PV	28.564/2		100
NV	34,436/2		. 18
Date/Time, File Pass to?	: Preli. Report	Days Of Repair: 5	,
1)	: Final Report	Resurvey No. of Trip:	Survey Fee:
Date/Time, Filo Return to?	- Control of the Cont	, yy	Transportation:
2)		Add Fee: Site Insp (\$, 1	_)S + RSS
		: Interview (\$) Photos
Reputermat:	A STATE OF THE PARTY OF THE PAR	: Tech. Invs (\$	_) Offices
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I.V.		73	

TOTAL

SV0221C30003 / VAG Singapore Pte Ltd ENTRY DATE & TIME: 03/12/2021 16:23 (SGT) SUBMITTED BY: Zenrick Ong VERSION: 1 (03/12/2021 16:23 (SGT))



IMPORTANT NOTICE

- 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 witholding 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 03/12/2021 16:23 (SGT) Date of Accident 02/12/2021 09:30 (SGT) Exact Location of Accident Sims Way, Singapore Additional Location Information Along Sims Way. Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMS9044K

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Mah Wai Meng NRIC No S0024393J

Email Address mahwaimeng@gmail.com Mobile Phone No (Phone) +65-97654992 Alternative Phone No +65-97654992

VEHICLE PARTICULARS

Manufacturer Mitsubishi Model Attrage Variant 1.2 CVT 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 No - Claiming third party your vehicle? Vehicle Category Private car Transmission Auto CC

INSURANCE COMPANY

Name of Insurance Company Direct Asia Insurance (Singapore) Pte Ltd Type of Coverage Comprehensive Fleet Policy No Policy Number MT/00782965/01 Cover Note Number

DRIVER

Name of Driver MIDIO NA

Mah Wai Meng

1193

Date Of Birth 12/08/1954 Occupation Indoor Date Of Driving Pass 13/03/1972 Driving experience 49 YEARS AND 9 MONTHS Gender Mobile Number (Phone) +65-97654992 Alt. Phone Number +65-97654992 Email Address mahwaimeng@gmail.com Address 132 Lor Ah Soo #08-414 Address complement Postcode 530132 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 - Change/cross lane Weather Conditions Raining Road Surface Wet 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) 3 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No PASSENGER 1 Name Loh Siew Tee Gender Female PASSENGER 2 Name Joash Mah Gender Male 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 Please refer attached statement. 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 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)	-

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 Oriver.
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- 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.
- 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.
- 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 shall be collectively referred to as tike "Insurers"), tike insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
 - 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;
 - (Bill) carrying out and/or dealing with my instructions or responding to any enquiries by see;
 - (hv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could invoive disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packagest; and/or
 - (v) complying with applicable law to 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 finduding their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) say 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
 - (B) for complying with requirements under any regulations, laws or court orders.

Policyholder Signature
Date & Time:
03 | 12 | 2021

Oriver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name: NRIC/FIN No.: ON 2ND DECEMBER 2021 @ ABOUT 0930HRS, I VEHICLE A (SMS 9044 K) I WAS TRAVALLING STRIAGHT ON THE STATED VENUE. SUDDENLY I FELT A HUGE IMPACT ON THE LEFT FRONT PORTION OF MY VEHICLE. VEHICLE B (SMS 2987 K) HAVE COLLIDED ONTO MY VEHICLE WHILE TRYING TO SWITCH LANE.

I WISH TO STATE THAT VEHICLE B DID NOT STOP HER VEHICLE TO ADDRESS THIS COLLISION SO I FOLLOWED HER ALL THE WAY TILL CTE BEFORE ANG MO KIO AVENUE 1'S ROAD SHOULDER AND TRIED TO ADDRESS THIS ISSUE, EXCHANGED CONTACT AND LEFT.

Jam, 03/12/221

8 KAKI BUKIT AVE 4 #01-49

SINGAPORE 415875

1 BONNET

1 FRONT BUMPER 10 FRONT BUMPER CLIPS **2 FRONT BUMPER RETAINER** 1 FRONT BUMPER CHROME LH

1 FRONT LH FENDER 1 FRONT LH SPLASH SHIELD 10 FRONT LH SPLASH SHIELD CLIPS

POLISHING AND WAXING ARE ALSO AVAILABLE

1 HEADLAMP LH

1 FRONT LH RIM

TEL: 64524457 FAX: 64524584 ATT: IKHWAN HP 93290237

Estimate for SMS9044K(Mitsubishi Attrage)		20%	20
1 BONNET	· ·	\$734.00	BT1/
1 FRONT BUMPER	687.20	\$701.00	
FRONT BUMPER CLIPS	30.00		
2 FRONT BUMPER RETAINER	56.40		NECV
1 FRONT BUMPER CHROME LH	50.40	\$227.00	NSX
FRONT LH FENDER	438.90	\$497.00	
FRONT LH SPLASH SHIELD	450.30	\$135.00	
FRONT LH SPLASH SHIELD CLIPS	30100	\$50.00	NEW
L HEADLAMP LH	./	\$650.00	BRV
HEADLAMP LOWER BRACKET	V	\$65.00	NS.X
FRONT SUPPORT PANEL	936.00	\$1,055.00	PDV
FRONT LH RIM	-50 00	\$768.00	
FRONT LH LOWER ARM		\$400.00	
FRONT LH KNUCKLE ARM		\$560.00	TNDX
FRONT LH BEARING		\$160.00	
FRONT LH SHOCKABSORBER		\$500.00	
	369750	\$6,618.00	
Less 10%	369.75_	\$661.80	
	3327.75	\$5,956.20	
S/NETT	5021.75		
FRONT LH TYRE		\$280.00	NDX
		\$280.00	
TO DISMANTLE AND REFIT FRONT UNDERCARRIAGE		\$180.00	NNX
TO DISCONNECT AND RECONNECT, CHECK ELECTRICAL V	WIRING	\$30.00	UNX
HARNESS WIRE, SOCKETS, REPLACE DAMAGED PARTS			
TO CONDUCT COMPUTER WHEEL ALIGNMENT		\$80.00	NNX
TO REMOVE AND REPLACE THE ABOVE DAMAGED PART			
STRAIGHTEN, KNOCK OUT, REALIGN AND REPAIR INCLU		\$1,500.00	harima
AND WELD BODY PANELS. TO RE-ADJUST TO THE ORIGI	NAL POSITION	91,500.00	000.00
USING POWER TOOLS			414114
TO CONDUCT WHEEL BALANCING			NUX
TO CARRY OUT BODY CAVITY PRESERVATION			NNY
TO APPLY UNDERCOATING ON THE REPAIRED AND REPI FOR RUST PROTECTION	LACED PANELS	\$80.00	NNX
TO SPRAY PAINTING ON THE REPLACED AND REPAIRED	PARTS,		
PREPARE SPRAY SUCH AS MASKING TAPE THE UNAFFEC			800.00
WITH PAPER, CLEANING AND SANDING OF SURFACES, F		\$1,200.00	000 00

\$3,210.00

1400.00

Survey & Resurvey 9/12/2521 Talin Min (1520 hrz Lump sum repair Repair days 5

> Parls 3,327.75 SN Lapour 1400.00 4,727.75 @ 200, 945.55 3,782.20

LS 3750.00 Roun Mil 12/12/2021

LKK Auto Consultants of the folication before/after spray and part(s) during and confirmation

Nu.

Supple is subject.

Acknowledged by Repairer
Signature:
Date:

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: