ASSIGNMENT

From:	Date:	Veh No: 5LZ 7202	J Yr Regn: 2018 / May.
Estimated Cost:		Type M.Car M.Cycle / Bus / Van / L	
OD / TP / WS / TP RES	OD RES / EVA / INV / MV	Truck / Trailer or	
To Inspect Vehicle No:		Make: Andi Q 5	c.c 1984
at Workshop m/s		Colour Blue	A/C: Insured / Std / NI / NA
of		Sp.Reading 60337	T/Radio: Insured / Std / NI / NA
Insured:		Eng/No:	
Policy No.		C/No: WAUZZZFY	352138343.
Claims No.		Gen. Cond: Good Fair / Poor / Burn	
Sum Insured:	Excess:	Steering: Inorder Jammed / Leaked	/ Burnt or
(Client's Record)		Brake: Inorder / Jammed / Leaked	/ Burnt or
Make of Veh:		Modi: Nil /S/Rim / STD A/Rim o	r
		Tyre Size: F: 235/3	55R19-
(Policy Condition)		R: 235/3	55R19.
Remark: The veh had o	commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA	MIC OHTSU / PIR / SUMI /
repair at the t	time of inspection.	TOYO / YOKO or	
Bal. or Market Value:	Andrew of consists of the control of	Front	Rear
IDAC Accident Rport:	Consistent?: Yes or No	R/Bal. 86 mm	R/Bal. 06 mm
GIA / PR Seen:	Consistent? : Yes or No	L/Bal. 46 mm	L/Bal. 06 mm
Est. Repairs:	days Res.: Yes or No	D.O.A.	D.O.I. 20/08/21,
Lum Sum:	% 3 Val.: Yes or No	'Survey held at Prem	ium. It
CA / REV / REP.	/ 24 HRS	Des. of Damages : Frt / Rear / O/S	/ N/S / U/C / Rooftop or
	Vehicle: IN / OU		
	Person Contacted:	The U/C / Chassis frame / Bod	y Structure affected due to collision.
Date / Time Actio	PALG.		
	Compliant Committee		
mv		a line line	Tambia
PV		Correct Mileager 19	1026 km
Nett	1	ARTON CONTRACTOR	
552 810 1000		Massac posses	#4 F6 10 F8
Date/Time, File Pass to?	: Preli. Report	Days Of Repair:	ox Juanice
1)	: Final Report	Resurvey No. of Trip:	Survey Fee:
Date/Time, File Return to?	ON CITA NEWSFEE		Transportation:
2)	Add Fo)s +Rs,si
		: Interview (\$) Photos
Report Formsi:		: Tech. Invs (3) Others
Lump Sum / LBJ: (3	:Weelrend (\$	

SP0R218G0001 / PREMIUM AUTOMOBILES PTE LTD [408699] ENTRY DATE & TIME: 16/08/2021 11:55 (SGT) SUBMITTED BY: LIM KEE SIANG VERSION: 1 (16/08/2021 11:55 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process This Form must be <u>completed by the 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

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

16/08/2021 11:55 (SGT) 15/08/2021 14:40 (SGT) Near 1 Lor Chuan, Singapore 556818 ALONG CTE BEFORE ANG MO KIO AVE 1 EXIT ON LANE 1 Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SLZ7202J

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No Email Address

Mobile Phone No Alternative Phone No LAU CHOON MUN SXXXX561B LAUCM@SINGNET.COM.SG (Phone) +65-97898184 +65-97898184

VEHICLE PARTICULARS

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

Audi Q5

Private use

1984

No - Claiming third party Private car Auto

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy

Policy Number Cover Note Number AIG Asia Pacific Insurance Pte. Ltd.

Comprehensive No

1800053161-03

DRIVER

Name of Driver NRIC No

LAU CHOON MUN SXXXX561B



Accident report SP0R218G0001

Page 1 of 25

Date Of Birth
Occupation
Date Of Driving Pass
Driving experience
Gender
Mobile Number

 Gender
 Male

 Mobile Number
 (Phone) +65-97898184

 Alt. Phone Number
 +65-97898184

 Email Address
 LAUCM@SINGNET.COM.SG

Address BLK 637 WOODLANDS RING ROAD #09-61

28/06/1966

29/08/1995

26 YEARS

Indoor

Address complement Postcode 730637
Is the driver the policyholder? Yes
If No, Relationship of the Driver with the Insured
Does Driver Own Other Vehicles? No

Does Driver Own Other Vehicles?

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

Was anybody injured in the Accident?

No
Was any injured conveyed to hospital by ambulance?

Was any other vehicle or property damaged?

Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance?

No

PASSENGER 1

Name CHONG SEOW LENG
Gender Female

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

I WAS DRIVING ALONG CTE TOWARDS THE SLE ON 15 AUG 2021 ABOUT 1440. JUST BEFORE THE ANG MO KIO 1 EXIT, THE VEHICLE IN FRONT OF ME STOP ABRUBTLY. I HAVE TO SLOW DOWN IN THE VEHICLE BEHIND ME COLLIDED IN TO MY REAR. WHEN I STEP OUT OF MY VEHICLE. I THEN REALIZE THAT THERE WAS A CHAIN COLLISION.

