

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: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

X	X
N/S	O/S
X	X

Bal. or Market Value: _____

DAC Accident Report: _____ 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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SLL 1780V Yr Regn: 16/2/17

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Volkswagen Caddy c.c. 1395Colour: Grey A/C: Insured / Std / NI / NASp. Reading 111442 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WV92222K2HX070933Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD. A/Rim orTyre Size: F: 225/45R17R: 11BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or _____

Front R/Bal. 5 mmL/Bal. 5 mmD.O.A. 26/4/22D.O.I. 5/5/22Survey held at PremiumDes. of Damages: Front / Rear / O/S / N/S / U/C / Rooftop or

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

Date/Time Action / Instruction

MK-52K

PV-39,38/

NV-12,614

Date/Time, File Pass to?

☐ : Prel. Report☐ : Final Report

1)

Date/Time, File Return to?

2)

Report Format: _____

Lump Sum / L.S. (\$) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech. Invs (\$)☐ : Weekend (\$)

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

TOTAL



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/0346/2022/JT
DATE : 28-Apr-22
WIP : 21885

VEHICLE NOT IN WORKSHOP. SURVEY TBC

YOUR INSURED VEH NO : SMJ 3225 S

ECICS Limited

7 TEMASEK BOULEVARD
#10-01 SUNTEC TOWER TWO
SINGAPORE 038987

Attn: Motor Claims Dept

Tel: 65 6337 4779 - Fax: 6303 0182

OWNER'S NAME : MR CHIA WOUNH TIH
ADDRESS : BLK 655A JURONG WEST ST 64
#07-160
SINGAPORE 641665
TELEPHONE : HP +65 83286968
TYPE OF CLAIM : THIRD PARTY CLAIM
POLICY NO : P10683669R00
VEHICLE NO : SLL 1780 U
MODEL CODE : VOLKSWAGEN CADDY 1.4
MODEL YEAR : 16/2/2017
ENGINE NO : CZC 640111
CHASSIS NO : WV2ZZZ2KZHX070933
MILEAGE : -
DATE IN : -
ESTIMATED BY : JOHNNY BOO / ALLAN WU
ACCIDENT DATE : 26-Apr-22
PLACE OF ACCIDENT : AYE TOWARDS CITY (NEAR CLEMENTI ROAD EXIT)



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ESTIMATED LABOUR CHARGES FOR ACCIDENT VEHICLE SLL 1780 U - FRONT

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 \$ 280.00	/
2	TO REMOVE AND TRANSFER BOTH HEADLIGHT'S CONTROL UNIT AND POWER MODULE.	S/N \$ 800.00	X
3	TO DISMANTLE AND RENEW FRONT BUMPER AND BOTH HEADLIGHT. RE-ORGANIZE CRASH MANAGEMENT COMPONENTS. REINSTALL ALL PARTS REMOVED.	\$ 800.00	500
4	TO RESPRAY FRONT BUMPER.	\$ 600.00	500
SUB TOTAL LABOUR CHARGES		: \$ 2,480.00	



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ESTIMATED LABOUR CHARGES FOR ACCIDENT VEHICLE SLL 1780 U - REAR

S/N	NATURE OF JOBS	ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATIONS
1	TO REMOVE AND TRANSFER REAR PARKING AID.	S/N \$ 280.00 /	
2	TO REMOVE AND TRANSFER REAR LID'S CONVENIENCE LOCK SYSTEM AND WIRE HARNESS FOR TAIL LIGHTS.	S/N \$ 360.00 /	
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 \$ 200.00 100	
5	TO INSTALL SOLAR FILM FOR REAR WINDSCREEN.	S/N \$ 400.00 ?	
SUB TOTAL LABOUR CHARGES		: \$ 1,720.00	



