

CS/SMR21011703/Aqf3

ASS. REQ. BY:

REP:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

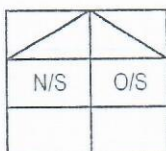
Claims No. **TAX/11/21/2025**

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: **3** 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: **SMZ4746P** Yr Regn: **2019 / August.**Type: **M.Car** / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: **Andi Q2** C.C. **999.**Colour: **Grey.** A/C: Insured / Std / NI / NASp. Reading: **28636** T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: **WAUZZGAGKA082553**Gen. Cond: **Good** / Fair / Poor / BurntSteering: **Inorder** / Jammed / Leaked / Burnt orBrake: **Inorder** / Jammed / Leaked / Burnt orModi: Nil / **S/Rim** / STD A/Rim orTyre Size: F: **215/60R16.**R: **215/60R16.****BS** / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal. **06** mm R/Bal. **06** mmL/Bal. **06** mm L/Bal. **06** mmD.O.A. _____ D.O.I. **18/11/21.**Survey held at **Premium.**Des. of Damages: **Frt** / 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 SMRT.09/03/22@3.51pm We will be advising our Principal a cost of repair of P/P \$4,266.00/-
with 3 days of repair, subject to their approval. (Red \$10770, 72%)

MV:

PV:

Nett:

Date/Time, File Pass to?

☐ : Preli. Report☐ : Final Report

1) 09/03 Typist

Date/Time, File Return to?

2)

Days Of Repair: **3**

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

S + PS SI

Photos

Others

Add Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech. Inve (\$)☐ : Weekend (\$)Report Format: **TP**

Lump Sum / P.P. / C. 4266



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	12/11/2021 18:57 (SGT)
Date of Accident	12/11/2021 16:00 (SGT)
Exact Location of Accident	St Thomas Walk, Singapore
Additional Location Information	ALONG ST THOMAS WALK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMZ4746P
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ONG BOON LENG
NRIC No	SXXXX747E
Email Address	BENJI2602@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-94873784
Alternative Phone No	(Office) +65-94873784

VEHICLE PARTICULARS

Manufacturer	Audi
Model	Q2
Variant	Q2 1.0 TFSI
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	1000

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5122544008
Cover Note Number	-

DRIVER

Name of Driver	JEROME ONG REN JIE
NRIC No	SXXXX364B



Date Of Birth	01/11/1994
Occupation	Indoor
Date Of Driving Pass	13/07/2015
Driving experience	6 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91817294
Alt. Phone Number	-
Email Address	JEROME111@ME.COM
Address	97 YISHUN ST 81
Address complement	#06-04
Postcode	768453
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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)	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

I WAS STATIONARY BEHIND A TAXI (SHB 877 G) ALONG ST THOMAS WALK AT 16:00 ON 12.11.2021 . THE TAXI REVERSED INTO MY CAR (SMZ 4746 P), AT A RATHER QUICK SPEED LEAVING ME WITH NO TIME TO REACT OR REVERSE, AS HE WAS TRYING TO GIVE WAY TO THE BUS (PC 5432 Z) . THE DAMAGES WAS ON THE FRONT LEFT HAND SIDE WITH PLATE NUMBER (SMZ 4746 P), PLEASE REFER TO UPLOADED PHOTOS. WE EXCHANGED PARTICULARS AFTER THE ACCIDENT.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB877G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	ANG WHAY CHONG (HONG WEIZHONG)
NRIC No	SXXXX321E

Contact Number	(Phone) +65-85106336
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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 reputate 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.

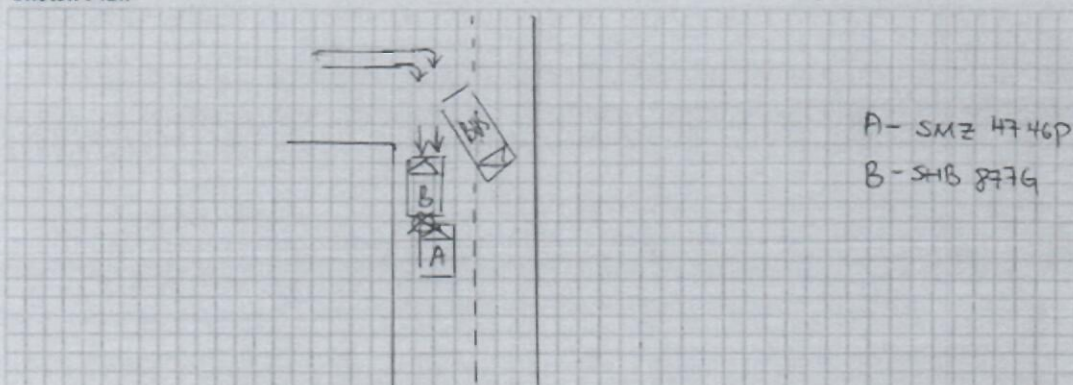
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

12/11/2021 @ 1800

Sketch Plan



Describe Circumstances of the Accident

I was stationary behind a taxi (SHB 877G) along St Thomas Walk at 16:00 on 12.11.2021. The taxi reversed into my car (SM2 9746P), at a ~~the~~ rather quick speed leaving me with no time to react or reverse, as he was trying to give way to the bus (PC 5432 Z). The damage was on the front left hand side with plate number (SM2 9746P), please refer to We exchanged particulars after the accident.

uploads
photos

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

Witnessed by Reporting Centre Personnel

12/11/2021 01:20



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/0933/2021/TF
DATE : 17-Nov-21
WIP : 54056

