Lunin Form / FRE 15 /3

SJ04226M000S / JP Knights Pte Ltd ENTRY DATE & TIME: 22/06/2022 17:07 (SGT) SUBMITTED BY: Kavi VERSION: 1 (22/06/2022 17:07 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> the details of the accident to speed up the claims process.
 This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>

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 22/06/2022 17:07 (SGT) Date of Accident 22/06/2022 08:10 (SGT) **Exact Location of Accident** Pepys Rd, Singapore Additional Location Information Country/State of Loss

Singapore

DETAILS OF OWN VEHICLE

SMY7002M Vehicle Registration Number

INSURED/POLICYHOLDER

Is company? No CHIN DA XING Name Of Registered Owner SXXXX927H NRIC No Jx.chin@gmail.com **Email Address** (Phone) +65-93493453 Mobile Phone No (Office) +65-93493453 Alternative Phone No

VEHICLE PARTICULARS

Audi Manufacturer A3 Model SEDAN 1.0 TFSI S TRONIC (LED) Variant Exact purpose for which vehicle was being used at time of

Private use accident Are you claiming under your own insurance policy for repair to

No - Claiming third party your vehicle? Private car Vehicle Category Transmission Auto 999 CC

INSURANCE COMPANY

ERGO Insurance Pte. Ltd. Name of Insurance Company Comprehensive Type of Coverage No Fleet Policy DMPG22003627 Policy Number Cover Note Number

DRIVER

CHIN JUN XING Name of Driver SXXXX746Z NRIC No



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14/03/1986 Date Of Birth Occupation Outdoor Date Of Driving Pass 08/06/2021 Driving experience 1 YEAR Gender Male (Phone) +65-93493453 Mobile Number Alt. Phone Number **Email Address** Jx.chin@gmail.com Address BLK 7 BEDOK RESERVOID VIEW #08-01 Address complement 478929 Postcode Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Sibling 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 Side Swipe 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) 1 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No DETAILS OF POLICE ACTION

CIRCUMSTANCES OF ACCIDENT

If yes, against whom?

Was the accident reported to the police?

Was notice of intended Prosecution given?

ON 22/06/2022 AT ABOUT 0810HRS, I WAS DRIVING VEHICLE A (SMY7002M) ALONG PEPYS ROAD WHEN SUDDENLY VEHICLE B (SDT3233Y) PROCEED TO GO AGAINST THE FLOW OF TRAFFIC AND STARTED TO REVERSE TO GET INTO THE PARKING LOT WITHOUT LOOKING OUT FOR TRAFFIC. THUS, GRAZED THE LEFT SIDE AND RIM OF MY VEHICLE. NO INJURY.

No

No

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Yes

Was there any audio recorded?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration NumberSDT3233YVehicle ManufacturerNissanVehicle ModelElgrandVehicle Variant-Vehicle Colour-Vehicle CategoryPrivate carName of DriverKENContact Number(Phone) +65-97814700



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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- 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
- 5. Any false reporting may be referred to the Police for investigation.
- 6. The report will be forw arded 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)

Lunderstand, acknowledge, agree and consent that

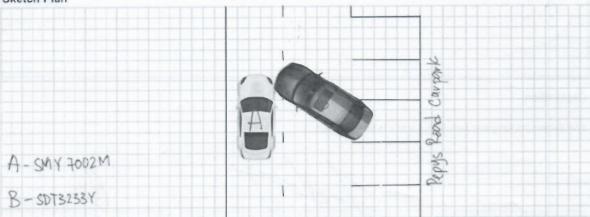
- (a) My insurer, my w orkshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) w ho have insured vehicle(s) involved in this accident (all insurer(s) w ho have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' law yers/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 w ith 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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time 22/06/22 1600

Witnessed by Reporting Centre Personnel Amin

Sketch Plan



Describe Circumstances of the Accident

ON 22/06/2022 AT ABOUT 0810HRS, I WAS DRIVING VEHICLE A (SMY7002M) ALONG PEPYS ROAD WHEN SUDDENLY VEHICLE B(SDT3233Y) PROCEED TO GO AGAINST THE FLOW OF TRAFFIC AND STARTED TO REVERSE TO GET INTO THE PARKING LOT WITHOUT LOOKING OUT FOR TRAFFIC. THUS, GRAZED THE LEFT SIDE AND RIM OF MY VEHICLE. NO INJURY.