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ESTIMATED LABOUR CHARGES FOR ACCIDENT VEHICLE SLL 1780 U - REAR

S/N	NATURE OF JOBS	ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATIONS
6	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 \$ 1,400.00	?
7	TO DISMANTLE AND RENEW REAR BUMPER AND REAR LID. TO CUT OUT AND WELD REAR END PANELLING. TO REPAIR SPARE WHEEL HOUSING AND BOTH REAR FENDER. RE-ORGANIZE CRASH MANAGEMENT COMPONENTS. REINSTALL ALL PARTS REMOVED. 3 X 500	\$ 3,500.00	1500
8	TO RESPRAY REAR BUMPER, REAR LID, HINGES, REAR END PANELLING, SPARE WHEEL HOUSING AND BOTH REAR FENDER. 3 X 500	\$ 3,000.00	1500
9	TO CARRY OUT DIAGNOSTIC CHECK.	S/N \$ 150.00	/
TOTAL LABOUR CHARGES (FRONT & REAR)		: \$ 12,250.00	

MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SLL 1780 U - FRONT

			DAMAGED PARTS & PRICES		
S/N	PARTS DESCRIPTION	QTY	S/NETT	REMARKS	
1	FRONT BUMPER <i>x R</i>	1	\$	1,560.00	
2	FRONT BUMPER SUPPORT ELEMENT - LH / RH <i>?</i>	2	\$	556.00	
3	LOCKING CLIP <i>?</i>	8	\$	35.00	
4	FRONT BUMPER ATTACHMENT PARTS <i>x</i>	1	\$	13.00	
5	FRONT BUMPER SPOILER <i>x</i>	1	\$	679.00	
6	FRONT BUMPER TOWING EYE <i>x</i>	1	\$	68.00	
7	FRONT BUMPER GUIDE FRAME - LH / RH <i>x</i>	2	\$	88.00	
8	RADIATOR GRILLE <i>?</i>	1	\$	580.00	
9	VW EMBLEM <i>?</i>	1	\$	139.00	
10	RADIATOR GRILLE VENT <i>/ cut</i>	1	\$	361.00	
11	FRONT BUMPER CHROME TRIM <i>?</i>	1	\$	318.00	
12	FRONT BUMPER FOG LAMPS COVER - LH / RH <i>x</i>	2	\$	332.00	
13	FRONT BUMPER FOG LAMPS TRIM - LH / RH <i>x</i>	2	\$	170.00	
14	FRONT BUMPER GUIDE PROFILE - LH / RH <i>?</i>	2	\$	186.00	
15	FRONT BUMPER FOAM FILLER PIECE - LOWER <i>?</i>	1	\$	95.00	
16	FRONT BUMPER FOAM FILLER PIECE - CENTER <i>?</i>	1	\$	102.00	
17	FRONT BUMPER CROSS MEMBER - LOWER <i>?</i>	1	\$	330.00	
18	FRONT BUMPER SIDE REINFORCEMENT <i>?</i>	1	\$	953.00	
19	OUTSIDE TEMPERATURE SENSOR BRACKET <i>?</i>	1	\$	6.00	
20	LOCK CARRIER SUPPORT - CENTER <i>?</i>	1	\$	158.00	
SUB TOTAL SPARE PARTS			:	\$	6,729.00

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



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MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SLL 1780 U - FRONT

S/N	PARTS DESCRIPTION	QTY	DAMAGED PARTS & PRICES		REMARKS
			S/NETT		
21	HEADLIGHT - LH / RH ✓	2	\$	5,572.00	
22	FOG LAMPS - LH / RH ✓	2	\$	654.00	
23	RADIATOR AIR GUIDE INNER - LH / RH ✓	2	\$	62.00	
SUB TOTAL SPARE PARTS		:	\$	6,288.00	

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MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SLL 1780 U - REAR

