

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 11:42 (SGT) |
| Date of Accident | 14/08/2021 12:30 (SGT) |
| Exact Location of Accident | Singapore 590006 |
| Additional Location Information | BETWEEN BLK 5/6 TOH YI DRIVE S590006 CARPARK |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|---------|
| Vehicle Registration Number | SCN709E |
|-----------------------------|---------|

INSURED/POLICYHOLDER

| | |
|--------------------------|----------------------|
| Is company? | No |
| Name Of Registered Owner | FOCK YIN LING |
| NRIC No | SXXXX250B |
| Email Address | YLFOCK@YAHOO.COM |
| Mobile Phone No | (Phone) +65-96318603 |
| Alternative Phone No | +65-96318603 |

VEHICLE PARTICULARS

| | |
|--|-------------|
| Manufacturer | Audi |
| Model | Q3 |
| 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? | Yes |
| Vehicle Category | Private car |
| Transmission | Auto |
| CC | 1395 |

INSURANCE COMPANY

| | |
|---------------------------|--------------------------------------|
| Name of Insurance Company | AIG Asia Pacific Insurance Pte. Ltd. |
| Type of Coverage | Comprehensive |
| Fleet Policy | No |
| Policy Number | - |
| Cover Note Number | 2070121931 |

DRIVER

| | |
|----------------|---------------|
| Name of Driver | FOCK YIN LING |
| NRIC No | SXXXX250B |

| | |
|--|-----------------------------|
| Date Of Birth | 07/09/1973 |
| Occupation | Outdoor |
| Date Of Driving Pass | 29/04/1991 |
| Driving experience | 30 YEARS AND 4 MONTHS |
| Gender | Female |
| Mobile Number | (Phone) +65-96318603 |
| Alt. Phone Number | +65-96318603 |
| Email Address | YLFOCK@YAHOO.COM |
| Address | 335 BUKIT TIMAH ROAD #26-03 |
| Address complement | - |
| Postcode | 259718 |
| 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 | Side Swipe |
| Weather Conditions | Raining |
| 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) | 2 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

PASSENGER 1

| | |
|--------|------------|
| Name | NG MIN ANN |
| 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

IT WAS SATURDAY AFTERNOON ABOUT 1230PM AND I WAS TURNING INTO THE CARPARK OF BLK 6 TOH YI DRIVE TO PICK A FRIEND UP. IT WAS JUST STARTING TO RAIN AND THE CARPARK WAS BUSY. AS I TURNED THE OTHER CAR WAS COMING OUT FROM THE CARPARK. AS IT WAS A SHARP 90 DEGREE TURN WITH ONLY ONE LANE IN EACH DIRECTION THERE WAS NOT ENOUGH SPACE FOR HIM TO PASS ME. I WAS GOING TO REVERSE TO ALLOW HIM SPACE TO PASS BUT BEFORE I COULD DO SO HE MOVED FORWARD IN AN ATTEMPT TO SQUEEZE PASS WHILE MY CAR WAS STATIONARY. HE WAS UNABLE TO DEAN MY CAR AND HIT THE RIGHT SIDE ABOVE THE REAR WHEEL.

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 | SMT3949J |
| 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) | - |

WITNESS DETAILS

WITNESS 1

| | |
|-------|----------------------|
| Name | ELIZABETH CHIA |
| Phone | (Phone) +65-81862256 |
| Email | - |


SKETCH PLAN

IMPORTANT NOTICE

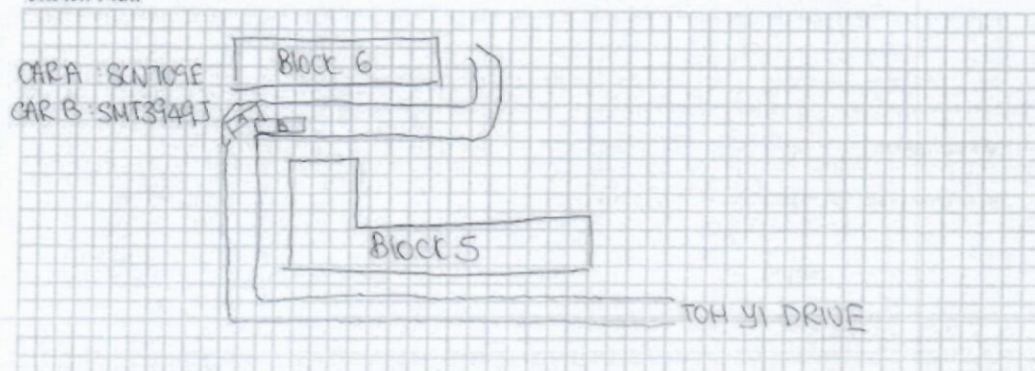
1. Please report correctly the details of the accident to speed up the claims process.
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available 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 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.

 11am
16/8/21
Policyholder's Signature / Date & Time

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


Witnessed by Reporting Centre Personnel

Sketch Plan

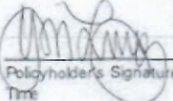


Describe Circumstances of the Accident

It was Saturday afternoon about 12:30pm and I was turning into the car park of Bldg 6 to have a friend up. It was just starting to rain and the car park was busy. As I turned the other car was coming out from the car park. As it was a sharp 90° turn with only one line in each direction there was not enough space for him to pass me. I was going to reverse to allow him space to pass but before I could do so he moved forward in an attempt to squeeze pass while my car was stationary. He was unable to clear my car and hit the right side above the rear wheel.

