

ACC. REC. BY:

REP:

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:

Policy No.

Claims No.

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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No:

SGC8588u

Yr Regn:

2016 / Dec.

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

Truck / Trailer or

Make:

Audi AX

C.C

1395

Colour

Black

A/C:

Insured / Std / NI / NA

Sp. Reading

102256

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

WAUZZ2FA6HA063165

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt orBrake: 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.

D.O.I.

15/07/21

Survey held at

Premium

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

Front O/S

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

TPALG

mv:

PV:

Nett:

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Report Format:

Lump Sum / L&L:

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

\$ + RS \$

Photos

Others

TOTAL



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	12/07/2021 16:29 (SGT)
Date of Accident	11/07/2021 19:15 (SGT)
Exact Location of Accident	8 Ang Mo Kio Ave 2, Singapore
Additional Location Information	THE PANORAMA (B1 CARPARK)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGC8588U
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHAM SAY HONG
NRIC No	SXXXX411G
Email Address	SHAWNCHAM@HOTMAIL.COM
Mobile Phone No	(Phone) +65-82331488
Alternative Phone No	+65-82331488

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A4
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?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1395

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5106443926-02
Cover Note Number	-

DRIVER

Name of Driver	CHAM SAY HONG
NRIC No	SXXXX411G



Date Of Birth	13/05/1976
Occupation	Indoor
Date Of Driving Pass	28/10/1994
Driving experience	26 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82331488
Alt. Phone Number	+65-82331488
Email Address	SHAWNCHAM@HOTMAIL.COM
Address	BLK 8 , ANG MO KIO AVE 2 #18-05
Address complement	-
Postcode	567695
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	Hit and run / Vandalism / Damaged whilst parked
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 vehicle 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

ON 11 JUL 21, AS USUAL, I DROVE BACK HOME (8 ANG MO KIO AVE 2, THE PANORAMA) AFTER PICKING MY DAUGHTER FROM HER DRIVING CLASS AT TOA PAYOH SWIMMING CPLX. I REMEMBERED REACHING MY CARPARK AT ABOUT 1830PM AND I DID NOT WENT OUT AFTER THAT. 12JUL, THIS MORNING WHEN I WENT TO PICK UP MY CAR TO SEND MY DAUGHTER TO SCHOOL, I NOTICED A NOTE LEFT AT MY WINDSCREEN. THE NOTE MENTIONED THAT THE OTHER DRIVER (LOH WAI KUAN) HIT MY CAR ABOVE THR RIGHT TYRE AT THE DRIVER SIDE WHEN HE EXIT FROM THE LOT BESIDE WHERE MY CAR WAS PARKED. THE TIME ABOUT 0650AM.I SUBSEQUENTLY CONTACTED THE DRIVER AND UNDERSTAND THAT HIS VEHICLE NUMBER WAS (SMS 5435 S) AND VEHICLE MODEL WAS A VOLVO. HE ACKNOWLEDGED THAT HE ACCIDENTALLY HIT MY VEHICLE WHEN EXITING THE LOT. HE WAS NOT A RESIDENT BUT WAS VISITING HIS SON WHO STAYED AT BLK 18.VIDEO FOOTAGE FROM MY DASHCAM AND PICTURE OF THE NOTE WITH SMS BETWEEN DRIVER AND MYSELF WILL BE ENCLOSED.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMS5435S
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
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.
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 willful 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.
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' law firms/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 firms/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 firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

