





## 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	17/09/2021 15:42 (SGT)
Date of Accident	07/09/2021 10:30 (SGT)
Exact Location of Accident	10 Sengkang Square, Kopitiam Square, Singapore 544829
Additional Location Information	SENGKANG CARPARK
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGZ6633P
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	ORIENTAL SHEET PILING PTE LTD
Company Reg No	2XXXXX6652
Email Address	GINA.LIM@ORIENTALCASTLE.COM
Mobile Phone No	(Phone) +65-83666633
Alternative Phone No	+65-83666633

### VEHICLE PARTICULARS

Manufacturer	Audi
Model	Q8
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	2995

### INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2070171472
Cover Note Number	-

### DRIVER

Name of Driver	GOH KIAN SIN
NRIC No	SXXXX636I



Date Of Birth	11/11/1968
Occupation	Indoor
Date Of Driving Pass	06/06/2008
Driving experience	13 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83666633
Alt. Phone Number	-
Email Address	GINA.LIM@ORIENTALCASTLE.COM
Address	23 NAMLY DRIVE
Address complement	-
Postcode	267437
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	Collided into Property
Weather Conditions	Raining
Road Surface	Wet

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	No
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	LIM HUI SHAN
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

THE ACCIDENT HAPPENED IN KOPITIAM SQUARE (SENGKANG) CARPARK. WHILE TURNING UP IN THE CARPARK, I ACCIDENTALLY HIT A BLIND SPOT METAL POLE AND IT'S NOT TALL BUT A SHORT POLE. MY VEHICLE FRONT BUMPER WAS DAMAGED.

#### ATTACHMENT(S)

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



SKETCH PLAN

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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' lawyers/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' lawyers/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 lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

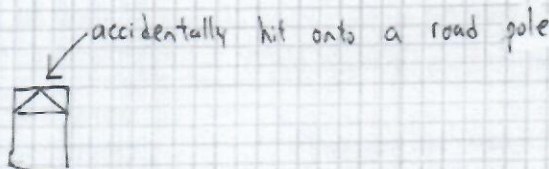
*[Handwritten Signature]*

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

The accident happened in Kopiliam Square (SengKang) car park.

While turning up in the car park, I accidentally hit a blind spot metal pole.

and it's not tall but a short pole.

My vehicle's front bumper was damaged.

### Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre  
Personnel *Tony Fooks*

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/0766/2021/GW  
**DATE** : 14-Sep-21  
**WIP** :

**VEHICLE NOT IN WORKSHOP. KINDLY ARRANGE FOR SURVEY ON 15/9/2021**

**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** : M/S ORIENTAL SHEET PILING PTE LTD  
**ADDRESS** : 1 COMMONWEALTH LANE  
#02-03  
SINGAPORE 149544  
**TELEPHONE** : HP +65 86836633  
**TYPE OF CLAIM** : OWN DAMAGE CLAIM  
**POLICY NO** : 2070171472  
**VEHICLE NO** : **SGZ 6633 P**  
**MODEL CODE** : Q8 3.0 TFSI  
**MODEL YEAR** : 22/11/2018  
**ENGINE NO** : DCB 047111  
**CHASSIS NO** : WAUZZZF16KD006122  
**MILEAGE** : -  
**DATE IN** : -  
**ESTIMATED BY** : JOHNNY BOO / ALLAN WU  
**ACCIDENT DATE** :  
**PLACE OF ACCIDENT** :



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 SGZ 6633 P**

S/N	NATURE OF JOBS		ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATIONS
1	TO REMOVE AND REINSTALL FRONT BUMPER WIRE HARNESS FOR HEADLIGHT AND SENSOR.	S/N \$	360.00	✓
2	TO DISMANTLE AND RENEW FRONT BUMPER. RE-ORAGNISE CRASH MANAGEMENT COMPONENTS. REINSTALL ALL PARTS REMOVED.	\$	1,200.00	600
3	TO RESPRAY FRONT BUMPER, RADIATOR GRILLE TRIM AND BOTH FRONT WHEEL ARC TRIM.	\$	2,200.00	850.
4	TO CARRY OUT DIAGNOSTIC CHECK.	S/N \$	192.00	✓
<b>TOTAL LABOUR CHARGES</b>		:	<u><u>\$ 3,952.00</u></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. SGZ 6633 P**

