

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. _____

Sum Insured: _____ Excess: 1000

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

N/S	O/S
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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: SMH 2536L Yr Regn: 17/1/19Type: ☒ M.Car / ☐ M.Cycle / ☐ Bus / ☐ Van / ☐ Lorry / ☐ Taxi / ☐ Prime Mover /

Truck / Trailer or

Make: Audi Q7 c.c. 1984Colour: Black A/C: ☐ Insured / ☐ Std / ☐ NI / ☐ NASp. Reading: 36080 T/Radio: ☐ Insured / ☐ Std / ☐ NI / ☐ NA

Eng/No: _____

C/No: W142224MXKD009618Gen. Cond: ☒ Good / ☐ Fair / ☐ Poor / ☐ BurntSteering: ☐ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt orBrake: ☐ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt orModl: ☐ Nil / ☒ S/Rim / ☐ STD A/Rim orTyre Size: F: 255/55 R 19R: 11

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or Pirelli

Front: _____ Rear: _____

R/Bal. 5 mm R/Bal. 5 mmL/Bal. 5 mm L/Bal. 5 mmD.O.A. 16/4/22 Premium D.O.I. 19/4/22

Survey held at _____

Des. of Damages: ☐ Frt / ☐ Rear / ☐ O/S / ☐ N/S / ☐ U/C / ☐ Rooftop orRear LH

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

Date / Time	Action / Instruction
	<u>MV-196K</u>
20/04/22@2.46pm	revert to AIG via Merimen.
20/04/22@4.10pm	Kok Chong informed C/A via Merimen.
21/04/22@9.38am	Informed Kee Siang C/A & ex:\$1000 by email.

Date/Time, File Pass to?

☐ : Prel. Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

1) _____
Date/Time, File Return to?☐ : Final Report

Transportation:

2) _____

Add Fee: ☐ : Site Insp (\$ _____)

S + RS. SI

☐ : Interview (\$ _____)

Photos

☐ : Tech. Invs (\$ _____)

Others

☐ : Weekend (\$ _____)

TOTAL

Report Format: _____

Lump Sum / I.B.J. (\$) _____

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/0305/2022/JT
DATE : 19-Apr-22
WIP : 20461

VEHICLE NOT IN WORKSHOP. KINDLY ARRANGE SURVEY 19/4/22

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 : MR WAYNE ALEXANDER PALMER
ADDRESS : 257 HOLLAND ROAD
SINGAPORE 278606
TELEPHONE : HP +65 97468460
TYPE OF CLAIM : OWN DAMAGED CLAIM
POLICY NO : 1900003623-03
VEHICLE NO : SMH 2536 L
MODEL CODE : AUDI Q7 2.0 TFSI QU
MODEL YEAR : 17/1/2019
ENGINE NO : CYR 077756
CHASSIS NO : WAUZZZ4MXKD009618
MILEAGE : -
DATE IN : -
ESTIMATED BY : JOHNNY BOO / ALLAN WU
ACCIDENT DATE : 16-Apr-22
PLACE OF ACCIDENT : U-TURN OF HOLLAND ROAD (OPPOSITE
TAN BOON CHONG AVE)

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:

55 UBI ROAD 1, SINGAPORE 408699

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ESTIMATED LABOUR CHARGES FOR ACCIDENT VEHICLE SMH 2536 L

S/N	NATURE OF JOBS	ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATIONS
1	TO REMOVE AND TRANSFER REAR PARKING AID AND REAR LID KICK SENSOR.	S/N \$ 360.00 /	
2	TO REMOVE AND TRANSFER REAR LID'S CONVENIENCE LOCK SYSTEM, WIRE HARNESS FOR TAIL LIGHTS AND REAR LID WIPER ASSY.	S/N \$ 480.00 /	
3	TO RENEW REAR WINDSCREEN TO FACILITATE RENEWAL OF REAR LID.	S/N \$ 480.00 /	
4	TO CARRY OUT WATER SEEPAGE FOR REAR WINDSCREEN.	S/N \$ 200.00 /	150
5	TO INSTALL SOLAR FILM FOR REAR WINDSCREEN AND 1/4 GLASS.	S/N \$ 400.00 /	
6	TO RENEW LHS 1/4 GLASS TO FACILITATE RENEWAL OF LHS REAR FENDER.	S/N \$ 300.00 /	
7	TO DISLodge AND REINSTALL REAR WIRE HARNESS FOR LIGHTS, BATTERY MANAGER, FUSE AND RELAY TRAYS, ELECTRICAL AND AUDIO EQUIPMENT. INSPECT FOR DAMAGE AND RENEW WHERE NECESSARY.	S/N \$ 1,800.00 /	(phsh)
SUB TOTAL LABOUR CHARGES		: \$ 4,020.00	



