





# 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 ..... 20/10/2021 11:11 (SGT)  
Date of Accident ..... 19/10/2021 16:41 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... BKE /WOODLANDS AFTER PIE  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... EY9288L

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... TAN KWEE CHUAN  
NRIC No ..... SXXXX022I  
Email Address ..... pten32@gmail.com  
Mobile Phone No ..... (Phone) +65-98352002  
Alternative Phone No ..... +65-98352002

### VEHICLE PARTICULARS

Manufacturer ..... Audi  
Model ..... S3  
Variant ..... SEDAN 2.0 TFSI QU (HID)  
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 - Reporting only  
Vehicle Category ..... Private car  
Transmission ..... Auto  
CC ..... 1984

### INSURANCE COMPANY

Name of Insurance Company ..... FWD Singapore Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... PNPV2019-00017097-01  
Cover Note Number ..... NA

### DRIVER

Name of Driver ..... TAN KWEE CHUAN  
NRIC No ..... SXXXX022I

Date Of Birth	13/08/1961
Occupation	Indoor
Date Of Driving Pass	19/03/1984
Driving experience	37 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98352002
Alt. Phone Number	+65-98352002
Email Address	pten32@gmail.com
Address	Foresque Residences, 103 Petir Road 678273
Address complement	#13-06
Postcode	678273
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	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)	1
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

Refer to statements attached.Refer to video footage.

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SE5383K
Vehicle Manufacturer	Mazda
Vehicle Model	3
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	KOH YEW LIAN ADREW
NRIC No	SXXXX735A
Contact Number	(Phone) +65-97764253
Address	-

Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passer ger (Including Driver) ..... 1

**SKETCH PLAN**

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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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

**VERIFY BY AJAX MARS (ARC)  
REPORTING OFFICER  
AIZAM BIN ATAN**

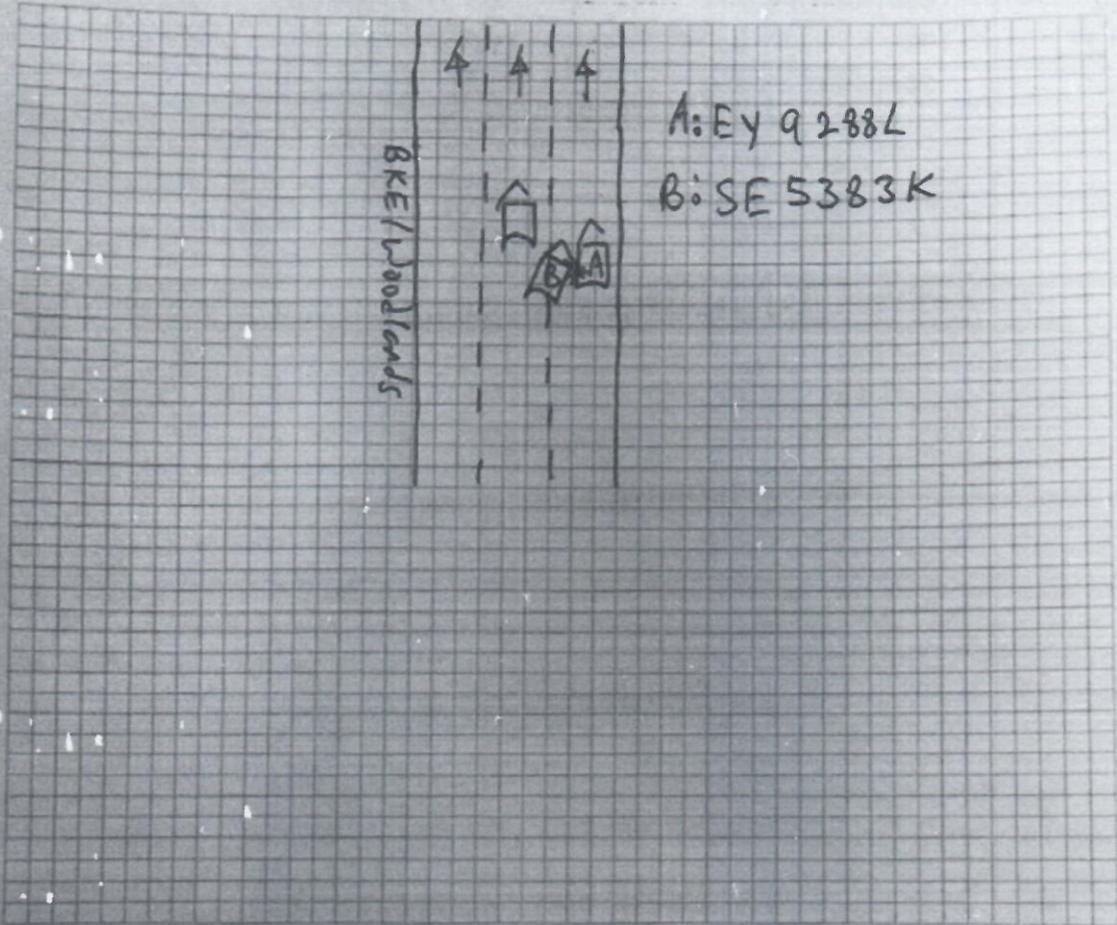
Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

ACCIDENT DIAGRAM

Ver. 30042021



Policyholder's Signature  
Date & Time:

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

VERIFIED BY AJAX MARS (ARC)  
REPORTING OFFICER  
AIZAM BIN ATAN

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

SKETCH PLAN

REFER TO ATTACHED ACCIDENT DIAGRAM

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statements attached. Refer to video footage.

