

ASS. REC. BY:

REP:

CS/MSG21011049/AGuf3

ASSIGNMENT

SDK8811T.

From: _____ Date: _____

Estimated Cost: _____

OD ☒ TP ☐ WS ☐ TP RES ☐ OD RES ☐ EVA ☐ INV ☐ MV ☐To Inspect Vehicle No: **SDK 8811T**

at Workshop m/s _____

of _____

Insured: **SLV 6530P**Policy No. **29148151AT2**Claims No. **638610**

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: _____ days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No:

~~SDK8811T~~Yr Regn: **2016 / Jun.**Type: ☒ M.Car / ☐ M.Cycle / ☐ Bus / ☐ Van / ☐ Lorry / ☐ Taxi / ☐ Prime Mover /

Truck / Trailer or

Make:

Audi Q3

C.C.

1395

Colour

BlackA/C: **Insured / Std / NI / NA**

Sp. Reading

80074T/Radio: **Insured / Std / NI / NA**

Eng/No:

C/No:

WAUZZ28U4GR053215Gen. Cond: **Good** / Fair / Poor / BurntSteering: **Inorder** / Jammed / Leaked / Burnt orBrake: **Inorder** / Jammed / Leaked / Burnt orModi: **Nil** / S/Rim / STD A/Rim or

Tyre Size:

F:

235/55R17

R:

235/55R17BS ☒ DUN / ☐ EXNOVA / ☐ GY / ☐ FS / ☐ LIZA / ☐ MIC / ☐ OHTSU / ☐ PIR / ☐ SUMI /

TOYO / YOKO or

Front

Rear

R/Bal.

06

mm

R/Bal.

06

mm

L/Bal.

06

mm

L/Bal.

06

mm

D.O.A.

D.O.I.

29/10/21

Survey held at

PremiumDes. of Damages: **Frnt** / **Rear** / O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	TP MS16
	MV :
	PV :
	Nett :

Date/Time, File Pass to?

☐

: Preli. Report

☐

: Final Report

Date/Time, File Return to?

2)

Report Format: _____

Lump Sum / L.P. / C

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

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	27/10/2021 15:31 (SGT)
Date of Accident	26/10/2021 17:40 (SGT)
Exact Location of Accident	Near 13 Hougang Ave 1, Singapore 538869
Additional Location Information	TRAFFIC JUNCTION TURNING RIGHT INTO HOUGANG STREET 21
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDK8811T
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM BOON KENG
NRIC No	SXXXX658G
Email Address	DAVIDLIMOFFICE@GMAIL.COM
Mobile Phone No	(Phone) +65-97509390
Alternative Phone No	+65-97509390

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?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1394

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5109016743-02
Cover Note Number	-

DRIVER

Name of Driver	LIM BOON KENG
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NRIC No	SXXX658G
Date Of Birth	03/06/1960
Occupation	Indoor
Date Of Driving Pass	13/04/1983
Driving experience	38 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97509390
Alt. Phone Number	+65-97509390
Email Address	DAVIDLIMOFFICE@GMAIL.COM
Address	139 SERANGOON AVENUE 3
Address complement	#16-02 THE SPRINGBLOOM
Postcode	556119
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	Collision - Head to Rear
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	MAK MAY LING
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

ON THE 26 OCT 21 AT ABOUT 1740, I THE OWNER OF SDK 8811 T WAS DRIVING ALONG HOUGANG AVENUE 1 TURNING INTO HOUGANG ST 21. TRAFFIC WAS QUITE HEAVY DUE TO THE NORMAL PEAK PERIOD. WHEN THE TRAFFIC LIGHT FOR TURNING RIGHT INTO HOUGANG ST 21 TURN GREEN, I MOVED AHEAD BUT DUE TO THE FRONT VEHICLE SUDDEN STOP, I SLOWED DOWN. THE VEHICLE BEHIND ME SLV 6530 P WAS NOT ABLE TO STOP AND BANGED ONTO MY REAR BUMPER.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLV6530P
Vehicle Manufacturer	Toyota



Vehicle Model	Allion
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Private car
Name of Driver	XIA JIAN JUN
Contact Number	(Phone) +65-96190631
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN

IMPORTANT NOTICE

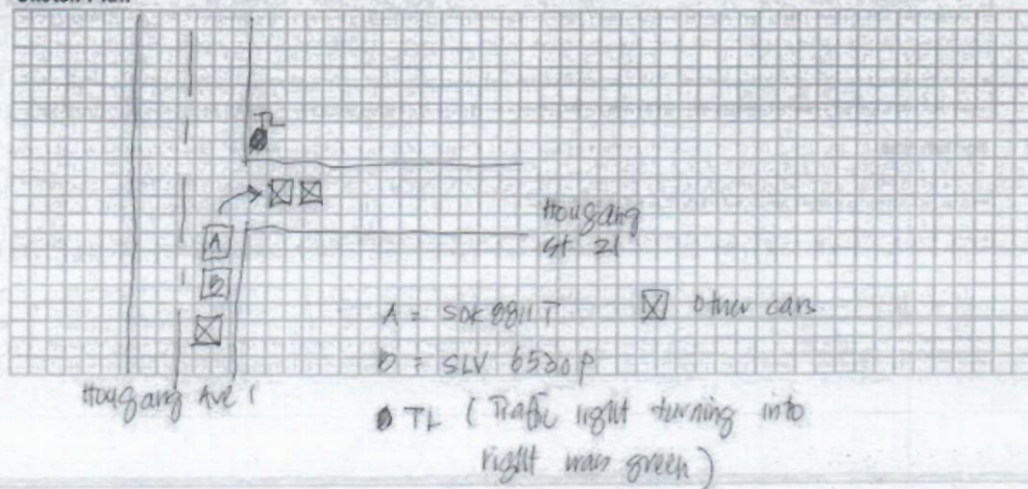
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts 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)**
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.