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ESTIMATED LABOUR CHARGES FOR ACCIDENT VEHICLE SMH 2536 L

S/N	NATURE OF JOBS	ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATIONS
8	TO REMOVE AND REINSTALL REAR SEAT, BACK REST, HAT TRAY, ABCD PILLAR TRIMS, LUGGAGE COMPARTMENT TRIMS. DISLODGE ROOF LINER AND DISENGAGE CURTAIN AIRBAG ETC.	S/N \$ 1,800.00 ✓	(phn)
9	TO SETUP AND PLACE THE VEHICLE IN ALUMINIUM BAY.	S/N \$ 1,800.00 ✓	(phn)
10	TO DISMANTLE AND RENEW REAR BUMPER AND REAR LID. TO CUT OUT AND WELD LHS REAR FENDER AND REAR END PANELLING. TO REPAIR RHS REAR FENDER. RE-ORGANIZE CRASH MANAGEMENT COMPONENTS. REINSTALL ALL PARTS REMOVED.	\$ 10,000.00 7 x 600	422
11	TO RESPRAY REAR BUMPER, REAR LID, HINGES, LHS REAR FENDER, LHS SILL PANEL, DOOR ENTRANCE, DRAIN CHANNEL, ROOF CHANNEL, REAR END PANELLING AND RHS REAR FENDER.	\$ 8,000.00 5.5 x 600	3300
12	TO CARRY OUT ALUMINIUM PRIMER WORKS.	S/N \$ 900.00 ✓	
13	TO RENEW BOTH REAR EXHAUST SILENCER WITH CENTER EXHAUST SILENCER. TO ALIGN TO POSTION.	S/N \$ 480.00 ?	
14	TO CARRY OUT DIAGNOSTIC CHECK.	S/N \$ 192.00 ✓	
TOTAL LABOUR CHARGES		\$ 27,192.00	

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MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SMH 2536 L

S/N	PARTS DESCRIPTION	QTY	DAMAGED PARTS & PRICES		REMARKS
			S/NETT		
1	REAR BUMPER - UPPER / <i>OK</i>	1	\$	1,451.00	
2	REAR BUMPER / <i>CR4</i>	1	\$	1,914.00	
3	REAR BUMPER FIXING PARTS ?	1	\$	217.00	
4	REAR BUMPER SPOILER / <i>CR7</i>	1	\$	1,407.00	
5	REAR BUMPER SPOILER - LOWER X	1	\$	119.00	
6	BOOT LID CONTROL UNIT X	1	\$	428.00	
7	TAILGATE SENSOR LINE ?	1	\$	228.00	
8	REAR BUMPER REINFORCEMENT BEAM ?	1	\$	1,506.00	
9	REAR BUMPER HOLDING STRAP ?	1	\$	206.00	
10	REAR BUMPER GUIDE SECTION - CENTER ?	1	\$	159.00	
11	REAR BUMPER GUIDE SECTION - LH / RH ?	2	\$	142.00	
12	REAR PARKING AID SENSOR - INNER / OUTER ?	3		TBC	
13	REAR PARKING AID SENSOR SEAL RING / <i>M</i>	4	\$	10.00	
14	REAR LID / <i>OK</i>	1	\$	6,480.00	
15	REAR LID ATTACHMENT PARTS X	1	\$	359.00	
16	REAR LID HINGE - LH / RH X	2	\$	342.00	
17	REAR LID FLAP GASKET X	1	\$	325.00	
18	REAR LID LOCK ACTUATOR X	1	\$	1,478.00	
19	REAR LID LOCK X	1	\$	300.00	
20	REAR LID LOCK FLAP COVER CAP X	1	\$	13.00	
SUB TOTAL SPARE PARTS		:	\$	17,084.00	

ALL CHARGES ARE NOT INCLUSIVE OF GST

LEGEND: REMARKS (OK) = APPROVED, REMARKS (X) = NOT APPROVED
SPARE PARTS ARE SPECIAL NETT.

MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SMH 2536 L

S/N	PARTS DESCRIPTION	QTY	DAMAGED PARTS & PRICES		REMARKS
			S/NETT		
21	REAR LID LOCK STRIKER X	1	\$	96.00	
22	REAR PACKING ADHESIVE / ne	1	\$	21.00	
23	AUDI EMBLEM / ne	1	\$	144.00	
24	"Q7" EMBLEM / ne	1	\$	104.00	
25	REAR WINDSCREEN / ne	1	\$	1,307.00	
26	PRIMER / ne	1	\$	22.00	
27	REAR SPOILER - LH / RH / ne	2	\$	514.00	
28	REAR SPOILER FOAM STRIPS / ne	1	\$	153.00	
29	REAR SPOILER FIXING PARTS / ne	1	\$	69.00	
30	REAR BUMPER TAIL LIGHT - LH / RH / ne	1 2	\$	804.00	
31	LICENCE PLATE LIGHT - LH / RH X	2	\$	209.00	
32	TAIL LIGHT - LH / RH / BR	1 2	\$	4,558.00	
33	REAR FENDER - LH / ne	1	\$	7,776.00	
34	QUARTER WINDOW - LH / ne	1	\$	1,053.00	
35	PRIMER / ne	1	\$	22.00	
36	REAR END PANEL ?	1	\$	668.00	
37	REAR END PANEL REINFORCEMENT ?	1	\$	1,506.00	
38	REAR END PANEL TRIM ?	1	\$	475.00	
39	REAR WHEEL ARCH COVER - LH / RH / ne	2	\$	414.00	
40	EXHAUST TAIL PIPE TRIM - LH / RH / ne	2 1	\$	712.00	
SUB TOTAL SPARE PARTS			:	\$ 20,627.00	

ALL CHARGES ARE NOT INCLUSIVE OF GST

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MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SMH 2536 L

S/N	PARTS DESCRIPTION	QTY	DAMAGED PARTS & PRICES		REMARKS
			S/NETT		
41	REAR SILENCER - CENTER ?	1	\$	2,880.00	
42	DUAL CLIP ?	1	\$	68.00	
43	EXHAUST SILENCER BRACKET - LH / RH ?	2	\$	90.00	
44	WIPER ARM X	1	\$	107.00	
45	WIPER BLADE - CR	1	\$	32.00	
46	WIPER CAP X	1	\$	20.00	
47	WATER JET X	1	\$	36.00	
48	REAR SILL PANEL TRIM STRIP - LH OUTER - NC	1	\$	182.00	
49	REAR WHEEL SPOILER - LH X	1	\$	40.00	
50	REAR WHEEL HOUSING LINER - LH - MR	1	\$	347.00	
51	REAR SILENCER HEAT SHIELD ?	1	\$	171.00	
52	STATIC MIXER - NC	1	\$	12.00	
53	2 PACK SPOXY ADHESIVE - NC	1	\$	122.00	
54	ALUMINIUM POWDER - NC	1	\$	637.00	
55	HARDENER - NC	1	\$	232.00	
56	ALUMINIUM PRIMER - LC	1	\$	233.00	
57	CLEANING BLOCK - NC	1	\$	96.00	
58	ARYLIC SEALANT - NC	S/N	\$	180.00	
59	CAVITY WAX - NC	S/N	\$	140.00	
60	STONE CHIP - NC	S/N	\$	180.00	
SUB TOTAL SPARE PARTS		:	\$	5,805.00	

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MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SMH 2536 L

S/N	PARTS DESCRIPTION	QTY	DAMAGED PARTS & PRICES	
			S/NETT	REMARKS
61	<i>Alumina</i> METAL FILLER POWDER / <i>nc</i>	S/N	\$ 280.00	
62	REAR WIDNSCREEN SEALANT / <i>nc</i>	S/N	\$ 200.00	
63	1/4 GLASS SEALANT / <i>nc</i>	S/N	\$ 100.00	
64	REAR NO PLATE <i>x</i>	S/N	\$ 60.00	
65	SUNDRIES <i>!</i>	\$	500.00	
TOTAL SPARE PARTS		:	\$ 44,656.00	
TOTAL LABOUR CHARGES		:	\$ 27,192.00	
GRAND TOTAL		:	\$ 71,848.00	

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SPARE PARTS ARE SPECIAL NETT.



