

REF: CS/CTI21005968/Avf3

ASS. REC. BY:

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: **SMC 9757X**

Policy No. **DMHCSNW00004432001**

Claims No. **SNM21D202678**

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: **SKV1238D.** Yr Regn: **2019 / Feb.**

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: **Audi A5.** c.c. **1984**

Colour: **white.** A/C: Insured / Std / Nil / NA

Sp. Reading: **61303** T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: **WAUZZZF59KA 026627**

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: **245/40R18.**

R: **245/40R18**

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

TOYO / YOKO or

Front _____ / Rear _____

R/Bal. **06** mm R/Bal. **06** mm

L/Bal. **06** mm L/Bal. **06** mm

D.O.A. **7/5/21** D.O.I. **19/05/21.**

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
	DD ALL TP Chng.
19/8/21	Final fig \$6903.20 confirmed by email (Red 1066.80, 13%)
	MV :
	PV :
	Nett :

Date/Time, File Pass to? : Preli. Report
 : Final Report

Days Of Repair: **3**

Resurvey No. of Trip: **1**

Date/Time, File Return to?

2) 19/8/21-Typist

Add Fee: : Site Insp (\$ _____)
 : Interview (\$ _____)
 : Tech. Inv. (\$ _____)
 : Weekend (\$ _____)

Report Format: **Merimen**

Lump Sum / L.B.I: (\$ **6903.20**)

Survey Fee:	
Transportation:	
_____ S + P _____ SI	
Photo:	
Other:	
P.T.H:	

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 10/05/2021 10:53 (SGT)
Date of Accident 07/05/2021 19:00 (SGT)
Exact Location of Accident KPE, Singapore
Additional Location Information KPE TUNNEL, BEFORE PIE EXIT
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKV1238D

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner SEAH WEE JIN JASON
NRIC No SXXXX677F
Email Address JASONSEAHWJ@YAHOO.COM.SG
Mobile Phone No (Phone) +65-98153275
Alternative Phone No (Home) +65-66361245

VEHICLE PARTICULARS

Manufacturer Audi
Model A5
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
Transmission Auto
CC 1984

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 1900014161-02
Cover Note Number -

DRIVER

Name of Driver SEAH WEE JIN JASON
NRIC No SXXXX677F

Date Of Birth 07/03/1983
 Occupation Indoor
 Date Of Driving Pass 04/10/2003
 Driving experience 17 YEARS AND 7 MONTHS
 Gender Male
 Mobile Number (Phone) +65-98153275
 Alt. Phone Number (Home) +65-66361245
 Email Address JASONSEAHWJ@YAHOO.COM.SG
 Address 37 PUNGGOL FIELD
 Address complement #12-38
 Postcode 828809
 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 Chain Collision
 Weather Conditions Clear
 Road Surface Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident? No
 Number of vehicles involved in the accident 3
 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) 2
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No

PASSENGER 1

Name LAI RI NA
 Gender Female

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

WE WERE TRAVELING ALONG THE KPE TUNNEL. DUE TO CARS BRAKING IN FRONT, BRAKES WERE APPLIED AND CAR SLOWED TO A FULL STOP. A SHORT WHILE LATER, ANOTHER CAR SMC9757X COLLIDED WITH THE REAR OF OUR CAR.

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 SMC9757X
 Vehicle Manufacturer Hyundai
 Vehicle Model Elantra
 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

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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 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.
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.

0945LT.
10/05/11

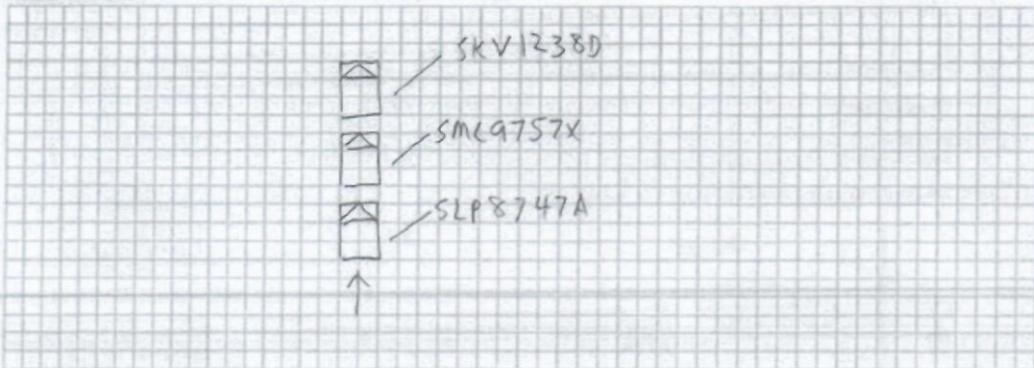


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel
Tony Fong

Sketch Plan



Describe Circumstances of the Accident

- WE WERE TRAVELLING ALONG THE KPE TUNNEL

- DUE TO CARS BRAKING IN FRONT, ~~THE~~ BRAKES WERE APPLIED AND CAR SLOWED TO A FULL STOP.

