



## 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	31/05/2022 14:54 (SGT)
Date of Accident	29/05/2022 11:00 (SGT)
Exact Location of Accident	AYE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMS3511T
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	SARAVANAN GOPINATHAN
NRIC No	SXXXX651H
Email Address	SAMUELSANTOSH89@GMAIL.COM
Mobile Phone No	(Phone) +65-96778925
Alternative Phone No	(Office) +65-96778925

### VEHICLE PARTICULARS

Manufacturer	Audi
Model	A3
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	1000

### INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5116646297-01
Cover Note Number	-

### DRIVER

Name of Driver	SAMUEL SANTOSH GOPINATHAN
NRIC No	SXXXX693C

Date Of Birth .....	08/01/1989
Occupation .....	Indoor
Date Of Driving Pass .....	01/03/2012
Driving experience .....	10 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96778925
Alt. Phone Number .....	-
Email Address .....	SAMUELSANTOSH89@GMAIL.COM
Address .....	61 NAMLY AVENUE
Address complement .....	-
Postcode .....	267631
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 - Change/cross lane
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 .....	MELANIE MUTTITT
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Bukit Timah Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18004629999
Alt. Police Station Phone No .....	(Fax) +65-64628933
Police Station Address .....	1 Duke Road Singapore 268914
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE SKETCH PLAN & ACCIDENT 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 .....	GBC4889L
Vehicle Manufacturer .....	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Goods vehicle
Name of Driver	LOW KHIM YONG
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

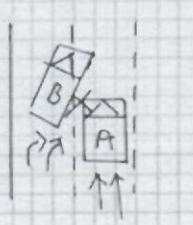
# SKETCH PLAN

## IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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.

*S. Srinivasan 31/5/22* *[Signature]*   
Policyholder's Signature / Date & Time 12.00      Driver's Signature (If driver is not the policyholder) / Date & Time      Witnessed by Reporting Centre Personnel

## Sketch Plan



A- SMS3511T  
B- GBC4889L

Please refer to the sketch plan & police report.

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &  
Time 12:00

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



Witnessed by Reporting Centre  
Personnel

**CONFIDENTIAL**

Annex E

**NOTICE OF REPORTING**

This is to confirm that Samuel Santosh Gopinathan, NRIC/FIN S8947693C, has reported to the Police a non-injury traffic accident which occurred at AYE towards Changi before Alexandra Exit on 29/05/2022 at 1100hrs involving the following vehicles:

V1) SMS3511T (Informant)  
V2) GBC4889L

**Facts:**

On the abovementioned date at the abovementioned time, I was driving my car (SMS3511T) in the middle lane along AYE towards Changi. Before Alexandra exit one vehicle was stationery on the extreme left lane. Thus, the van (GBC4889L) which was behind the stationery vehicle was unable to stop in time. The driver of the van jam brake and swerved onto my lane. The collision caused my car to sustain dents on the front left bumper. My front left headlight had some crack and scratches. The left front passenger door is not functionable.

Both the driver of the van and I stopped along the road shoulder and exchanged particulars. No one was injured and no government property was damaged.

We agreed to settle payment using insurance. I am lodging this for record purposes.

2 If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: Sgt(3)Yuvarani

Date: 29/05/2022 Time: 1216 hrs

S/D Ref: 13

Police Post/Unit: Bukit Timah NPC / Tanglin Police Division

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/0450/2022/JT  
**DATE** : 1-Jun-22  
**WIP** : 26608

**VEHICLE NOT IN WORKSHOP. KINDLY ARRANGE SURVEY 7/6/2022**

**YOUR INSURED VEH NO : GBC 4889 L**

**AIG ASIA PACIFIC INSURANCE PTE LTD**

78 SHENTON WAY

#07-16 AIG BUILDING

SINGAPORE 079120

**OWNER'S NAME** : MR SARAVANAN GOPINATHAN  
**ADDRESS** : 61 NAMLY AVENUE  
SINGAPORE 267631  
**TELEPHONE** : HP +65 9677 8925  
**TYPE OF CLAIM** : THIRD PARTY CLAIM  
**POLICY NO** : 5116646297-01  
**VEHICLE NO** : **SMS 3511 T**  
**MODEL CODE** : AUDI A3 SB 1.4 TFSI  
**MODEL YEAR** : 30/6/2016  
**ENGINE NO** : CZC 545476  
**CHASSIS NO** : WAUZZZ8V8GA147685  
**MILEAGE** : -  
**DATE IN** : -  
**ESTIMATED BY** : JOHNNY BOO / ALLAN WU  
**ACCIDENT DATE** : 29-May-22  
**PLACE OF ACCIDENT** : AYE, SINGAPORE

