Ass. Rec. By: REF:

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.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rport: _____ 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: SLD7888X Yr Regn: 2020, March.

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or _____

Make: Audi A3 c.c 999

Colour White. A/C: Insured / Std / NI / NA

Sp.Reading 65743 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WAUZZZ8VXLA035349

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: 205/55R16.

R: 205/55R16.

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

Front		Rear	
R/Bal.	06 mm	R/Bal.	06 mm
L/Bal.	06 mm	L/Bal.	06 mm
D.O.A.		D.O.I.	21/07/22

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 LonPac
	MV :
	PV :
	Nett :

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Preli. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Inve ($ _____)

Report Format : _____

Survey Fee:	
Transportation:	
$ + FS $	SI
Photos	
Others	

SP14227I0001 / PREMIUM AUTOMOBILES PTE LTD [408699]
ENTRY DATE & TIME: 18/07/2022 10:07 (SGT)
SUBMITTED BY: FOONG CHIN FONG
VERSION: 1 (18/07/2022 10:07 (SGT))

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 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	18/07/2022 10:07 (SGT)
Reported by	Driver
Date of Accident	16/07/2022 14:53 (SGT)
Exact Location of Accident	Bukit Timah, Singapore
Additional Location Information	U-TURN AT BUKIT TIMAH ROAD OPPOSITE SWISS COTTAGE ESTATE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD7888X

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SHARON TAN HWEI CHING
NRIC No	SXXXX454J
Email Address	COOLFIRE77@GMAIL.COM
Mobile Phone No	(Phone) +65-86578828
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A3
Variant	SPORTBACK 1.0 TF
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	999

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	2070054657-02

DRIVER

Name of Driver	YEO HOCK LIAUN, JEREMY
NRIC No	SXXXX657F
Date Of Birth	31/12/1977

Occupation	Indoor
Date Of Driving Pass	24/11/2014
Driving experience	7 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90677590
Alt. Phone Number	-
Email Address	COOLFIRE77@GMAIL.COM
Address	21 NEWTON ROAD
Address complement	#04-02
Postcode	307954
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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)	1
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	-

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

ON 16/07/2022 AROUND 1453, I WAS U-TURNING AFTER DROPPING MY SON OFF AT SCHOOL, ALONG BUKIT TIMAH ROAD, OPPOSITE THE SWISS COTTAGE ESTATE, WHEN THE VEHICLE BEHIND HIT THE REAR OF MY CAR.

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	GBC8031T
Vehicle Manufacturer	Toyota
Vehicle Model	Dyna
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Commercial vehicle

Name of Driver	TAY LIAN HUA
Contact Number	(Phone) +65-87813863
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

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 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.

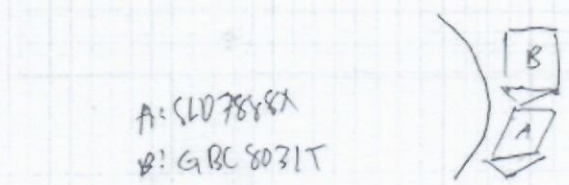
(collectively the "**Purposes**")

(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
	180722 / 0915	

Sketch Plan



SKETCH PLAN #2

Describe Circumstances of the Accident

On 180722 around 1453, I was u-turning after dropping my son off to school along Bukit Timah Road, opposite Swiss Cottage Estate, when the vehicle behind hit the rear of my car.

Declaration

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

180722/0915

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

PREMIUM AUTOMOBILES

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/0598/2022/EQ
DATE	:	19-Jul-22
WIP	:	33349

VEHICLE NOT IN WORKSHOP. KINDLY ARRANGE SURVEY ON 21/7/2022.

YOUR INSURED VEH NO : GBC 8031 T

Lonpac Insurance BHD
300 Beach Road
#17-04/07, The Concourse
Singapore 199555

OWNER'S NAME	:	MS. SHARON TAN HWEI CHING
ADDRESS	:	21 NEWTON ROAD #04-02 SINGAPORE 307954
TELEPHONE	:	HP +65 86578828
TYPE OF CLAIM	:	THIRD PARTY CLAIM
POLICY NO	:	2070054657-02
VEHICLE NO	:	**SLD 7888 X**
MODEL CODE	:	AUDI A3 SPORTSBACK 1.0 TF
MODEL YEAR	:	23/3/2020
ENGINE NO	:	CHZ C38056
CHASSIS NO	:	WAUZZZ8VXLA035349
MILEAGE	:	-
DATE IN	:	-
ESTIMATED BY	:	JOHNNY BOO / ALLAN WU
ACCIDENT DATE	:	16-Jul-22
PLACE OF ACCIDENT	:	U-TURN AT BUKIT TIMAH ROAD OPPOSITE SWISS COTTAGE ESTATE

PREMIUM AUTOMOBILES

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 SLD 7888 X

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. RE-ORGANIZE CRASH MANAGEMENT COMPONENTS. REINSTALL ALL PARTS REMOVED.		$	1,050.00	~~600~~ 700.00
3	TO RESPRAY REAR BUMPER.		$	900.00	~~600~~ 700.00
4	TO CARRY OUT DIAGNOSTIC CHECK.	S/N	$	192.00	✓
	TOTAL LABOUR CHARGES	:	**$**	**2,422.00**	

PREMIUM AUTOMOBILES

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. SLD 7888 X

S/N	PARTS DESCRIPTION	QTY		DAMAGED PARTS & PRICES S/NETT	REMARKS
1	REAR BUMPER Repair	1	$	2,201.00	
2	REAR BUMPER FIXING PARTS	1	$	201.00	
3	REAR BUMPER LOCKING MECHANISM - LH / RH	2	$	32.00	
4	REAR BUMPER SPOILER - LH	1	$	264.00	
5	REAR REFLECTOR - LH / RH	2	$	68.00	
6	REAR BUMPER SIDE REINFORCEMENT	1	$	642.00	
7	REAR BUMPER BRACKET - LH / RH	2	$	62.00	
8	REAR PARKING AID SENSOR PRIMED - INNER / OUTER	2	$	265.00	
9	REAR PARKING AID SEAL RING	4	$	10.00	
10	SUNDRIES NN		$	300.00	X
	TOTAL SPARE PARTS	:	**$**	**4,045.00**	
	TOTAL LABOUR CHARGES	:	**$**	**2,422.00**	
	GRAND TOTAL	:	**$**	**6,467.00**	

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

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	:	Adrian Ling.
SURVEYED DATE	:	21/07/22
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