ASS, FEG. BV:	
to the same the same to the sa	GNMENT
From: Date:	Veh No: SJW 43926 Yr Regn: 2019 / NOV
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No:	Make: AydiAt. c.c 1984
at Workshop m/s	Colour Grey. A/C: Insured / Std / NI / NA
of	Sp.Reading 19718 T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	C/No: WAUZZZF44KA113388
Claims No.	Gen. Cond. Good Fair / Poor / Burnt
Sum Insured: Excess:	Steering: morder/ Jammed / Leaked / Burnt or
(Client's Record)	Brake: morder Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil S/Rim / STD A/Rim or
	Tyre Size: F: 205/60R46.
(Policy Condition)	R: 205/60R16.
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO/YOKO OF CONTINENT-
Bal. or Market Value:	<u>Front</u> <u>Rear</u>
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. R/Bal. 86 mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. 06 mm
Est. Repairs: days Res.: Yes or No	D.O.A. D.O.I. 06/07/21
Lum Sum: % 3 Val.: Yes or No	Survey held at Yeemish
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Date: Vehicle: IN / OUT Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	
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Date/Time, File Pass to? Preli. Report	Days Of Repair:
Comment of the Commen	
1) : Final Report Date/Time, File Return to?	Resurvey No. of Trip: Survey Fee: Transportation:
Add Eag	
2)	: Interview (\$) Photos
Report Formst:	: Tech. Invs (3
Lump Sum / LBJ: (\$:Weel end (6



SINGAPORE ACCIDENT STATEMENT

Please report <u>correctly</u> 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.

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 Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

28/06/2021 16:13 (SGT) 24/06/2021 17:45 (SGT) Near Newton Circus, Singapore **NEWTON CIRCUS ROUNDABOUT** Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SJW4392C

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No **Email Address** Mobile Phone No

RAJAN PRABURAM SXXXX245A PRABURAM.RAJAN@GMAIL.COM (Phone) +65-91849073 +65-91849073

VEHICLE PARTICULARS

Alternative Phone No

Manufacturer Model Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category Transmission

Private hire

Audi

A4

No - Claiming third party Private car Auto 1984

INSURANCE COMPANY

Cover Note Number

Name of Insurance Company Type of Coverage Fleet Policy Policy Number

AIG Asia Pacific Insurance Pte. Ltd. Comprehensive No 1900247429

CC

Name of Driver NRIC No

VANATHI PRABURAM SXXXX204A

Date Of Birth 05/05/1973 Occupation Indoor Date Of Driving Pass 29/05/2015 Driving experience 6 YEARS AND 1 MONTH Gender Female Mobile Number (Phone) +65-91849071 Alt. Phone Number **Email Address** VANATHIPRABU@GMAIL.COM Address BLK 143, SERANGOON AVE 3 #14-01

Address BLK 14
Address complement Postcode 556121
Is the driver the policyholder? No
If No, Relationship of the Driver with the Insured Spouse
Does Driver Own Other Vehicles? No

Insurance Company of Other Vehicle Owned by Driver

Vehicle Registration Number of Other Vehicle Owned by Driver

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Collision - Roundabout Weather Conditions Clear Road Surface Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?

No
Number of vehicles involved in the accident

Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other vehicle or property damaged?

Yes
Number of Passengers (Including Driver)

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?

Was notice of intended Prosecution given?

No
If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

WHILE I WAS DRIVING IN MY OWN LANE IN THE NEWTON CIRCUS ROUNDABOUT, THE VAN DRIVER DID A MISCALCULATION OF SHIFTED FROM HIS LANE TO MINE, FROM THE LEFT SIDE OF SCRATCHED / HIT THE CAR LEFT FRONT.

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

No
Was there any audio recorded?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

 Vehicle Registration Number
 GBG911K

 Vehicle Manufacturer

 Vehicle Model

 Vehicle Variant

 Vehicle Colour

 Vehicle Category
 Commercial 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

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 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. 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.
- 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

R	1-1 28/6/21 12:07/	n P.Vas	28/6/21	- Ulm
	Policyholder's Signature / Date &	Driver's Signature (# driver is not the		Witnessed by Reporting Cer

Time

& Time

Witnessed by Rep Personnel

Sketch Plan

Describe Circumstances of		2	0111)	No. 144
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6/28/2021 tps://www.google.com/maps/@1.3133282.103.8391044,3a,75y51.09h,64.69t/data=13m611e113m411sMcalAV2c6BNRgHI0hT592dw/2e0/716384188192 Street View Singapore 9 Google Google Maps Sho Newton Circus 8:489 911 K P.N.S Google Newton Circus - Google Maps Image capture: Oct 2020 @ 2021 Google 12



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours: Monday to Friday, 09:00 – 17:00 UEN: 566550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Vehicle Registration No: 81w 45 92 C Original Report No : SPOR 21450003 Name (as shown in NRIC): Lajan Propuram NRIC/FIN/Passport No : STOT9245A (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate Address Singapore(556121) Mobile No .: 984 9073 Contact (Tel) **Email Address** Date of Accident Time of Accident: 1745 Place of Accident Insurance Company: AIG (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: Reporting Centre Personnel's Signature Name: JIM De SIM Policyholder / Driver's Signature

NRIC/FINNO GXXXXX5891

28/6/202/

Date:

Accident report SP0R216S0003

Date:

