

ASS. REC. BY:

Steve

AIG

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 Report: _____ 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: _____

SFV 5188Y

Yr Regn: _____

23/4/18

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

Truck / Trailer or

Make: _____

Audi A4

c.c

1984

Colour: _____

Grey

A/C: Insured / Std / Nil / NA

Sp. Reading _____

58158

T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: _____

WV 722740 JAL 39444

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: _____

F: _____

R: _____

W5/40R18

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

Pirelli

Front

R/Bal. _____

5 mm

Rear

R/Bal. _____

5 mm

L/Bal. _____

5 mm

U/Bal. _____

5 mm

D.O.A. _____

14/7/12

D.O.I. _____

18/7/12

Survey held at _____

Premium

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

Rear LH

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

MK-116K

Date/Time, File Pass to?

☐ : Prel. Report☐ : Final Report

1)

Date/Time, File Return to?

2)

Report Format: _____

Lump Sum / L.S.J. (\$) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: _____

☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee: _____

Transportation: _____

S + RS. \$ _____

Photos _____

Others _____

TOTAL

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/OD/0591/2022/EQ
DATE : 16-Jul-22
WIP : 33072

VEHICLE IN WORKSHOP. KINDLY ARRANGE FOR SURVEY ON 18/07/2022

AIG Asia Pacific Insurance Pte Ltd

78 Shenton Way

#07-16 AIG Building

Singapore 079120

OWNER'S NAME : MR LEE CHOON KIAT
ADDRESS : BLK 427 SERANGOON CENTRAL
#05-300
SINGAPORE 550427
TELEPHONE : HP +65 9616 1026
TYPE OF CLAIM : OWN DAMAGE CLAIM
POLICY NO : 1800039936-04
VEHICLE NO : SFV 5188 Y
MODEL CODE : AUDI A4 SEDAN 2.0 TFSI
MODEL YEAR : 23/4/2018
ENGINE NO : CVK 057988
CHASSIS NO : WAUZZZF44JA139441
MILEAGE : -
DATE IN : -
ESTIMATED BY : JOHNNY BOO / ALLAN WU
ACCIDENT DATE : 14-Jul-22
PLACE OF ACCIDENT : DEFU LANE 10

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ESTIMATED LABOUR CHARGES FOR ACCIDENT VEHICLE SFV 5188 Y

S/N	NATURE OF JOBS		ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATIONS
1	TO REMOVE AND RENEW REAR PARKING AID AND REAR LID KICK SENSOR.	S/N \$	360.00	/
2	TO RENEW REAR WINDSCREEN AND 1/4 GLASS TO FACILITATE RENEWAL OF LHS REAR FENDER.	S/N \$	600.00	/
3	TO CARRY OUT WATER SEEPAGE FOR REAR WINDSCREEN.	S/N \$	200.00	150
4	TO INSTALL SOLAR FILM FOR ALL THE AFFECTED GLASSES.	S/N \$	400.00	/
5	TO CARRY OUT FIRST MEASUREMENT ON CAR-O-LINER.	S/N \$	800.00	?
SUBTOTAL LABOUR CHARGES		:	\$ 2,360.00	



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ESTIMATED LABOUR CHARGES FOR ACCIDENT VEHICLE SFV 5188 Y

S/N	NATURE OF JOBS	ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATIONS
6	TO REMOVE AND TRANSFER LHS REAR DOOR'S MULTI-LOCK SYSTEM AND POWER WINDOW DEVICES. INSPECT FOR DAMAGES.	S/N \$ 350.00	/
7	TO REMOVE AND REINSTALL LHS FRONT DOOR PANEL TRIM. TO REMOVE AND REINSTALL LHS WING MIRROR ASSY TO FACILITATE RESPRAY FOR LHS FRONT DOOR.	S/N \$ 280.00	/
8	TO REMOVE AND RENEW LHS REAR WHEEL SUSPENSION ASSY WITH SUBFRAME.	S/N \$ 2,400.00	?
9	TO SETUP THE VEHICLE ON CAR-O-LINER TO FACILITATE THE REPAIR.	S/N \$ 2,400.00	?
10	TO DISLODGE AND REINSTALL REAR WIRE HARNESS FOR LIGHTS, BATTERY MANAGER, FUSE AND RELAY TRAYS, ELECTRICAL AND AUDIO EQUIPMENT. INSPECT FOR DAMAGE AND RENEW WHERE NECESSARY.	S/N \$ 1,400.00	/ (photo)
SUBTOTAL LABOUR CHARGES		: \$ 6,830.00	