Declaration

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

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time 22/06/22 1600

Witnessed by Reporting Centre Personnel Amin





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/0548/2022/JT

DATE : 1-Jul-22 **WIP** : 31112

VEHICLE <u>NOT IN</u> WORKSHOP. KINDLY ARRANGE SURVEY 07/07/2022

YOUR INSURED VEH NO: SDT 3233 Y

AIG ASIA PACIFIC INSURANCE PTE LTD

78 SHENTON WAY #07-16 AIG BUILDING SINGAPORE 079120

TELEPHONE

OWNER'S NAME : MR CHIN DA XING

ADDRESS : BLK 375 CLEMENTI AVANUE 4

#12-136

SINGAPORE 120375 : HP +65 93493453

TYPE OF CLAIM : THIRD PARTY CLAIM POLICY NO : DMPG22003627

VEHICLE NO : SMY 7002 M

MODEL CODE : AUDI A3 SEDAN 1.0 TFSI 8V

 MODEL YEAR
 : 22/3/2021

 ENGINE NO
 : CHZ C36748

CHASSIS NO : WAUZZZ8V2LA017525

MILEAGE : DATE IN : -

ESTIMATED BY : JOHNNY BOO / ALLAN WU

ACCIDENT DATE : 22-Jun-22
PLACE OF ACCIDENT : PEPYS ROAD





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 SMY 7002 M

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. HEADLIGHT WASHER ASSY.	S/N	\$ 360.00	Х.
2	TO REMOVE AND TRANSFER RHS HEADLIGHT'S CONTROL UNIT AND POWER MODULE.	S/N	\$ 350.00	* .
3	TO DISMANTLE AND RENEW FRONT BUMPER, RHS FRONT FENDER AND RHS HEADLIGHT.RE-ORGANISE CRASH MANAGEMENT COMPONENTS.REINSTALL ALL PARTS REMOVED.		\$ 2,100.00	520
4	TO RESPRAY FRONT BUMPER AND RHS FRONT FENDER.		\$ 2,000.00	550
5	TO RENEW RHS FRONT RIM AND CARRY OUT WHEEL ALIGNMENT	S/N	\$ 280.00	~
6	TO CARRY OUT DIAGNOSTIC CHECK.	S/N	\$ 192.00	
	TOTAL LABOUR CHARGES	:	\$ 5,282.00	





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MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SMY 7002 M

DAMAGED PARTS & PRICES

			DAMAGED FARTS & FRICES		
S/N	PARTS DESCRIPTION	QTY		S/NETT REMARKS	
1	FRONT BUMPER Repuir	1	\$	2,433.00 🛧	
2	FRONT BUMPER FIXING PARTS	1	\$	195.00 +	
3	FRONT BUMPER GUIDE SECTION - RH	1	\$	43.00 +	
4	FRONT BUMPER ADAPTER- RH	1	\$	42.00¥	
5	FRONT BUMPER TRIM COVER - RH	1	\$	182.00	
6	FRONT BUMPER CLOSING ELEMENT - LOWER CENTER	1	\$	571.00 🟃	
7	FRONT BUMPER AIR GUIDE GRILLE - RH	1	\$	210.00 🗡	
8	FRONT FENDER - RH	1	\$	954.00 X	
9	FRONT FENDER ATTACHMENT PARTS	1	\$	75.00 ₩	
10	FRONT FENDER BRACE - RH	1	\$	107.00 \$	
11	FRONT FENDER BRACKET - RH	1	\$	46.00 F	
12	FRONT FENDER POP RIVET	6	\$	23.00 1	
13	FRONT WHEEL HOUSING LINER - RH NG	1	\$	183.00 +	
14	HEADLIGHT - RH	1	\$	5,879.00 4	
15	LIFT CYLINDER - RH	1	\$	156.00 4	
16	LIFT CYLINDER HOSE	1	\$	78.00 *	
17	ALUMINIUM RIM 4	1	\$	1,303.00	
18	RUBBER VALVE MIN	4	\$	15.00	
19	SUNDRIES ?		\$	350.00	
	TOTAL SPARE PARTS	: /	\$	12,845.00	
	TOTAL LABOUR CHARGES	:	\$	5,282.00	
	GRAND TOTAL	:	\$	18,127.00	
	ALL CHARGES ARE NOT INCLUSIVE OF CCT		3		

ALL CHARGES ARE NOT INCLUSIVE OF GST

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

* PREMIUM AUTOMOBILES



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

NAME

SURVEYED DATE
AUTHORISED DATE

EXCESS COST LIABILITY

REMARKS

Adra (7)

Att Authorsed, 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 <u>and</u>
 is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

JOHNNY BOO BODY REPAIR MANAGER ALLAN WU CLAIMS CONSULTANT