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

**ESTIMATED LABOUR CHARGES FOR ACCIDENT VEHICLE SMS 3511 T**

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 \$ 350.00	250
3	TO REMOVE AND RENEW LHS FRONT WHEEL SUSPENSION ASSY.	S/N \$ 2,400.00	?
4	TO DISMANTLE AND RENEW FRONT BUMPER, LHS FRONT FENDER AND LHS HEADLIGHT. RE-ORGANIZE CRASH MANAGEMENT COMPONENTS. REINSTALL ALL PARTS REMOVED.	\$ 2,100.00	1000
5	TO RESPRAY FRONT BUMPER AND LHS FRONT FENDER.	\$ 2,000.00	1650
6	TO RENEW LHS FRONT RIM WITH TYRE. TO CARRY OUT PRE/POST WHEEL ALIGNMENT.	S/N \$ 520.00	240
7	TO CARRY OUT DIAGNOSTIC CHECK.	S/N \$ 192.00	✓
<b>TOTAL LABOUR CHARGES</b>		<b>: \$ 7,922.00</b>	

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**MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SMS 3511 T**

			DAMAGED PARTS & PRICES	
S/N	PARTS DESCRIPTION	QTY	S/NETT	REMARKS
1	FRONT BUMPER <i>rehand</i>	1	\$ 2,146.00	✓
2	FRONT BUMPER FIXING PARTS <i>new</i>	1	\$ 195.00	+
3	FRONT BUMPER CLOSING ELEMENT - LOWER CENTER <i>new</i>	1	\$ 175.00	+
4	FRONT BUMPER GUIDE SECTION- LH ?	1	\$ 71.00	?
5	FRONT BUMPER AIR GUIDE GRILE - LH <i>new</i>	1	\$ 122.00	+
6	FRONT FENDER - LH <i>Dented</i>	1	\$ 954.00	✓
7	FRONT FENDER ATTACHMENT PARTS ?	1	\$ 75.00	?
8	FRONT FENDER BRACKET - LH ?	1	\$ 56.00	?
9	FRONT FENDER POP RIVET <i>new</i>	9	\$ 35.00	✓
10	FRONT FENDER BRACE - LH ?	1	\$ 107.00	?
11	FRONT FENDER CLOSING ELEMENT - LH ?	1	\$ 68.00	?
12	FRONT FENDER BRACKET END - LH ?	1	\$ 31.00	?
13	FRONT WHEEL HOUSING LINER - LH <i>new</i>	1	\$ 183.00	+
14	FRONT WHEEL HOUSING LINER ATTACHMENT PARTS <i>new</i>	1	\$ 93.00	+
15	HEADLIGHT - LH <i>ct</i>	1	\$ 2,810.00	✓
16	HEADLIGHT POWER MODULE <i>new</i>	1	\$ 616.00	+
17	HEADLIGHT CONTROL UNIT <i>new</i>	1	\$ 1,237.00	+
18	GAS DISCHARGE LAMP <i>new</i>	1	\$ 453.00	+
19	HEADLIGHT HOSE - LH <i>new</i>	1	\$ 60.00	+
20	LIFT CYLINDER - LH <i>new</i>	1	\$ 211.00	+
<b>SUB TOTAL SPARE PARTS</b>		:	<b>\$ 9,698.00</b>	

ALL CHARGES ARE NOT INCLUSIVE OF GST

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

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			DAMAGED PARTS & PRICES	
S/N	PARTS DESCRIPTION	QTY	S/NETT	REMARKS
21	LIFT CYLINDER HOSE <i>xp n</i>	1	\$ 204.00	+
22	RUBBER VALVE <i>xp n</i>	1	\$ 4.00	+
23	TRACK CONTROL ARM ?	1	\$ 393.00	?
24	FRONT WHEEL BEARING HOUSING ?	1	\$ 627.00	?
25	FRONT WHEELHUB BEARING ?	1	\$ 553.00	?
26	SUSPENSION GUIDE JOINT ?	1	\$ 137.00	?
27	COUPLING ROD ?	1	\$ 105.00	?
28	GAS SHOCK ABSORBER ?	1	\$ 281.00	?
29	TRACK ROD ?	1	\$ 98.00	?
30	TIE ROD END - LH ?	1	\$ 126.00	?
31	LHS FRONT RIM <i>lt</i>	S/N	TBC	✓
32	LHS FRONT TYRE <i>xp n</i>	S/N	TBC	+
33	SUNDRIES ?		\$ 600.00	?
<b>TOTAL SPARE PARTS</b>		:	<b>\$ 12,826.00</b>	
<b>TOTAL LABOUR CHARGES</b>		:	<b>\$ 7,922.00</b>	
<b>GRAND TOTAL</b>		:	<b>\$ 20,748.00</b>	

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

Adrian Ling  
07/06/22

Not Authorised, 05 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. 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