEMENT COMPONENTS. REINSTALL ALL PARTS REMOVED.	\$ 1,050.00	x. 250
4	TO RESPRAY RHS FRONT DOOR, RHS WING MIRROR COVER, RHS FRONT FENDER.	\$ 2,400.00	700 550 + 150 = 700
5	TO TOW VEHICLE FROM SCENE OF ACCIDENT.	S/N \$ 280.00	x.
6	TO CARRY OUT DIAGNOSTIC CHECK.	S/N \$ 192.00	✓
TOTAL LABOUR CHARGES		: \$ 4,602.00	

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MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SFP 3193 B

S/N PARTS DESCRIPTION	QTY	DAMAGED PARTS & PRICES	
		S/NETT	REMARKS
1 EXTERIOR MIRROR MOUNTING - RH <i>cut</i>		\$ 1,024.00	✓
2 MIRROR CAP - RH <i>Reps</i>		\$ 169.00	+
3 MIRROR GLASS - RH <i>Missing</i>		\$ 1,687.00	✓
4 FRONT DOOR WINDOW - RH <i>cut</i>		\$ 231.00	✓
5 FRONT WINDOW SLOT SEAL - RH <i>cut</i>		\$ 309.00	✓
6 CORNER TRIM - RH <i>Not in</i>		\$ 46.00	X
7 SUNDRIES <i>?</i>		\$ 200.00	?
TOTAL SPARE PARTS	:	\$ 3,666.00	
TOTAL LABOUR CHARGES	:	\$ 4,602.00	
GRAND TOTAL	:	\$ 8,268.00	

ALL CHARGES ARE INCLUSIVE OF GST

LEGEND: REMARKS (OK) = APPROVED, REMARKS (X) = NOT APPROVED
SPARE PARTS ARE SPECIAL NETT.

 **PREMIUM AUTOMOBILES**



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TEL : 6366 2323 FAX : 6841 1183
EMAIL: NORA.KHAI@PREMIUMAUTO.COM.SG / CLAIMS@PREMIUMAUTO.COM.SG

NAME : *Adnan Lj*
SURVEYED DATE : *28/01/21*
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