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EMAIL: NORA.KHAI@PREMIUMAUTO.COM.SG / CLAIMS@PREMIUMAUTO.COM.SG

NAME :
SURVEYED DATE :
AUTHORISED DATE :
EXCESS COST :
LIABILITY :
REMARKS :

Steve (LKK)
19/4/22, 3:22p

00-M 11L
Excess-?
PIP
by Bk y
15 y

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

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	18/04/2022 17:36 (SGT)
Date of Accident	16/04/2022 12:55 (SGT)
Exact Location of Accident	Holland Rd, Singapore
Additional Location Information	U-TURN OF HOLLAND ROAD (OPPOSITE TAN BOON CHONG AVE)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH2536L
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	WAYNE ALEXANDER PALMER
NRIC No	SXXXX298B
Email Address	WAYNEALEXANDERPALMER@GMAIL.COM
Mobile Phone No	(Phone) +65-81885510
Alternative Phone No	(Office) +65-97468460

VEHICLE PARTICULARS

Manufacturer	Audi
Model	Q7
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	2000

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1900003623-03
Cover Note Number	-

DRIVER

Name of Driver	WAYNE ALEXANDER PALMER
----------------	------------------------

NRIC No	SXXXX298B
Date Of Birth	03/01/1976
Occupation	Indoor
Date Of Driving Pass	05/05/2008
Driving experience	13 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81885510
Alt. Phone Number	(Office) +65-97468460
Email Address	WAYNEALEXANDERPALMER@GMAIL.COM
Address	257 HOLLAND ROAD
Address complement	-
Postcode	278606
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?	Yes
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	5
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

FOREIGN VEHICLE 1

Vehicle Registration Number	SYM9114
Vehicle Category	Motorcycle

PASSENGER 1

Name	OLIVER PALMER
Gender	Male

PASSENGER 2

Name	THOMAS PALMER
Gender	Male

PASSENGER 3

Name	GEORGIA PALMER
Gender	Female

PASSENGER 4

Name	PALMER KWAN - HUAY YEE
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

I HAD LEFT MY PROPERTY AT 257 HOLLAND ROAD HEADING UP HOLLAND ROAD IN THE DIRECTION OF CLEMENTI AND HAD STOPPED TO EXECUTE A U-TURN AT THE OPENING DIRECTLY OPPOSITE TAN BOON CHONG AVENUE. I COULD SEE ONE CAR TRAVELLING IN THE OPPOSITE DIRECTION TOWARDS ORCHARD ROAD IN THE RIGHT HAND LANE THAT HAD SLOWED TO EXECUTE A RIGHT TURN OFF HOLLAND ROAD INTO TAN BOON CHONG AVENUE. HAVING CHECKED THE ROAD WAS CLEAR I EXECUTED THE U-TURN AND PULLED INTO THE RIGHT MOST LANE OF HOLLAND ROAD TO HEAD IN THE ORCHARD ROAD DIRECTION. HAVING COMPLETED THE U-TURN BUT STILL TRAVELLING SLOWLY I WAS THEN STRUCK IN THE REAR BY A MOTORCYCLE. I WAS TRAVELLING WITH MY WIFE AND THREE CHILDREN IN THE CAR IMMEDIATELY SUBSEQUENT TO THE ACCIDENT I STOPPED THE CAR, PUT ON MY HAZARD LIGHTS AND EXITED VEHICLE TO CHECK ON THE RIDER. I THEN STAYED WITH THE RIDER UNTILL AN AMBULANCE AND SUBSEQUENTLY THE POLICE, ATTENDED THE SCENE. MY CAR IS EQUIPPED WITH FRONT & REAR CAMERA AND I PASSED THE SD CARD WITH BOTH RECORDINGS TO THE ATTENDING POLICE OFFICER AT HIS REQUEST.

