

## REF.

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: \_\_\_\_\_

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

N/S	O/S

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: SJK1128H Yr Regn: 2021/Oct.

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: 13037 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: WAUZZZF38M1147604

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or \_\_\_\_\_

Brake: Inorder / Jammed / Leaked / Burnt or \_\_\_\_\_

Modif: Nil / S/Rim / STD A/Rim or \_\_\_\_\_

Tyre Size: F: 235/55R18

R: 235/55R18

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
TOYO / YOKO or

Front		Rear	
R/Bal.	<u>06</u>	R/Bal.	<u>06</u>
L/Bal.	<u>06</u>	L/Bal.	<u>06</u>
D.O.A.	<u>                    </u>	D.O.I.	<u>04/07/22</u>
*Survey held at		Premium.	

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 chim.
	MV :
	PV :
	Nett :

☐ : Prel. Report  
☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee:  : Site Insp (\$

Report Format :

<input type="checkbox"/>	: Site Insp (\$
<input type="checkbox"/>	: Interview (\$
<input type="checkbox"/>	: Tech. Invs (\$
<input type="checkbox"/>	

Survey Fee:

Transportation:

$$S + PS, \quad SI$$

Photos

1	Others	
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## 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	28/06/2022 10:35 (SGT)
Reported by	Both
Date of Accident	25/06/2022 10:50 (SGT)
Exact Location of Accident	Alexandra Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJK1128H
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN ZE YU(CHEN ZEYU)
NRIC No	SXXXX758B
Email Address	ZEYU_TAN@HOTMAIL.COM
Mobile Phone No	(Phone) +65-97373092
Alternative Phone No	-

#### 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	1400

#### INSURANCE COMPANY

Name of Insurance Company	AIIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7210128536

#### DRIVER

Name of Driver	TAN ZE YU(CHEN ZEYU)
NRIC No	SXXXX758B
Date Of Birth	21/04/1987
Occupation	Indoor



Date Of Driving Pass .....	15/11/2005
Driving experience .....	16 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97373092
Alt. Phone Number .....	-
Email Address .....	ZEYU_TAN@HOTMAIL.COM
Address .....	55 WEST COAST RD
Address complement .....	#12-01
Postcode .....	127365
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 .....	DRIZZLING
Road Surface .....	Wet

#### 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? .....	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
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### PASSENGER 1

Name .....	YEOH WENYI KIMBERLY
Gender .....	Female

#### PASSENGER 2

Name .....	CHARLOTTE TAN
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE SKETCH PLAN & POLICE REPORT T/20220257024.

ACCIDENT HAPPENED ON SATURDAY. POLICE REPORT WAS MADE ON THE SAME DAY. COULD NOT DO INCIDENT REPORT AT AUDI BECAUSE SUNDAY IS NON - WORKING DAY. MONDAY MY WORK SCHEDULE DID NOT ALLOW ME TO MAKE TIME FOR REPORT. SO I DID ONLICE REPORT VIA AIG FOR RECORD PURPOSE. ONLY TUESDAY MORNING I COULD COME AUDI FOR INCIDENT REPORT.



## ATTACHMENT(S)

Are accident photos available for attachment? ..... Yes  
Was there any video captured by Car Camera? ..... Yes

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number ..... SMN2711R  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Private car  
Name of Driver ..... MR CHEN, VINSON  
Contact Number ..... (Phone) +65-98252585  
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 ..... YEOH WENYI KIMBERLY  
Gender ..... Female  
Phone No ..... (Phone) +65-98252585  
Address ..... 55 WEST COAST RD  
Address Complement ..... #02-01  
Post Code ..... 127365  
Approximate Age Years Old ..... -  
Injuries Sustained ..... DEVELOPED PAIN THAT KEPT INCREASING ON MY BACK AND  
NECK  
Injured person in which vehicle? ..... SJK1128H  
Were seat belts worn? ..... Yes  
Was this injured conveyed to hospital by ambulance? ..... No

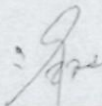
# SKETCH PLAN

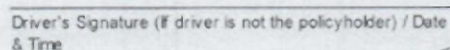
## IMPORTANT NOTICE


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.
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:

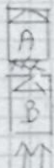
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

  
 Policyholder's Signature / Date & Time

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

  
 Witnessed by Reporting Centre Personnel

## Sketch Plan

	<p>A- SJK1128H</p> <p>B- SMN2711R</p> <p>SMN2711R</p>
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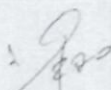
Describe Circumstances of the Accident

please refer to the sketch plan & police report 7/202206257024


Accident happened on Saturday. Police report was made on the same day. Could not do incident report at Audi because Sunday is non-working day. Monday my work schedule did not allow me to make time for report, so I did online report via AIG for record purpose. Only Tuesday morning I could come Audi for incident report.