154 hrs
12/7/21

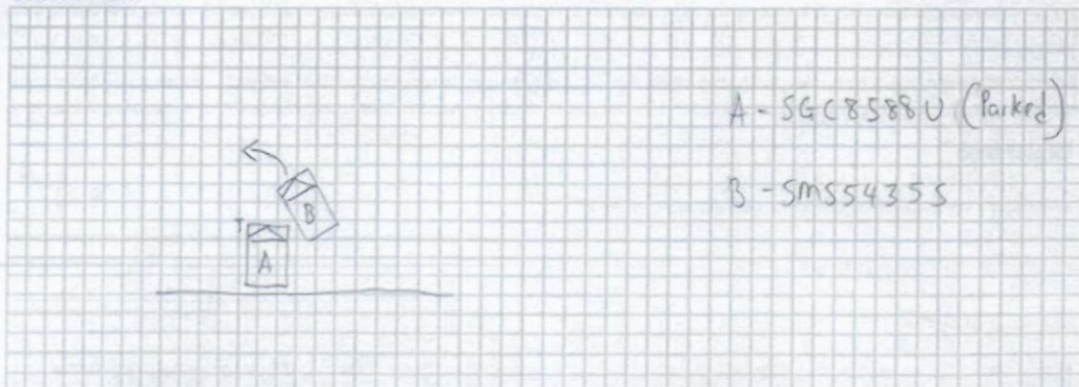


Policyholder's Signature / Date & Time

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

On 11 Jul 21, ~~there~~ as usual, I drove back home (8, Ang Mo Kio Ave), The Pinnacle after picking my daughter along her driving class at The Pinnacle Swimming Club. I remembered reaching my carpark at about 0630pm and I did not wait at after that.

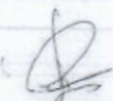
(12 Jul) This morning when I went to pick up the car to send my daughter to school, I noticed a note left at my windscreen. The note mentioned that the other driver (Loh Wei Kuan) hit my car above the right tyre at the driver gate when he exit from the lot beside where my car was parked. The time was about 0650am.

I subsequently contacted the driver and understood that his vehicle ~~own~~ number was (SMS5435S) and vehicle make was a ~~not~~ Volvo. He acknowledged that he accidentally hit my vehicle ~~and when~~ exiting the ~~the~~ lot. He was not a resident but was visiting his son who played at BUKU.

Video footage from my dashcam and picture of the note ~~attached~~ with SMSs between driver and myself will be enclosed.

Declaration

We declare the foregoing particulars are true in every respect.

 1544hrs
12/7/21

Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel Tony Fong



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: S665500200 / GST Reg. No.: M800017735

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:

Original Report No : SP0R217C0003 Vehicle Registration No: SGC 8588 U
 Name (as shown in NRIC) : CHAM SAY HONG NRIC/FIN/Passport No : SXXXX411G
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : 8 ANG MO KIO AVE 2 Singapore (239977)
 Contact (Tel) : 82331488 Mobile No. : _____
 Email Address : SHAWNCHAM@HOTMAIL.COM
 Date of Accident : 11/07/2021 Time of Accident : 1915
 Place of Accident : THE PANAROMA CARPARK
 Insurance Company : NTUC Income Insurance Co-operative Ltd

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

TO CHANGE THE TIME OF ACCIDENT



Policyholder / Driver's Signature
 Date: _____

Reporting Centre Personnel's Signature
 Name: Tony Tan
 NRIC/FIN No.: SXXXX411G
 Date: 12/7/2021

GIAMAC addendumform_v3

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/0577/2021/JT
DATE : 13-Jul-21
WIP : 35183

VEHICLE NOT IN WORKSHOP. KINDLY ARRANGE SURVEY ON 15/7/2021
YOUR INSURED VEH NO :SHC 8588 U

AIG ASIA PACIFIC INSURANCE PTE LTD

78 SHENTON WAY

#07-16 AIG BUILDING

SINGAPORE 079120

Attn: Motor Claims Dept

Tel: 6880 4602 - Fax: 6880 4838

OWNER'S NAME : MR CHAM SAY HONG
ADDRESS : BLK 209 BISHAN STREET 23
#04-365
SINGAPORE 570209
TELEPHONE : HP +65 8233 1488
TYPE OF CLAIM : THIRD PARTY CLAIM
POLICY NO : 5106443926-02
VEHICLE NO : **SGC 8588 U**
MODEL CODE : A4 SEDAN 1.4 TFSI
MODEL YEAR : 30/12/2016
ENGINE NO : CVN 022756
CHASSIS NO : WAUZZZF46HA063165
MILEAGE : -
DATE IN : -
ESTIMATED BY : JOHNNY BOO / ALLAN WU
ACCIDENT DATE : 11-Jul-21
PLACE OF ACCIDENT : 8 ANG MO KIO AVE 2, THE PANAROMA
(B1 CARPARK)

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 SGC 8588 U

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 \$ 360.00	X
2	TO REMOVE AND TRANSFER RHS HEADLIGHT'S CONTROL UNIT AND POWER MODULE.	S/N \$ 350.00	250
3	TO DISMANTLE AND RENEW FRONT BUMPER, RHS FRONT FENDER AND RHS HEADLIGHTS. RE-ORGANIZE CRASH MANAGEMENT COMPONENTS. REINSTALL ALL PARTS REMOVED.	\$ 2,100.00	1000
4	TO RESPRAY FRONT BUMPER AND RHS FRONT FENDER.	\$ 2,000.00	1100
5	TO CARRY OUT DIAGNOSTIC CHECK	S/N \$ 192.00	✓
TOTAL LABOUR CHARGES		: \$ 5,002.00	