ATTACHMENT(S)

Are accident photos available for attachment? Yes
 Was there any video captured by Car Camera? Yes
 Reasons for not uploading a video of the accident THE POLICE OFFICER HAS COLLECTED THE CAMERA SD CARD.
 Was there any audio recorded? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SYM9114
 Vehicle Manufacturer Yamaha
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Motorcycle
 Name of Driver AIMAN
 Contact Number (Phone) +65-93207818
 Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) 1

INJURED PERSONS DETAILS


INJURED 1

Name of injured person AIMAN
 Gender -
 Phone No (Phone) +65-93207818
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained -
 Injured person in which vehicle? SYM9114
 Were seat belts worn? No
 Was this injured conveyed to hospital by ambulance? Yes


SKETCH PLAN

IMPORTANT NOTICE

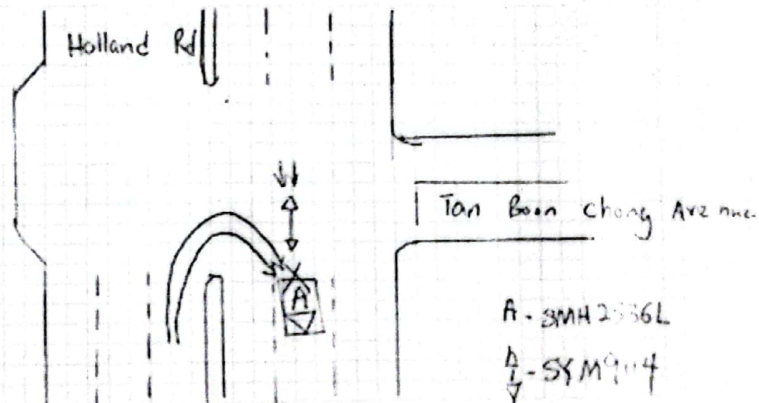
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts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


18/4/22 3.20pm
Policyholder's Signature / Date & Time

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


Witnessed by Reporting Centre Personnel
18/4/2022 05:35

Sketch Plan



Describe Circumstances of the Accident

I HAD LEFT MY PROPERTY AT 257 HOLLAND ROAD HEADING UP HOLLAND ROAD IN THE DIRECTION OF CLEMENTI AND HAD STOPPED TO EXECUTE A U-TURN AT THE JUNCTION DIRECTLY OPPOSITE TAN BOON CHONG AVENUE. I COULD SEE ONE CAR TRAVELING IN THE OPPOSITE DIRECTION TOWARDS BECHAM ROAD IN THE RIGHT HAND LANE THAT HAD SLOWED TO EXECUTE A LIGHT TURN OFF HOLLAND ROAD INTO TAN BOON CHONG AVENUE.

HAVING CHECKED THE ROAD WAS CLEAR I EXECUTED THE U-TURN AND PULLED INTO THE LEFT HANDMOST LANE OF HOLLAND ROAD TO HEAD IN THE ORCHARD ROAD DIRECTION. HAVING COMPLETED THE U-TURN BUT STILL TRAVELING SLOWLY I WAS THEN STRUCK IN THE REAR BY A MOTORCYCLE. I WAS TRAVELING WITH MY WIFE AND THREE CHILDREN IN THE CAR. IMMEDIATELY SUBSEQUENT TO THE ACCIDENT I STOPPED THE CAR PUT ON MY HAZARD LIGHTS AND EXITED THE VEHICLE TO CHECK ON THE RIDER.

I THEN STAYED WITH THE RIDER UNTIL AN AMBULANCE AND SUBSEQUENTLY THE POLICE, ATTENDED THE SCENE.

MY CAR IS EQUIPPED WITH FRONT & REAR CAMERAS AND I PASSED THE SD CARD WITH BOTH RECORDINGS TO THE ATTENDING POLICE OFFICER AT HIS REQUEST.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

18/07/22
3.20pm

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

Witnessed by Reporting Centre Personnel

15/4/2022 @ 15:35