Declaration

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

  
Witnessed by Reporting Centre Personnel

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/0536/2022/JT  
**DATE** : 28-Jun-22  
**WIP** : 30652

**VEHICLE NOT IN WORKSHOP. KINDLY ARRANGE SURVEY ON 04/07/2022.**

**YOUR INSURED VEH NO : SMN 2711 R**

**CHINA TAIPING INSURANCE (S) PTE LTD**

3 ANSON ROAD

#16-00 SPRINGLEAF TOWER

SINGAPORE 079909

ATTN: MOTOR CLAIMS DEPT

**OWNER'S NAME** : MR. TAN ZE YU  
**ADDRESS** : 55 WEST COAST RD  
#12-01  
SINGAPORE 127365  
**TELEPHONE** : HP +65 97373092  
**TYPE OF CLAIM** : THIRD PARTY CLAIM  
**POLICY NO** : 7210128536  
**VEHICLE NO** : **SJK 1128 H**  
**MODEL CODE** : AUDI Q3 1.4 TFSI S-TRONIC  
**MODEL YEAR** : 28/10/2021  
**ENGINE NO** : CZD C47062  
**CHASSIS NO** : WAUZZZF38M1147604  
**MILEAGE** : -  
**DATE IN** : -  
**ESTIMATED BY** : JOHNNY BOO / ALLAN WU  
**ACCIDENT DATE** : 25-Jun-22  
**PLACE OF ACCIDENT** : ALONG ALEXANDRA 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 SJK 1128 H**

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 DISMANTLE AND RENEW REAR BUMPER. TO REPAIR REAR END PANELLING. RE-ORGANIZE CRASH MANAGEMENT COMPONENTS. REINSTALL ALL PARTS REMOVED.	\$	<del>1,600.00</del>	800
3	TO RESPRAY REAR BUMPER AND REAR END PANELLING.	\$	<del>2,000.00</del>	800
4	TO CARRY OUT DIAGNOSTIC CHECK.	S/N \$	192.00	✓
<b>TOTAL LABOUR CHARGES</b>		:	<b>\$ 4,152.00</b>	



55 UBI ROAD 1, SINGAPORE 408699  
 TEL : 6366 2323 FAX : 6841 1183  
 EMAIL: NORA.KHAI@PREMIUMAUTO.COM.SG / CLAIMS@PREMIUMAUTO.COM.SG

**MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SJK 1128 H**

			DAMAGED PARTS & PRICES	
S/N	PARTS DESCRIPTION	QTY	S/NETT	REMARKS
1	REAR BUMPER <i>Repair</i>	1	\$ 1,738.00	+
2	REAR BUMPER FIXING PARTS <i>new</i>	1	\$ 220.00	+
3	REAR BUMPER SPOILER <i>deland</i>	1	\$ 510.00	✓
4	REAR BUMPER TOWING EYE	1	\$ 48.00	+
5	REAR BUMPER BRACKET	1	\$ 53.00	+
6	BOOT LID CONTROL UNIT <i>new</i>	1	\$ 454.00	+
7	TAILGATE SENSOR LINE	1	\$ 228.00	+
8	AERIAL FOR KESSY	1	\$ 79.00	+
9	REAR LIGHT REFLECTOR - LH / RH	2	\$ 92.00	+
10	REAR BUMPER REINFORCEMENT BEAM	1	\$ 693.00	+
11	REAR BUMPER HOLDING STRAP - CENTER	1	\$ 120.00	+
12	REAR BUMPER GUIDE SECTION - LH / RH <i>new</i>	2	\$ 142.00	+
13	REAR PARKING AID SENSOR	2	\$ 530.00	+
14	REAR PARKING AID SENSOR SEAL RING	4	\$ 10.00	+
15	REAR BUMPER WIRING SET	1	\$ 449.00	+
16	REAR WHEEL ARCH COVER - LH / RH <i>new</i>	2	\$ 566.00	✓
17	SUNDRIES		\$ 350.00	?
<b>TOTAL SPARE PARTS</b>			<b>\$ 6,282.00</b>	
<b>TOTAL LABOUR CHARGES</b>			<b>\$ 4,152.00</b>	
<b>GRAND TOTAL</b>			<b>\$ 10,434.00</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 : *04/07/22*  
AUTHORISED DATE :  
EXCESS COST :  
LIABILITY :  
REMARKS : *Not Authorised, 03 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