S/N	PARTS DESCRIPTION	QTY	DAMAGED PARTS & PRICES		REMARKS
			S/NETT		
1	REAR BUMPER / BR	1	\$	1,086.00	
2	REAR BUMPER FIXING PARTS ?	1	\$	51.00	
3	REAR BUMPER TOW HITCH COVER CAP ?	1	\$	76.00	
4	REAR BUMPER LOWER ?	1	\$	1,022.00	
5	REAR GUIDE PROFILE - LH / RH ?	2	\$	98.00	
6	REAR PARKING AID SENSOR BRACKET / MK	1	\$	124.00	
7	REAR PARKING AID SENSOR - CENTER ?	2	\$	530.00	
8	REAR PARKING AID SENSOR - LH ?	2	\$	530.00	
9	REAR PARKING AID SENSOR CAP / MK	4	\$	47.00	
10	REAR PARKING AID SENSOR SEAL RING / RE	4	\$	10.00	
11	REAR BUMPER WIRING SET ?	1	\$	464.00	
12	TAIL LIGHT - LH / RH / BR	2	\$	636.00	
13	REAR LIGHT REFLECTOR - LH / RH / BR	1	\$	156.00	
14	LICENCE PLATE LIGHT ?	2	\$	219.00	
15	REAR LID / DD	1	\$	3,510.00	
16	ANTI CORROSION WAX X	1	\$	51.00	
17	REAR LID SEAL / TN	1	\$	251.00	
18	REAR LID LOOP ?	1	\$	144.00	
19	REAR LID LOCK ACTUATOR WITH CAMERA ?	1	\$	1,340.00	
20	REAR LID LOCK MICROSWITCH ?	1	\$	109.00	
SUB TOTAL SPARE PARTS		:	\$	10,454.00	

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MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SLL 1780 U - REAR

S/N	PARTS DESCRIPTION	QTY	DAMAGED PARTS & PRICES		REMARKS
			S/NETT		
21	REAR LID LOCK ACTUATOR WITH CAMERA COVER ?	1	\$	26.00	
22	REAR LID STRIKER PLATE ?	1	\$	66.00	
23	REAR LID GUIDE SECTION ?	2	\$	82.00	
24	BONNET ABSORBER ?	2	\$	273.00	
25	REAR LID HINGE X	2		TBC	
26	CADDY EMBLEM - ne	1	\$	81.00	
27	VW EMBLEM - hC	1	\$	114.00	
28	TSI EMBLEM - ne	1	\$	100.00	
29	REAR LID TRIM - CENTER - BR	1	\$	489.00	
30	REAR LID LOAD EDGE PROTECTION ?	1	\$	414.00	
31	REAR WINDSCREEN ?	1	\$	875.00	
32	2K PANE ADHESIVE SET ? - ne	1	\$	105.00	
33	PRIMER - ne	1	\$	22.00	
34	CLEANING SOLUTION - ne	1	\$	74.00	
35	APPLICATOR ADHESIVE - ne	1	\$	8.00	
36	APPLICATOR - ne	1	\$	6.00	
37	ACTIVATOR ?	1	\$	19.00	
38	REAR END PANEL ?	1	\$	471.00	
39	REAR END PANEL LOCK CARRIER - CENTER ?	1	\$	184.00	
40	REAR END PANEL LOCK CARRIER - LH / RH ?	2	\$	170.00	
SUB TOTAL SPARE PARTS			:	\$ 3,579.00	

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MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SLL 1780 U - REAR

S/N	PARTS DESCRIPTION	QTY	DAMAGED PARTS & PRICES		REMARKS
			S/NETT		
41	TAIL LIGHT MOUNTING - LH ?	1	\$	84.00	
42	REAR LID TRIM PANEL ?	1	\$	93.00	
43	LUGGAGE COMPARTMENT COVER ?	1	\$	717.00	
44	REAR END PANEL UPPER TRIM ?	1	\$	224.00	
45	FLOORING - CENTER ?	1	\$	1,236.00	
46	REAR SILENCER X	1	\$	183.00	
47	ARYLIC SEALANT ?	S/N	\$	180.00	
48	CAVITY WAX ?	S/N	\$	140.00	
49	STONE CHIP ?	S/N	\$	180.00	
50	METAL FILLER POWDER ?	S/N	\$	280.00	
51	REAR WIDNSCREEN SEALANT / nce	S/N	\$	200.00	
52	FRONT NO PLATE / B7	S/N	\$	60.00	
53	REAR NO PLATE / B7	S/N	\$	60.00	
54	SUNDRIES ?		\$	500.00	
TOTAL SPARE PARTS (FRONT & REAR)			:	\$	31,187.00
TOTAL LABOUR CHARGES (FRONT & REAR)			:	\$	12,250.00
GRAND TOTAL			:	\$	43,437.00

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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
SURVEYED DATE
AUTHORISED DATE
EXCESS COST
LIABILITY
REMARKS

: Steve (LKK)
: 4/5/22, 4.10pm
:
:
:
:

Mr NL
PIP
My Policy
10 yrs

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. NORA KHAI AT TEL: 6768 9828 / 6768 9911 FOR
APPOINTMENT.