VEHICLE NOT IN WORKSHOP. KINDLY ARRANGE SURVEY
YOUR INSURED VEH NO : SHB 877 G

MS First Capital Insurance Ltd

36 Robinson Road

16-01 City House

Singapore 068877

Attn: Motor Claims Dept

Tel:6854 3909 Fax: 6507 3849

OWNER'S NAME : MR ONG BOON LENG
ADDRESS : 97 YISHUN ST 81
#06-04
SINGAPORE 768453
TELEPHONE : HP +65 94873784
TYPE OF CLAIM : THIRD PARTY CLAIM
POLICY NO : 5122544008
VEHICLE NO : **SMZ 4746 P**
MODEL CODE : AUDI Q2 1.0 TFSI S tronic
MODEL YEAR : 28/8/2019
ENGINE NO : CHZC32574
CHASSIS NO : WAUZZZGA6KA082553
MILEAGE : -
DATE IN : -
ESTIMATED BY : JOHNNY BOO / ALLAN WU
ACCIDENT DATE : 12-Nov-21
PLACE OF ACCIDENT : ALONG ST THOMAS WALK

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 SMZ 4746 P

S/N	NATURE OF JOBS		ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATIONS
1	TO REMOVE, CHECK AND TRANSFER FRONT WIRE HARNESS FOR HEADLIGHTS, HORNS, OUTSIDE TEMPERATURE SENSOR AND HEADLIGHT WASHER ASSY.	S/N \$	360.00	X.
2	TO REMOVE AND TRANSFER LHS HEADLIGHT'S CONTROL UNIT AND POWER MODULE.	S/N \$	400.00	X
3	TO DISMANTLE AND RENEW FRONT BUMPER AND LHS HEADLIGHT. RE-ORGANIZE CRASH MANAGEMENT COMPONENTS. REINSTALL ALL PARTS REMOVED.	\$	1,200.00	800
4	TO RESPRAY FRONT BUMPER.	\$	1,000.00	800
5	TO CARRY OUT DIAGNOSTIC CHECK.	S/N \$	192.00	✓
TOTAL LABOUR CHARGES		:	\$ 3,152.00	

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. SMZ 4746 P

			DAMAGED PARTS & PRICES		
S/N	PARTS DESCRIPTION	QTY	S/NETT	REMARKS	
1	FRONT BUMPER <i>Repair</i>	1	\$ 1,042.00	<i>+</i>	
2	FRONT BUMPER FIXING PARTS <i>not m</i>	1	\$ 347.00	<i>+</i>	
3	FRONT BUMPER LOWER CENTER GRILLE <i>not m</i>	1	\$ 197.00	<i>+</i>	
4	FRONT BUMPER AIR GRILLE - LH <i>?</i>	1	\$ 169.00	<i>+</i>	
5	FRONT BUMPER AIR GRILLE END CAP - LH <i>not m</i>	1	\$ 59.00	<i>+</i>	
6	FRONT BUMPER SPOILER	1	\$ 299.00	<i>+</i>	
7	FRONT BUMPER CLOSING ELEMENT - LOWER <i>not m</i>	1	\$ 156.00	<i>+</i>	
8	FRONT WHEEL SPOILER - LH <i>?</i>	1	\$ 34.00	<i>+</i>	
9	FRONT BUMPER ADAPTER - LH <i>not m</i>	1	\$ 36.00	<i>+</i>	
10	RADIATOR GRILLE <i>lit</i>	1	\$ 1,411.00	<i>✓</i>	
11	RADIATOR GRILLE STRIKER PLATE <i>?</i>	1	\$ 124.00	<i>+</i>	
12	FRONT BUMPER CARRIER FOAM <i>not m</i>	1	\$ 78.00	<i>+</i>	
13	FRONT BUMPER CARRIER	1	\$ 723.00	<i>+</i>	
14	FRONT BUMPER GUIDE SECTION - LH / RH <i>not m</i>	2	\$ 72.00	<i>+</i>	
15	FRONT BUMPER TOP COVER <i>not m</i>	1	\$ 100.00	<i>+</i>	
16	CAUTION STICKER <i>?</i>	1	\$ 14.00	<i>+</i>	
17	A/C STICKER <i>not m</i>	1	\$ 8.00	<i>+</i>	
18	HORN - LH	1	\$ 286.00	<i>+</i>	
19	HORN BRACKET - LH	1	\$ 31.00	<i>+</i>	
20	FRONT WHEEL HOUSING LINER - LH <i>not m</i>	1	\$ 196.00	<i>+</i>	
SUB TOTAL SPARE PARTS		:	\$ 5,382.00		

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

MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SMZ 4746 P

			DAMAGED PARTS & PRICES	
S/N	PARTS DESCRIPTION	QTY	S/NETT	REMARKS
21	FRONT WHEEL LINER ATTACHMENT PARTS <i>new</i>	1	\$ 57.00	+
22	HEADLIGHT MOUNTING - LH <i>new</i>	1	\$ 118.00	+
23	HEADLIGHT - LH <i>new</i>	1	\$ 4,915.00	+
24	HEADLIGHT LIFT CYLINDER - LH <i>new</i>	1	\$ 142.00	+
25	HEADLIGHT LIFT CYLINDER HOSE <i>new</i>	1	\$ 182.00	+
26	RADIATOR AIR GUIDE - LH / UPPER CENTRE / RH <i>new</i>	3	\$ 84.00	+
27	FRONT WHEEL ARCH TRIM - LH / RH <i>new</i>	2	\$ 644.00	✓
28	FRONT NO. PLATE <i>Dented</i>	S/N	\$ 60.00	✓
29	SUNDRIES <i>?</i>		\$ 300.00	?
TOTAL SPARE PARTS		:	\$ 11,884.00	
TOTAL LABOUR CHARGES		:	\$ 3,152.00	
GRAND TOTAL		:	\$ 15,036.00	

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 Ling
SURVEYED DATE : 18/11/21
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