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Yes

Was there any audio recorded?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKC7305D

Vehicle Manufacturer
Vehicle Model
Vehicle Variant -



Vehicle Colour	
Vehicle Category	Private car
Name of Driver	- Hvate car
Contact Number	
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
9	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKF9305A
Vehicle Manufacturer	3NF93U3A
Vehicle Model	-
	-
Vehicle Variant	-
Vehicle Colour	_
Vehicle Category	Private car
Name of Driver	_
Contact Number	_
Address	
Address complement	
Postcode	rect localises
Insurance Company Name	
	-
Nature Of Damage	-
Details of property damaged in accident	
No. Of Passenger (Including Driver)	

escribe Circumstances of the Accident	
I was driving along CTE towards the SLE on 15 Aug 2021 about 1440. Just before the Any Mo Kio Ave I exit, the Vehicle in front of me Stop abrubtly. I have to Slow d in the Vehicle behind me collided in to my rear. When I step out of my vehicle, I then retor realize	1
about 1440. Just before the Any Mo Kio Ave 1 exit, the	-
Vehicle in front of me stop abrubbly. I have to slow d	low
in the Vehicle behind me collider in to my rear.	
When I step out of my relace. I shen retor realize	th
there was a chain collision.	
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Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date 8

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

Witnessed by Reporting Centre Personnel

SKETCH PLAN

IMPORTANT NOTICE

- 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.
- 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. 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)

Lunderstand, acknowledge, agree and consent that

- (a) My insurer , my w orkshop 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;
- (ii) 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.

9:46am

Policyholder's Signature / Date &

Time

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

Witnessed by Reporting Centre

Sketch Plan



* 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/0657/2021/ZK

DATE : 16-Aug-21 WIP : 39808

VEHICLE NOT IN WORKSHOP. KINDLY ARRANGE SURVEY ON 20/8/2021

YOUR INSURED VEH NO: SKC 7305 D

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 LAU CHOON MUN

ADDRESS : BLK 637 WOODLANDS RING ROAD

#09-61

SINGAPORE 730637
TELEPHONE : HP +65 97898184
TYPE OF CLAIM : THIRD PARTY CLAIM

POLICY NO : THIRD PARTY CLAIM : 1800053161-03

VEHICLE NO : SLZ 7202 J

MODEL CODE : AUDI Q5 SPORT 2.0 TFSI

 MODEL YEAR
 : 16/5/2018

 ENGINE NO
 : DAX 033085

CHASSIS NO : WAUZZZFY3J2138343

MILEAGE : DATE IN : -

ESTIMATED BY : JOHNNY BOO / ALLAN WU

ACCIDENT DATE : 15-Aug-21

PLACE OF ACCIDENT : ALONG CTE BEFORE ANG MO KIO AVE 1 EXIT ON LANE 1





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 SLZ 7202]

S/N	NATURE OF JOBS		ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATIONS
1	TO REMOVE AND REINSTALL REAR PARKING AID AND REAR LID KICK SENSOR. CHECK FUNCTION	S/N	\$ 360.00	
2	TO DISMANTLE AND RENEW REAR BUMPER. RE-ORGANIZE CRASH MANAGEMENT COMPONENTS. REINSTALL ALL PARTS REMOVED.		\$ 1,200.00	503.
3	TO RESPRAY REAR BUMPER , REAR LOWER BUMPER AND BOTH REAR WHELL ARCH TRIMS		\$ 3,000.00	Lever Byper: 350 Lever Byper: 350 Arch Town: 200422
4	TO CARRY OUT DIAGNOSTIC CHECK	S/N	\$ 192.00	Arch Trum 400
	TOTAL LABOUR CHARGES	:	\$ 4,752.00	1300





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

SPARE PARTS ARE SPECIAL NETT.

MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SLZ 7202]

DAMAGED PARTS & PRICES

	PARTS DESCRIPTION		DANIAGED LAKIS & LKICES	
S/N			S/NETT	REMARKS
1	REAR BUMPER - UPPER 7	1	\$ 1,907.00	
2	REAR BUMPER - LOWER TOP	1	\$ 1,196.00	
2	REAR BUMPER SPOLIER	1	\$ 866.00	
3	REAR BUMPER TOWING EYE COVER - LH / RH 2	2	\$ 77.00 +	
4	REAR BUMPER CLOSING ELEMENT - LH / RH	2	\$ 192.00 🗶	
5	REAR BUMPER TRIM - LH / RH 7	2	\$ 474.00 +	
6	REAR TAIL LIGHT - LH / RH	2	\$ 1,398.00 🕹	
7	REAR BOOT LID CONTROL UNIT	1	\$ 411.00 +	
8	REAR BUMPER REINFORCEMENT	1	\$ 981.00 🗡	
9	HEXAGON 3 M	8	\$ 64.00 +	
10	RAER BUMPER SEAL NO	2	\$ 6.00 🔫	
11	REAR BUMPER HOLDING STRAP	1	\$ 168.00	
12	REAR PARKING AID SENSOR 3 Nem	2	твс 🗡	
13	REAR PARKING AID SENSOR SEAL	4	\$ 14.00	
14	REAR WEEL ARCH COVER - LH / RH	2	\$ 1,166.00	
15	SUDRIES ?		\$ 250.00 ?	
	TOTAL SPARE PARTS	:	\$ 9,170.00	
	TOTAL LABOUR CHARGES	:	\$ 4,752.00	
	GRAND TOTAL	:	\$ 13,922.00	
	LEGEND: REMARKS (OK) = APPROVED, REMARKS (X) = NOT APROVED	D		

PREMIUM AUTOMOBILES



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

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

NAME

SURVEYED DATE
AUTHORISED DATE

EXCESS COST LIABILITY

REMARKS

Adrin ()

: Ne Androsed, 030mg.

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