* 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/0547/2021/ZK

DATE : 2-Jul-21 **WIP** : 33154

VEHICLE NOT IN WORKSHOP. KINDLY ARRANGE SURVEY ON 02/07/2021

YOUR INSURED VEH NO: GBG 911 K

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 PRABURAM RAJAN
ADDRESS : 143 SERANGOON AVE 3

#14-01

SINGAPORE 556121

TELEPHONE : HP +65 91849073 **TYPE OF CLAIM** : THIRD PARTY CLAIM

POLICY NO : 1900247429 VEHICLE NO : SJW 4392 C

MODEL CODE : A4 SEDAN 2.0 TFSI

 MODEL YEAR
 : 27/11/2019

 ENGINE NO
 : CVK 087255

CHASSIS NO : WAUZZZF44KA113388

MILEAGE : DATE IN : -

ESTIMATED BY : JOHNNY BOO / ALLAN WU

ACCIDENT DATE : 24-Jun-21

PLACE OF ACCIDENT : NEWTON CIRCUS





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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. SJW 4392 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, HEADLIGHT WASHER ASSY & FRONT PARKING ATD	S/N	\$ 480.00	77
2	TO REMOVE AND TRANSFER RHS HEADLIGHT'S CONTROL UNIT AND POWER MODULE.	S/N	\$ 350.00	7.
3	TO DISMANTLE AND RENEW FRONT BUMPER,LHS FRONT FENDER AND HEADLIGHT. RE-ORGANISE CRASH MANAGEMENT COMPONENTS. REINSTALL ALL PARTS RFMOVED	S/N	\$ 2,100.00	140)
4	TO RESPRAY FRONT BUMPER AND LHS FRONT FENDER.		\$ 2,000.00	1400
5	TO RENEW LHS FRONT RIMN AND CARRY OUT WHEEL ALIGNMENT	S/N	\$ 280,00	240
6	TO CARRY OUT DIAGNOSTIC CHECK.	S/N	\$ 192.00	V.
	TOTAL LABOUR CHARGES	:	\$ 5,402.00	





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MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SJW 4392 C

DAMAGED PARTS & PRICES

S/N	PARTS DESCRIPTION	QTY	S/NETT	REMARKS
1	FRONT BUMPER Refund	1	\$ 1,787.00	
2	FRONT BUMPER FIXING PARTS NY WE	1	\$ 587.00+	
3	FRONT BUMPER SECURING STRIP AM L	2	\$ 71.00 A	
4	FRONT BUMPER CLOSING ELEMENT - CLOSING ELEMENT	1	\$ 210.00 +	
5	FRONT BUMPER AIR GUIDE - LH ZALL	1	\$ 63.00 +	
6	FRONT BUMPER AIR GUIDE GRILLE - LH	1	\$ 135.00 +	
7	FRONT BUMPER GUIDE SECTION - LH	1	\$ 36.00	
8	FRONT FENDER - LH Devold	1	\$ 767.00 L	/
9	FRONT FENDER ATTACHMENT PARTS $\protect\ensuremath{\mathcal{M}}\xspace \sim$	1	\$ 202.00	
10	FRONT FENDER CLOSING ELEMENT LH	1	\$ 72.00 ?	
11	FRONT FENDER BRACKET - LH	1	\$ 35.00	
12	POP RIVET Wer	6	\$ 20.00 -	
13	FRONT FENDER BRACE- LH	1	\$ 118.00 ?	
14	FRONT FENDER BRACKET LH - UPPER CENTER ?	1	\$ 49.00	
15	FRONT FENDER BRACKET LH - UPPER REAR	1	\$ 32.00	
16	FRONT WHEEL HOUSING LINER - LH X4 ~	1	\$ 240.00 1	
17	WHEEL HOUSING LINER ATTACHMENT PARTS New	1	\$ 233.00 t	
18	FRONT WHEEL SPOILER - LH	1	\$ 73.00 X	
19	FRONT FENDER LEDGE COVER - LH UPPER CENTER	1	\$ 31.00	
20	FRONT FENDER LEDGE COVER - LH UPPER FRONT	1	\$ 23.00	
	SUB TOTAL SPARE PARTS	:	\$ 4,784.00	

ALL CHARGES ARE NOT INCLUSIVE OF GST

 $\label{eq:legend:legend: LEGEND: REMARKS (N) = NOT APROVED} \\ \text{SPARE PARTS ARE SPECIAL NETT.}$





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MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SJW 4392 C

DAMAGED PARTS & PRICES

	S/N	PARTS DESCRIPTION	QTY	S/NETT	REMARKS
	21	LED HEADLIGHT- LH	1	\$ 7,693.00 +	
	22	STONE CHIP GUARD - LH Ne n	1	\$ 51.00 ⁺	
١.	23	FRONT ALUMINIUM RIM - LH	1	\$ 1,142.00 💹 🗎	
	24	SUNDRIES		\$ 300.00 7	
		TOTAL SPARE PARTS	:	\$ 13,970.00	
		TOTAL LABOUR CHARGES	:	\$ 5,402.00	
		GRAND TOTAL	:	\$ 19,372.00	
			=		

ALL CHARGES ARE NOT 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

: He Anotherised, 04 Rugs

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

JOHNNY BOO **BODY REPAIR MANAGER** **ALLAN WU CLAIMS CONSULTANT**