[Signature] 27/10/21
Policyholder's Signature / Date & Time

[Signature] 27/10/21
Driver's Signature (If driver is not the policyholder) / Date & Time

[Signature] Zoely Kum 10:40am.
Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

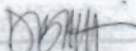
On the 26 October 2021 at about 5.40pm, I (Lim Boon Keng) owner of SDK 8811T was driving along Hougang Ave 1 turning into Hougang St 21. Traffic was quite heavy due to the normal peak period.

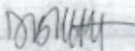
When the traffic light for turning right into Hougang St 21 turned green, I moved ahead but due to the front vehicle sudden stop, I slowed down.


The vehicle behind me, SLV 6630 P was not able to stop and so banged onto my rear bumper.

Declaration

We declare the foregoing particulars are true in every respect.

 27/10/21
Policyholder's Signature / Date & Time

 27/10/21
Driver's Signature (If driver is not the policyholder) / Date & Time

 2024 Kum 10.40am.
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/TP/0439/2021/ZK
DATE : 22-May-21
WIP : 28845

VEHICLE NOT IN WORKSHOP. KINDLY ARRANGE SURVEY 29/10/2021

YOUR INSURED VEH NO : SLV 6530 P

MSIG INSURANCE (SINGAPORE) PTE LTD

NO 4 SHENTON WAY

#23-01 SGX CENTRE 2

SINGAPORE 068896

Attn: Motor Claims Dept

Tel: 6827 27692 - Fax: 6225 7402

OWNER'S NAME : MR LIM BOON KENG
ADDRESS : 139 SERANGOON AVE 3
#16-02
SINGAPORE 556119
TELEPHONE : HP +65 9750 9390
TYPE OF CLAIM : THIRD PARTY CLAIM
POLICY NO : 5109016743-02
VEHICLE NO : **SDK 8811 T**
MODEL CODE : AUDI Q3 1.4 TFSI S
MODEL YEAR : 26/1/2016
ENGINE NO : CZD221231
CHASSIS NO : WAUZZZ8U4GR053215
MILEAGE : -
DATE IN : -
ESTIMATED BY : JOHNNY BOO / ALLAN WU
ACCIDENT DATE : 26-Oct-21
PLACE OF ACCIDENT : THOMSON GREEN
TRAFFIC JUNCTION TURNING RIGHT INTO HOUGANG STREET 21

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 SDK 8811 T

S/N	NATURE OF JOBS		ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATIONS
1	TO REMOVE AND REINSTALL REAR PARKING AID. CHECK FUNCTION	S/N \$	280.00	✓
2	TO DISMANTLE AND RENEW REAR BUMPER RE-ORGANIZE CRASH MANAGEMENT COMPONENTS. REINSTALL ALL PARTS REMOVED.	\$	1,200.00 800	✓
3	TO RESPRAY REAR UPPER BUMPER, REAR LOWER SPOILER AND BOTH REAR WHEEL ARCH TRIMS.	\$	3,000.00 2200	✓
4	TO CARRY OUT DIAGNOSTIC CHECK.	S/N \$	192.00	✓
TOTAL LABOUR CHARGES		:	\$ 4,672.00	

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. SDK 8811 T

DAMAGED PARTS & PRICES				
S/N	PARTS DESCRIPTION	QTY	S/NETT	REMARKS
1	REAR BUMPER <i>Repair</i>	1	\$ 1,580.00	+
2	REAR BUMPER FIXING SET <i>seen</i>	1	\$ 124.00	+
3	REAR BUMPER SPOILER <i>Del'd</i>	1	\$ 880.00	✓ 880
4	REAR BUMPER DIFFUSER - LH <i>Del'd</i>	1	\$ 706.00	✓ 705.50
5	REAR BUMPER TOWING EYE COVER - LH <i>Del'd</i>	1	\$ 43.00	✓ 42.60
6	REAR TAIL LIGHT - LH <i>Crack'd</i>	1	\$ 457.00	✓ 457
7	REAR BUMPER CARRIER <i>HP m</i>	1	\$ 651.00	+
8	HEX BOLT	6	\$ 30.00	X
9	REAR BUMPER PARKING AID SENSOR <i>HP m</i>	2	TBC	+
10	REAR BUMPER PARKING AID SENSOR SEAL <i>HP m</i>	4	\$ 6.00	+
11	REAR BUMPER WHEEL ARCH COVER - LH / RH <i>seen</i>	2	\$ 1,056.00	✓ 1055
12	SUNDRIES		\$ 250.00	✓ 1.40
TOTAL SPARE PARTS		:	\$ 5,783.00	
TOTAL LABOUR CHARGES		:	\$ 4,672.00	
GRAND TOTAL		:	\$ 10,455.00	

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 : *Xing Guoyang*
SURVEYED DATE :
AUTHORISED DATE :
EXCESS COST :
LIABILITY :
REMARKS : *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