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

MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SKE 900 X

			DAMAGED PARTS & PRICES		
S/N	PARTS DESCRIPTION	QTY	S/NETT	REMARKS	
1	FRONT BUMPER <i>Dehd</i>	1	\$ 2,111.00	<i>✓</i>	
2	FRONT BUMPER FIXING PARTS <i>neu</i>	1	TBC	<i>+</i>	
3	FRONT BUMPER SECURING STRIP <i>neu</i>	2	\$ 71.00	<i>+</i>	
4	FRONT BUMPER CLOSING ELEMENT - LOWER CENTRE <i>neu</i>	1	\$ 210.00	<i>+</i>	
5	FRONT BUMPER AIR GUIDE - RH <i>neu</i>	1	\$ 63.00	<i>+</i>	
6	FRONT BUMPER AIR GUIDE GRILLE - RH <i>neu</i>	2	\$ 135.00	<i>+</i>	
7	FRONT BUMPER GUIDE SECTION - RH <i>?</i>	1	\$ 38.00	<i>?</i>	
8	FRONT BUMPER TOP COVER - RH <i>neu</i>	1	\$ 127.00	<i>+</i>	
9	CAUTION STICKER <i>neu</i>	1	\$ 14.00	<i>+</i>	
10	A/C STICKER	1	\$ 8.00	<i>+</i>	
11	FRONT FENDER - RH <i>Dehd</i>	1	\$ 767.00	<i>✓</i>	
12	FRONT FENDER ATTACHMENT PARTS <i>neu</i>	1	\$ 202.00	<i>+</i>	
13	FRONT FENDER CLOSING ELEMENT - RH <i>?</i>	1	\$ 72.00	<i>?</i>	
14	FRONT FENDER BRACKET - RH <i>?</i>	1	\$ 35.00	<i>?</i>	
15	FRONT FENDER DEFORMATION BRACKET - RH <i>?</i>	1	\$ 49.00	<i>?</i>	
16	FRONT FENDER RIVET <i>?</i>	6	\$ 20.00	<i>?</i>	
17	FRONT FENDER BRACE - RH <i>?</i>	1	\$ 118.00	<i>?</i>	
18	FRONT WHEEL HOUSING LINER - RH <i>neu</i>	1	\$ 241.00	<i>+</i>	
19	FRONT WHEEL HOUSING LINER ATTACHMENT PARTS <i>neu</i>	1	TBC	<i>+</i>	
20	FRONT WHEEL SPOILER - RH <i>neu</i>	1	\$ 73.00	<i>+</i>	
SUB-TOTAL SPARE PARTS			\$ 4,354.00		

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

MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SKE 900 X

S/N	PARTS DESCRIPTION	QTY	DAMAGED PARTS & PRICES	
			S/NETT	REMARKS
21	FRONT FENDER STONE CHIP GUARD - RH <i>Nea</i>	1	\$ 51.00	<i>x</i>
22	FRONT FENDER TOP COVER - RH <i>?</i>	1	\$ 31.00	<i>?</i>
23	FRONT FENDER SIDE TOP COVER - RH <i>?</i>	1	\$ 23.00	<i>?</i>
24	FRONT HEADLIGHT - RH <i>could</i>	1	\$ 7,693.00	<i>✓</i>
25	FRONT HEADLIGHT LIFT CYLINDER - RH <i>Nea</i>	1	\$ 210.00	<i>x</i>
26	SUNDRIES <i>?</i>		\$ 250.00	<i>?</i>
TOTAL SPARE PARTS		:	\$ 12,612.00	
TOTAL LABOUR CHARGES		:	\$ 5,002.00	
GRAND TOTAL		:	\$ 17,614.00	

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*
SURVEYED DATE : *15/07/21*
AUTHORISED DATE :
EXCESS COST :
LIABILITY :
REMARKS : *Not Authorised, 04 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

JOHNNY BOO
BODY REPAIR MANAGER

ALLAN WU
CLAIMS CONSULTANT