Declaration

We declare the foregoing particulars are true in every respect.

 11am
16-8-21
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel



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/OD/0656/2021/ZK
DATE : 16-Aug-21
WIP : 39862

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

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 : MS FOCK YIN LING MRS NG YIN LING
ADDRESS : 335 BUKIT TIMAH ROAD
#26-03
SINGAPORE 259718
TELEPHONE : HP +65 96318603
TYPE OF CLAIM : OWN DAMAGE CLAIM
POLICY NO : 2070121931
VEHICLE NO : **SCN 709 E**
MODEL CODE : AUDI Q3 1.4 TFSI S
MODEL YEAR : 22/8/2020
ENGINE NO : CZD 898283
CHASSIS NO : WAUZZZF32L1118517
MILEAGE : -
DATE IN : -
ESTIMATED BY : JOHNNY BOO / ALLAN WU
ACCIDENT DATE : 14-Aug-21
PLACE OF ACCIDENT : BETWEEN BLK5/6 TOH YI DRIVE 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 SCN 709 E

| 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. TO REPAIR RHS REAR FENDER. RE-ORGANIZE CRASH MANAGEMENT COMPONENTS. REINSTALL ALL PARTS REMOVED. | \$ 1,200.00 | 500 |
| 3 | TO RESPRAY REAR BUMPER AND RHS RER FENDER | \$ 2,000.00 | 1000 |
| 4 | TO RENEW RHS REAR RIM AND CARRY OUT WHEEL ALIGNMENT | S/N \$ 280.00 | ✓ |
| 5 | TO CARRY OUT DIAGNOSTIC CHECK | S/N \$ 192.00 | ✓ |
| TOTAL LABOUR CHARGES | | : \$ <u>4,032.00</u> | |

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. SCN 709 E

| S/N | PARTS DESCRIPTION | QTY | DAMAGED PARTS & PRICES | |
|-----------------------------|---|-----|------------------------|---------|
| | | | S/NETT | REMARKS |
| 1 | REAR BUMPER <i>Ryir</i> | 1 | \$ 1,634.00 | + |
| 2 | REAR BUMPER FIXING PARTS <i>new</i> | 1 | \$ 211.00 | + |
| 3 | REAR BUMPER SPOILER <i>lit.</i> | 1 | \$ 459.00 | ✓ |
| 4 | REAR BUMPER BRACKET <i>new</i> | 1 | \$ 48.00 | + |
| 5 | REAR LIGHT REFLECTOR | 1 | \$ 41.00 | + |
| 6 | REAR BUMPER GUIDE SECTION - RH <i>new</i> | 1 | \$ 63.00 | + |
| 7 | REAR WHEEL ARCH COVER - LH / RH <i>RH lit, LH new</i> | 2 | \$ 536.00 | ✓ |
| 8 | REAR WHEEL HOUSING LINER - RH <i>new</i> | 1 | \$ 241.00 | + |
| 9 | REAR WHEEL HOUSING LINER ATTACHMENT PART <i>new</i> | 1 | \$ 101.00 | + |
| 10 | REAR ALUMINIUM RIM - RH <i>lit</i> | 1 | \$ 1,262.00 | ✓ |
| 11 | SUNDRIES <i>?</i> | | \$ 250.00 | ? |
| TOTAL SPARE PARTS | | : | \$ 4,846.00 | |
| TOTAL LABOUR CHARGES | | : | \$ 4,032.00 | |
| GRAND TOTAL | | : | \$ 8,878.00 | |

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 : *20/08/21*
AUTHORISED DATE :
EXCESS COST :
LIABILITY :
REMARKS : *see 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

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

[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle****Vehicle Owner Particulars**

Owner ID Type: Singapore NRIC
Owner ID: 250B

Vehicle Details

Vehicle No.: SCN709E
Vehicle to be Exported: No
Intended Deregistration Date: 22 Aug 2021
Vehicle Make: AUDI
Vehicle Model: Q3 1.4 TFSI S TRONIC (17")
Primary Colour: Blue
Manufacturing Year: 2020
Engine No.: CZD898283
Chassis No.: WAUZZZF32L1118517
Maximum Power Output: 110.0 kW (147 bhp)
Open Market Value: \$27,819.00
Original Registration Date: 22 Aug 2020
First Registration Date: 22 Aug 2020
Transfer Count: 0
Actual ARF Paid: \$30,947.00

Intended PARF Rebate Details

PARF Eligibility: Yes
PARF Eligibility Expiry Date: 21 Aug 2030
PARF Rebate Amount: \$23,210.00

Intended COE Rebate Details

COE Expiry Date: 21 Aug 2030
COE Category: B - Car above 1600cc or 97kW (130bhp)
COE Period(Years): 10
QP Paid: \$38,802.00
COE Rebate Amount: \$34,911.00
Total Rebate Amount: \$58,121.00

The information contained herein is correct as at 22 Aug 2021

OK

| Item Name | Quantity | Unit Price | Total Price |
|---|----------|------------|-------------|
| Survey Fee (1st OR 1st) | 1 | \$100.00 | \$100.00 |
| Insurance Premium | 1 | \$100.00 | \$100.00 |
| Business Report | 1 | \$100.00 | \$100.00 |
| 1st Draft Submission (1st-3rd Draft, 1st Draft Submission & 2nd Draft Submission) | 1 | \$100.00 | \$100.00 |
| Insurance Premium | 1 | \$100.00 | \$100.00 |