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SKU2793R Yr Regn: 2015 / July

Veh No: SKU2193K Yr Regn: 2013 / July

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

Truck / Trailer or

Make: Audi Q3 C.C 1395

Colour: Black A/C: Insured / Std / NI / NA

Sp. Reading 133627. T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WAUZZZ840FR048639

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 235/50R18

R: 235/5048

N/S	O/S

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

TOYO / YOKO or

Front Rear

R/Bal.	06	mm	R/Bal.	06	mm
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L/Bal. 06 mm      L/Bal. 06 mm

DOA \_\_\_\_\_ D.O.I. 18/05/22

Survey held at Premium

Vehicle: IN / OUT

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 AIG.
	MV :
	PV :
	Nett:

☐: Prel. Report

☐: Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: : Site Insp (\$

1	Site Insp	(\$
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☐ Interview (9)

Tech Invs (3)

Transportation:

$$3 + RS \quad SI$$

Phonics

1. Officers



## 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 ..... 10/05/2022 16:45 (SGT)  
Date of Accident ..... 10/05/2022 11:30 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... ALONG PIE (CHANGI)  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SKU2793R

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... LOW SIEW HON  
NRIC No ..... S0154749F  
Email Address ..... GARETHLOW2802@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-93897013  
Alternative Phone No ..... +65-93897013

### 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 ..... 1395

### INSURANCE COMPANY

Name of Insurance Company ..... Direct Asia Insurance (Singapore) Pte Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... MT/00656746/02  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... LOW JUN KIT GARETH  
NRIC No ..... S9707290F

Date Of Birth .....	28/02/1997
Occupation .....	Indoor
Date Of Driving Pass .....	23/05/2019
Driving experience .....	3 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-93897013
Alt. Phone Number .....	-
Email Address .....	GARETHLOW2802@GMAIL.COM
Address .....	2C LIMAU GARDEN
Address complement .....	-
Postcode .....	467861
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	CHILDREN
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 .....	HAIRUL
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 TO THE 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 Registration Number .....	GBC332C
Vehicle Manufacturer .....	Nissan
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle



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 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. 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 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 (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.
- (d) my 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
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

10/5/2022  
14:08



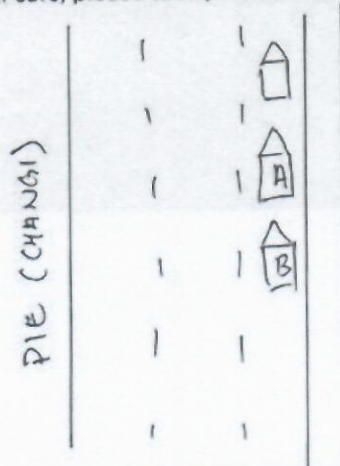
## Accident Toolkit

### Sketch plan

Sketch of accident scene:

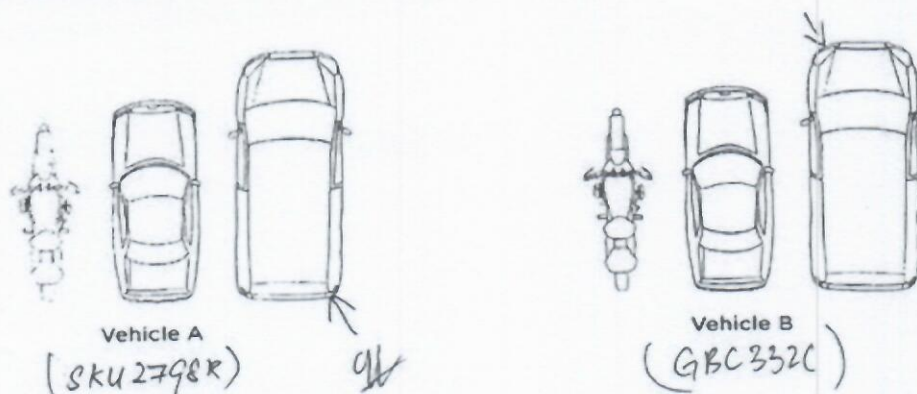
Please illustrate the layout of roads with arrows showing the direction and position of vehicles at the time of impact. Also please note the road names, road signs and vehicle registration numbers.

If safe, please take photos or videos from all angles.



On Tuesday, 10<sup>th</sup> May 2022, at 11.30am, my vehicle (SKU 2793R), ~~was~~ <sup>after</sup> driving along PIE, just ~~before~~ the Eunos exit my vehicle came to a stop due to the traffic in front of me. 2 to 3 seconds after I came to a stop, a mini van (GBC 332) ~~hit~~ hit the back of my car. There were damages to the bumper and some parts of the back of my car.

Please indicate on vehicle A (your vehicle) and, vehicle B (third party vehicle), the point of impact and area(s) of visible damage with an arrow.



