

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	16/08/2021 11:55 (SGT)
Date of Accident	15/08/2021 14:40 (SGT)
Exact Location of Accident	Near 1 Lor Chuan, Singapore 556818
Additional Location Information	ALONG CTE BEFORE ANG MO KIO AVE 1 EXIT ON LANE 1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ7202J
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LAU CHOON MUN
NRIC No	SXXXX561B
Email Address	LAUCM@SINGNET.COM.SG
Mobile Phone No	(Phone) +65-97898184
Alternative Phone No	+65-97898184

VEHICLE PARTICULARS

Manufacturer	Audi
Model	Q5
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	1800053161-03
Cover Note Number	-

DRIVER

Name of Driver	LAU CHOON MUN
NRIC No	SXXXX561B



Date Of Birth	28/06/1966
Occupation	Indoor
Date Of Driving Pass	29/08/1995
Driving experience	26 YEARS
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
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
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 vehicle 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	CHONG SEOW LENG
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

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 ABRUPTLY. 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?	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	SKC7305D
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

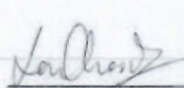
Vehicle Registration Number	SKF9305A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-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

Describe Circumstances of the Accident


I was driving along CTE towards the SLE on 15 Aug 2021 about 1440. Just before the Ang Mo Kio Ave 1 exit, the vehicle in front of me stop abruptly. 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.

Declaration

We declare the foregoing particulars are true in every respect.

 16/8/21
0940
Policyholder's Signature / Date & Time

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


Witnessed by Reporting Centre Personnel

SKETCH PLAN

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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.

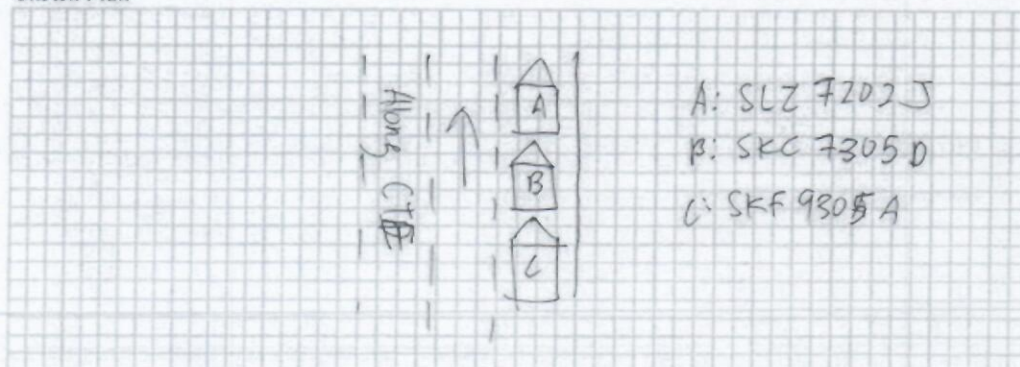
16/8/2021
9:46am
Sallhood

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



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 : 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 : WAUZZZF3J2138343
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

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ESTIMATED LABOUR CHARGES FOR ACCIDENT VEHICLE SLZ 7202 J

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 ✓ 500.	
3	TO RESPRAY REAR BUMPER, REAR LOWER BUMPER AND BOTH REAR WHEEL ARCH TRIMS	\$ 3,000.00 ✓ 1500.	Bumper 550 Lower Bumper 350 Arch Trim 200x2 = 400.
4	TO CARRY OUT DIAGNOSTIC CHECK	S/N \$ 192.00 ✓	
TOTAL LABOUR CHARGES		: \$ 4,752.00	<u>1300</u>

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MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SLZ 7202 J

			DAMAGED PARTS & PRICES	
S/N	PARTS DESCRIPTION	QTY	S/NETT	REMARKS
1	REAR BUMPER - UPPER ?	1	\$ 1,907.00	✓
2	REAR BUMPER - LOWER {behind	1	\$ 1,196.00	✓
2	REAR BUMPER SPOILER	1	\$ 866.00	✓
3	REAR BUMPER TOWING EYE COVER - LH / RH {new	2	\$ 77.00	+
4	REAR BUMPER CLOSING ELEMENT - LH / RH {new	2	\$ 192.00	+
5	REAR BUMPER TRIM - LH / RH ?	2	\$ 474.00	+
6	REAR TAIL LIGHT - LH / RH {new	2	\$ 1,398.00	+
7	REAR BOOT LID CONTROL UNIT	1	\$ 411.00	+
8	REAR BUMPER REINFORCEMENT	1	\$ 981.00	+
9	HEXAGON {new	8	\$ 64.00	+
10	RAER BUMPER SEAL {new	2	\$ 6.00	+
11	REAR BUMPER HOLDING STRAP ?	1	\$ 168.00	?
12	REAR PARKING AID SENSOR {new	2	TBC	+
13	REAR PARKING AID SENSOR SEAL	4	\$ 14.00	+
14	REAR WHEEL ARCH COVER - LH / RH New	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 APPROVED
SPARE PARTS ARE SPECIAL NETT.



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NAME
SURVEYED DATE
AUTHORISED DATE
EXCESS COST
LIABILITY
REMARKS

: Adrian Lj
: 20/08/21.
:
:
:
: 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

JOHNNY BOO
BODY REPAIR MANAGER

ALLAN WU
CLAIMS CONSULTANT