YOURS FAITHFULLY,
PREMIUM AUTOMOBILES PTE LTD

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:

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 26/04/2022 18:32 (SGT)
Date of Accident 26/04/2022 07:25 (SGT)
Exact Location of Accident Near 429 Clementi Ave 3, Block 429, Singapore 120429
Additional Location Information AYE TOWARDS CITY (NEAR CLEMENTI ROAD EXIT)
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLL1780U
INSURED/POLICYHOLDER
Is company? No
Name Of Registered Owner CHIA WOUNH TIH
NRIC No SXXXX943I
Email Address WMVZRCHIA@GMAIL.COM
Mobile Phone No (Phone) +65-83286968
Alternative Phone No +65-83286968

VEHICLE PARTICULARS

Manufacturer Volkswagen
Model Caddy
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 1395

INSURANCE COMPANY

Name of Insurance Company Auto & General Insurance (Singapore) Pte. Limited.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number P10683669R00
Cover Note Number -

DRIVER

Name of Driver CHIA WOUNH TIH
NRIC No SXXXX943I

Date of Birth 09/07/1970
 Occupation Indoor
 Date of Driving Pass 20/05/1988
 Driving experience 33 YEARS AND 11 MONTHS
 Gender Male
 Mobile Number (Phone) +65-83286968
 Alt. Phone Number +65-83286968
 Email Address WMVZRCHIA@GMAIL.COM
 Address BLK 665A JURONG WEST 64
 Address complement #07-160
 Postcode 641665
 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 Chain Collision
 Weather Conditions Clear
 Road Surface Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident? No
 Number of vehicles involved in the accident 4
 Was anybody injured in the Accident? Yes
 Was any injured conveyed to hospital by ambulance? No
 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 ZEPH
 Gender Male

PASSENGER 2

Name RENE
 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

I WAS TRAVELLING ALONG AYE TOWARDS CITY. FRONT VEHICLE SUDDENLY BRAKE AND COME TO A COMPLETE STOP. I MANAGED TO STOP MY VEHICLE AND DID NOT HIT THE VEHICLE IN FRONT AS I CAME TO A COMPLETE STOP IN TIME. SUDDENLY I GOT HIT FROM THE BACK BY SMJ 3225 S. TOTAL THERE IS 4 VEHICLES INVOLVED IN THIS ACCIDENT.

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	SMJ3225S
Vehicle Manufacturer	-
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SNA6443U
Vehicle Manufacturer	-
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SJZ2140K
Vehicle Manufacturer	-
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	CHIA WOUNH TIH
Gender	Male
Phone No	(Phone) +65-83286968
Address	BLK 665A JURONG WEST ST 64
Address Complement	#07-160
Post Code	641665
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLL1780U

seat belts worn? -
Is this injured conveyed to hospital by ambulance? No

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.
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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 insurers who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident will 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

Sketch Plan

26/4/2022
@ 10:21

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

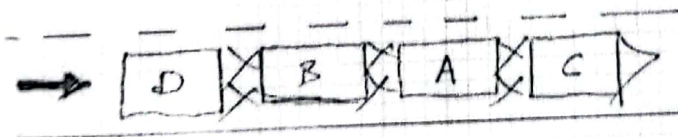
Witnessed by Reporting Centre Personnel

Chang

Lee

1704

A = SLL1780 I
B = SMI 322 S
C = SNA 6443 U
D = SJZ 2140 K



Describe Circumstances of the Accident


I was travelling along AYE towards City, front vehicle suddenly brake and came to a complete stop. I managed to stop my vehicle, suddenly I got hit from the back by SMT S2255, total there is 4 vehicles involved in this accident.

⊗ I managed to stop my vehicle and did not hit the vehicle in front as I came to a complete stop in time. However,

Declaration

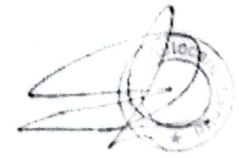
I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time


26/4/2022
@ 10:21.

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

Witnessed by Reporting Centre Personnel


Dag Jee Singh
17/4