**direct  
asia**  
insurance

10/5/2022  
14:08

Call us direct  
Customer Care  
**6665 5555**  
Claims Support 24/7 Helpline  
**6532 1818**  
+65 6402 1889 (toll free)

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/0379/2022/JT  
**DATE** : 12-May-22  
**WIP** : 23775

**VEHICLE NOT IN WORKSHOP. KINDLY ARRANGE SURVEY 18/5/22**  
**YOUR INSURED VEH NO : GBC 332 C**

**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 LOW SIEW HON  
**ADDRESS** : 2C LIMAU GARDEN  
SINGAPORE 467861  
**TELEPHONE** : HP +65 93897013  
**TYPE OF CLAIM** : THIRD PARTY CLAIM  
**POLICY NO** : MT/00656746/02  
**VEHICLE NO** : **SKU 2793 R**  
**MODEL CODE** : AUDI Q3 1.4 TFSI S TRONIC  
**MODEL YEAR** : 15/7/2015  
**ENGINE NO** : CZD 206628  
**CHASSIS NO** : WAUZZZ8UFR048639  
**MILEAGE** : -  
**DATE IN** : -  
**ESTIMATED BY** : JOHNNY BOO / ALLAN WU  
**ACCIDENT DATE** : 10-May-22  
**PLACE OF ACCIDENT** : ALONG PIE

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 SKU 2793 R**

S/N	NATURE OF JOBS		ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATIONS
1	TO REMOVE AND TRANSFER REAR PARKING AID.	S/N \$	280.00	✓
2	TO DISMANTLE AND RENEW REAR BUMPER. TO REPAIR REAR END PANELLING. RE-ORGANIZE CRASH MANAGEMENT COMPONENTS. REINSTALL ALL PARTS REMOVED.	\$	1,600.00	500
3	TO RESPRAY REAR BUMPER, REAR BUMPER LOWER SPOILER, REAR LID, REAR END PANELLING AND BOTH REAR WHEEL ARCH TRIMS.	\$	4,500.00	2050 3x550 = 1650 Wheel Arch x 2 = 400
4	TO RENEW LHS REAR EXHAUST SILENCER AND ALIGN TO POSITION.	S/N \$	480.00	X
5	TO CARRY OUT DIAGNOSTIC CHECK.	S/N \$	192.00	✓
<b>TOTAL LABOUR CHARGES</b>		:	<b>\$ 7,052.00</b>	



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TEL : 6366 2323 FAX : 6841 1183  
EMAIL: NORA.KHAI@PREMIUMAUTO.COM.SG / CLAIMS@PREMIUMAUTO.COM.SG

**MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SKU 2793 R**

S/N	PARTS DESCRIPTION	QTY	DAMAGED PARTS & PRICES		REMARKS
			S/NETT		
1	REAR BUMPER	1	\$	1,682.00	
2	REAR BUMPER FIXING PARTS <i>new</i>	1	\$	129.00	x
3	REAR BUMPER SPOILER <i>3 Del</i>	1	\$	979.00	✓
4	REAR BUMPER DIFUSSER <i>Del</i>	1	\$	786.00	✓
5	REAR BUMPER TOWING EYE - LH <i>Del</i>	1	\$	48.00	✓
6	REAR BUMPER TAIL LIGHT - LH <i>cut</i>	1	\$	512.00	✓
7	REAR BUMPER REINFORCEMENT BEAM <i>new</i>	1	\$	693.00	x
8	REAR BUMPER GUIDE SECTION - LH <i>new</i>	1	\$	112.00	x
9	REAR PARKING AID SENSOR <i>new</i>	2		TBC	x
10	REAR PARKING AID SENSOR SEAL RING <i>new</i>	4	\$	6.00	x
11	REAR PACKING ADHESIVE <i>new</i>	1	\$	21.00	✓
12	AUDI EMBLEM <i>3 new</i>	1	\$	144.00	✓
13	Q3 EMBLEM	1	\$	104.00	✓
14	TFSI EMBLEM	1	\$	104.00	✓
15	REAR WHEEL ARCH COVER - LH / RH <i>new</i>	2	\$	1,114.00	✓
16	REAR SILENCER <i>3 new</i>	1	\$	1,171.00	x
17	REAR SILENCER DUAL CLIP	1	\$	66.00	x
18	REAR SILENCER RETAINING RING - CENTER / RH <i>3 new</i>	2	\$	40.00	x
19	REAR SILENCER RETAINING BRACKET - LH	1	\$	77.00	✓
20	EXHAUST TAILPIPE CHROME TRIM	1		TBC	x
21	SUNDRIES <i>?</i>		\$	300.00	?
<b>TOTAL SPARE PARTS</b>		:	\$	<b>8,088.00</b>	
<b>TOTAL LABOUR CHARGES</b>		:	\$	<b>7,052.00</b>	
<b>GRAND TOTAL</b>		:	\$	<b>15,140.00</b>	

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  
SURVEYED DATE : 18/05/22  
AUTHORISED DATE :  
EXCESS COST :  
LIABILITY :  
REMARKS : Not Authorised, 04 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

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