DECLARATION

I/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 & Time:

VERIFY BY AJAX MARS (ARC)  
REPORTING OFFICER  
AIZAM BIN ATAN

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

Subject: Car accident on 19/10 4.41pm  
between EY9288L and SE5383K.

Driver : Tan Kwee Chuan, S1498022I,  
vehicle no. EY9288L.

Driver Koh Yew Lian Andre, S1733735A,  
Vehicle no. SE5383K.

After exit from Pie to Bke, I was driving my  
vehicle with registration no. EY9288L, V1,  
on the right most lane along BKE in the  
direction towards Dairy Farm exit.

A vehicle with registration no. SE5383K,  
V2, was in the centre lane. V2 suddenly  
steered right ,intended to filter to the right  
most lane, which was the lane that I was  
travelling in. V2 driver's action was too  
sudden, and too close, changing lane

without proper look out for vehicle on his right lane.

When My vehicle V1 had already passed V2 by half body V2's front right hand side had swiped and brushed against my vehicle V1 left hand rear door onwards, towards the rear during the continuous motion.

No injury had happened to both drivers of V1 & V2, exchange of drivers' particular was carried out.

# PREMIUM AUTOMOBILES



55 UBI ROAD 1, SINGAPORE 408699  
TEL : 6366 2323 FAX : 6841 1183  
EMAIL: NORA.KHAT@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/0862/2021/JT  
DATE : 20-Oct-21  
WIP : 49918

KINDLY ARRANGE SURVEY  
YOUR INSURED VEH NO : SE 5383 K

~~EJUDGET DIRECT INSURANCE~~  
190 CLEMENCEAU AVENUE  
#03-01  
SINGAPORE SHOPPING CENTRE  
SINGAPORE 239924

AIG.

**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:

OWNER'S NAME : MR TAN KWEE CHUAN  
ADDRESS : 103 PETIR ROAD  
#13-06  
SINGAPORE 678273  
TELEPHONE : HP +65 98352002  
TYPE OF CLAIM : THIRD PARTY CLAIM  
POLICY NO : PNPV2019-00017097-01  
VEHICLE NO : EY 9288 L  
MODEL CODE : AUDI S3 SEDAN 2.0 TFSI QU  
MODEL YEAR : 29/11/2014  
ENGINE NO : CJX 034714  
CHASSIS NO : WAUZZZ8V0F1057705  
MILEAGE : -  
DATE IN : -  
ESTIMATED BY : JOHNNY BOO / ALLAN WU  
ACCIDENT DATE : 19-Oct-21  
PLACE OF ACCIDENT : BKE/ WOODLANDS AFTER PIE



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 EY 9288 L**

S/N	NATURE OF JOBS		ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATIONS
1	TO REMOVE AND TRANSFER LHS REAR DOOR'S MULTI-LOCK SYSTEM AND POWER WINDOW DEVICES. INSPECT FOR DAMAGES.	S/N \$	350.00	X
2	TO DISMANTLE AND RENEW LHS REAR DOOR. TO REPAIR LHS REAR FENDER. RE-ORGANIZE CRASH MANAGEMENT COMPONENTS. REINSTALL ALL PARTS REMOVED.	\$	1,400.00	X
3	TO REPSRAY LHS REAR DOOR AND LHS REAR FENDER.	\$	<del>2,000.00</del> 1100	
5	TO RENEW LHS REAR RIM AND CARRY OUT WHEEL ALIGNMENT.	S/N \$	280.00	✓
5	TO CARRY OUT DIAGNOSTIC CHECK.	S/N \$	192.00	* ??
<b>TOTAL LABOUR CHARGES</b>		<b>:</b>	<b>\$ 4,222.00</b>	



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 TEL: 6366 2323 FAX: 6841 1183  
 EMAIL: NORA.KHAI@PREMIUMAUTO.COM.SG / CLAIMS@PREMIUMAUTO.COM.SG

**MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. EY 9288 L**

S/N	PARTS DESCRIPTION	QTY	DAMAGED PARTS & PRICES		REMARKS
			S/NETT		
1	REAR DOOR - LH <i>Regis</i>	1	\$	3,039.00	X
2	REAR DOOR OUTER SEAL - LH	1	\$	161.00	X
3	BONDING AGENT	1	\$	49.00	X
4	CLEANING SOLUTION	1	\$	68.00	X
5	APPLICATOR	1	\$	129.00	X
6	DOOR CATCH	1	\$	94.00	X
7	REAR ALUMINIUM RIM <i>Regis</i>	1		TBC	X
9	SUNDRIES <i>Not in</i>	1	\$	200.00	X
<b>TOTAL SPARE PARTS</b>		:	\$	<b>3,740.00</b>	
<b>TOTAL LABOUR CHARGES</b>		:	\$	<b>4,222.00</b>	
<b>GRAND TOTAL</b>		:	\$	<b>7,962.00</b>	

ALL CHARGES ARE NOT INCLUSIVE OF GST  
 LEGEND: REMARKS (OK) = APPROVED, REMARKS (X) = NOT APPROVED  
 SPARE PARTS ARE SPECIAL NETT.

*Handwritten notes:*  
 03/06/11  
 4017 9288 L

# 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 : *Adrian G*  
SURVEYED DATE : *20/10/21.*  
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