- A SHORT WHILE LATER, ANOTHER CAR SMC 9157X COLLIDED WITH ~~THE~~ THE REAR OF OUR CAR.

Declaration

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

 0930LT
10/05/21

Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel Tony Fuong



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/0427/2021/TF
DATE : 18-May-21
WIP : 26853

VEHICLE NOT IN WORKSHOP. KINDLY ARRANGE SURVEY ON 6/5/2021
YOUR INSURED VEH NO : SMC 9757 X

CHINA TAIPING INSURANCE (SG) PTE LTD

105 CECIL STREET
#19-00 THE OCTAGON
SINGAPORE 069534
Attn: Ms Angie - Motor Claims Dept/Windscreen
Tel: 6389 6541 - Fax: 6224 7175

OWNER'S NAME : MR SEAH WEE JIN, JASON
ADDRESS : 37 PUNGGOL FIELD
#12-38
SINGAPORE 828809
TELEPHONE : HP +65 98153275
TYPE OF CLAIM : THIRD PARTY CLAIM
POLICY NO : 1900014161-02
VEHICLE NO : **SKV 1238 D**
MODEL CODE : A5 SPORTBACK 2.0 TFSI S tronic
MODEL YEAR : 14/2/2019
ENGINE NO : CVK 076459
CHASSIS NO : WAUZZZF59KA026627
MILEAGE : -
DATE IN : -
ESTIMATED BY : JOHNNY BOO / ALLAN WU
ACCIDENT DATE : 7-May-21
PLACE OF ACCIDENT : KPE TUNNEL, BEFORE PIE EXIT



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 SKV 1238 D

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.	S/N \$ 360.00 ✓	
2	TO DISMANTLE AND RENEW REAR BUMPER. RE-ORGANISE CRASH MANAGEMENT COMPONENTS. REINSTALL ALL PARTS REMOVED.	\$ 1,200.00 800	
3	TO RESPRAY REAR BUMPER.	\$ 1,000.00 800	
4	TO CARRY OUT DIAGNOSTIC CHECK.	S/N \$ 192.00 ✓	
TOTAL LABOUR CHARGES		: \$ <u>2,752.00</u>	



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

MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SKV 1238 D

			DAMAGED PARTS & PRICES	
S/N	PARTS DESCRIPTION	QTY	S/NETT	REMARKS
1	REAR BUMPER <i>del d</i>	1	\$ 2,504.00	✓
2	REAR BUMPER FIXING PARTS <i>Not in</i>	1	\$ 165.00	✗
3	REAR BUMPER SECURING STRIP ?	1	\$ 223.00	?
4	REAR BUMPER CHROME TRIM <i>cut</i>	1	\$ 1,016.00	✓
5	REAR BUMPER REFLECTOR - LH / RH <i>Not in</i>	2	\$ 82.00	✗
6	REAR BUMPER CARRIER <i>Not in</i>	1	\$ 940.00	✗
7	REAR BUMPER CARRIER SEAL <i>Not in</i>	2	\$ 28.00	✗
8	REAR BUMPER GUIDE SECTION - LH / RH <i>Not in</i>	2	\$ 46.00	✗
9	REAR BUMPER PARKING AID SENSOR <i>Not in</i>	2	TBC	✗
10	REAR BUMPER PARKING AID SENSOR SEAL RING <i>Not in</i>	4	\$ 14.00	✗
11	SUNDRIES ?		\$ 200.00	?
TOTAL SPARE PARTS		:	\$ 5,218.00	
TOTAL LABOUR CHARGES		:	\$ 2,752.00	
GRAND TOTAL		:	\$ 7,970.00	

ALL CHARGES ARE NOT INCLUSIVE OF GST
 LEGEND: REMARKS (OK) = APPROVED, REMARKS (X) = NOT APPROVED
 SPARE PARTS ARE SPECIAL NETT.



55 UBI ROAD 1, SINGAPORE 408699
TEL : 6366 2323 FAX : 6841 1183
EMAIL: NORA.KHAI@PREMIUMAUTO.COM.SG / CLAIMS@PREMIUMAUTO.COM.SG

NAME : *Adrian King*
SURVEYED DATE : *19/05/21*
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 LABOUR 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 / 6768 9911 FOR APPOINTMENT.

YOURS FAITHFULLY,
PREMIUM AUTOMOBILES PTE LTD

- LKK Auto Consultants** hence notify the Repairer of the following:
- To resurvey before/after spray painting
 - To display damaged part(s) during resurvey
 - Parts prices are subject to confirmation
 - Third party survey is on a "Without Prejudice" basis
 - No illegal modification(s) is allowed
 - Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer
Signature:
Date:

JOHNNY BOO
BODY REPAIR MANAGER

ALLAN WU
CLAIMS CONSULTANT