			DAMAGED PARTS & PRICES	
S/N	PARTS DESCRIPTION	QTY	S/NETT	REMARKS
1	FRONT BUMPER <i>new</i>	1	\$ 3,813.00	<i>x</i>
2	FRONT BUMPER TRIM CENTER <i>del</i>	1	\$ 406.00	<i>✓</i>
3	FRONT BUMPER TRIM LOWER <i>del</i>	1	\$ 539.00	<i>✓</i>
4	FRONT BUMPER GRILLE LOWER CENTER <i>del</i>	1	\$ 254.00	<i>✓</i>
5	FRONT BUMPER CLOSING ELEMENT <i>?</i>	1	\$ 292.00	<i>?</i>
6	FRONT WHEEL ARC TRIMS LH / RH <i>new</i>	2	\$ 1,150.00	<i>✓</i>
7	RADIATOR GRILLE <i>could</i>	1	\$ 2,500.00	<i>✓</i>
8	RADIATOR GRILLE CLOSING ELEMENT CENTER <i>?</i>	1	\$ 278.00	<i>?</i>
9	FRONT AIR GUIDE GRILLE RH <i>new</i>	1	\$ 437.00	<i>x</i>
10	FRONT AIR GUIDE GRILLE DECORATIVE FRAME RH <i>new</i>	1	\$ 333.00	<i>x</i>
11	RADIATOR AIR GUIDE LOWER <i>new</i>	1	\$ 42.00	<i>x</i>
12	SUNDRIES <i>?</i>	1	\$ 300.00	<i>?</i>
<b>TOTAL SPARE PARTS</b>		<b>:</b>	<b>\$ 10,344.00</b>	
<b>TOTAL LABOUR CHARGES</b>		<b>:</b>	<b>\$ 3,952.00</b>	
<b>GRAND TOTAL</b>		<b>:</b>	<b>\$ 14,296.00</b>	

ALL CHARGES ARE NOT INCLUSIVE OF GST

LEGEND: REMARKS (OK) = APPROVED, REMARKS (X) = NOT APROVED  
 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 Li*  
SURVEYED DATE : *15/09/21*  
AUTHORISED DATE :  
EXCESS COST :  
LIABILITY :  
REMARKS : *Not Authorised, 03Days*

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:

Company

Owner ID:

665Z

### Vehicle Details

Vehicle No.:

SGZ6633P

Vehicle to be Exported:

No

Intended Deregistration Date:

15 Sep 2021

Vehicle Make:

AUDI

Vehicle Model:

Q8 3.0 TFSI QU TIP (SR, 20")

Primary Colour:

Grey

Manufacturing Year:

2018

Engine No.:

DCB047111

Chassis No.:

WAUZZZF16KD006122

Maximum Power Output:

250.0 kW (335 bhp)

Open Market Value:

\$76,390.00

Original Registration Date:

22 Nov 2018

First Registration Date:

22 Nov 2018

Transfer Count:

0

Actual ARF Paid:

\$109,502.00

### Intended PARF Rebate Details

PARF Eligibility:

Yes

PARF Eligibility Expiry Date:

21 Nov 2028

PARF Rebate Amount:

\$82,126.00

### Intended COE Rebate Details

COE Expiry Date:

21 Nov 2028

COE Category:

B - Car above 1600cc or 97kW (130bhp)

COE Period(Years):

10

QP Paid:

\$31,101.00

COE Rebate Amount:

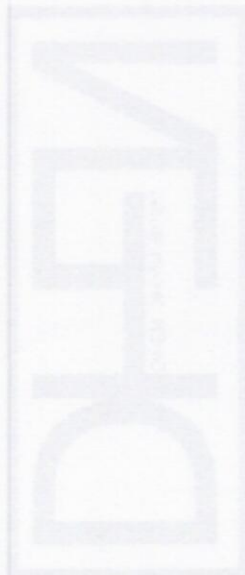
\$22,340.00

**Total Rebate Amount:**

**\$104,466.00**

The information contained herein is correct as at 15 Sep 2021

OK







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**Audi Q8 3.0A TFSI Quattro Tip****Fuel Type:** Petrol-Electric

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**Audi Q8 Mild Hybrid 3.0A TFSI Quattro Tip S-Line****Fuel Type:** Petrol-Electric

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