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ESTIMATED LABOUR CHARGES FOR ACCIDENT VEHICLE SFV 5188 Y

S/N	NATURE OF JOBS	ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATIONS
11	TO REMOVE AND REINSTALL REAR SEAT, BACK REST, HAT DRY, CD PILLAR TRIMS, LUGGAGE COMPARTMENT TRIMS. DISLODGE ROOF LINER AND DISENGAGE CURTAIN AIRBAG ETC.	S/N \$ 1,400.00	/ (photo)
12	TO DISMANTLE AND RENEW REAR BUMPER AND LHS REAR DOOR. TO CUT OUT AND WELD LHS REAR FENDER, LHS REAR OUTER AND INNER WHEEL HOUSING AND LHS REAR INNER SIDE PANEL. TO REPAIR LHS FRONT DOOR. RE-ORGANIZE CRASH MANAGEMENT COMPONENTS. REINSTALL ALL PARTS REMOVED.	S/N \$ 10,000.00	3500
13	TO RESPRAY REAR BUMPER, LHS REAR DOOR, LHS FRONT DOOR, TWO DOOR HANDLES, LHS WING MIRROR COVER, LHS REAR INNER SIDE PANEL, LHS SILL PANEL, ROOF CHANNEL, DRAIN CHANNEL, DOOR ENTRANCE, REAR END PANELLING.	\$ 8,000.00	3500 3675
14	TO TOW BACK THE VEHICLE FROM ACCIDENT SCENE.	S/N \$ 280.00	X
15	TO RENEW LHS REAR RIM WITH TYRE. TO CARRY OUT PRE/POST WHEEL ALIGNMENT.	S/N \$ 520.00	280
16	TO CARRY OUT PRE/POST DIAGNOSTIC CHECK.	S/N \$ 384.00	/
TOTAL LABOUR CHARGES		: \$ 29,774.00	

PREMIUM AUTOMOBILES



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MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SFV 5188 Y

S/N	PARTS DESCRIPTION	QTY	DAMAGED PARTS & PRICES		REMARKS
			S/NETT		
1	REAR BUMPER / (RM (photo))	1	\$	2,609.00	
2	REAR BUMPER FIXING PARTS X	1	\$	480.00	
3	REAR BUMPER GUIDE SECTION - LH ?	1	\$	49.00	
4	REAR FENDER SIDE PANEL - LH ? / ON	1	\$	4,357.00	
5	REAR RIVETTED CAP NUT / MC	2	\$	7.00	
6	REAR GROMMET / MC	1	\$	2.00	
7	REAR BLIND RIVET STUD / MC	1	\$	10.00	
8	REAR WINDOW NOT PRETREATED (MC glass) / MC	1	\$	1,287.00	
9	REAR SIDE WINDOW NOT PRETREATED - LH / MC	1	\$	685.00	
10	PRIMER / MC	2	\$	44.00	
11	REAR WHEEL HOUSING - LH OUTER ?	1	\$	687.00	
12	REAR WHEEL HOUSING INNER PART - LH ?	1	\$	1,338.00	
13	REAR REINFORCEMENT C-PILLAR - LH LOWER ?	1	\$	220.00	
14	REAR CONNECTING PLATE - LH ?	1	\$	218.00	
15	REAR THREADED PLATE ?	1	\$	11.00	
16	REAR NOISE INSULATION PLATE - LH ?	2	\$	12.00	
17	REAR VENT TRIM ?	1	\$	75.00	
18	REAR WHEEL HOUSING LINER - LH / (RM)	1	\$	260.00	
19	REAR DOOR - LH / ON	1	\$	3,431.00	
20	REAR OUTER DOOR SEAL - LH / MC	1	\$	229.00	
SUB TOTAL SPARE PARTS			:	\$ 16,011.00	

ALL CHARGES ARE NOT INCLUSIVE OF GST

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



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MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SFV 5188 Y

S/N	PARTS DESCRIPTION	QTY	DAMAGED PARTS & PRICES		REMARKS
			S/NETT		
21	BONDING AGENT / ne	1	\$	51.00	
22	CLEANING SOLUTION ne	1	\$	74.00	
23	APPLICATOR ne	1	\$	8.00	
24	REAR SEALING STRIP ?	1	\$	19.00	
25	REAR DOOR ATTACHMENT PARTS X	1	\$	943.00	
26	REAR DOOR CATCH - LH ?	1	\$	134.00	
27	REAR OVAL HEXAGON SOCKET HEAD BOLT P. ?	2	\$	3.00	
28	REAR INNER DOOR SEAL - LH X	1	\$	247.00	
29	REAR DOOR TRIM PLATE HANDLE - LH / mis	1	\$	98.00	
30	REAR HOUSING - LH / ne	1	\$	9.00	
31	REAR TRANSPARENT COVER - LH / ne	1	\$	7.00	
32	REAR SENSOR DOOR HANDLE - LH / mis	1	\$	255.00	
33	REAR EXTERIOR DOOR HANDLE / ne	1	\$	47.00	
34	REAR & FRONT UNDERLAY - LH / ne	2	\$	8.00	
35	REAR MOUNTING BAR - LH BR (phn)	1		TBC	
36	REAR DOOR LOCK - LH ?	1	\$	630.00	
37	REAR STRIKER X	1	\$	77.00	
38	REAR DOOR TRIM LEATHERETTE - LH ?	1	\$	1,991.00	
39	REAR WINDOW REGULATOR WITHOUT MOTOR - LH ?	1	\$	305.00	
40	REAR WINDOW REGULATOR MOTOR - LH ?	1	\$	371.00	
SUB TOTAL SPARE PARTS		:	\$	5,277.00	

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PREMIUM AUTOMOBILES



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MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SFV 5188 Y

			DAMAGED PARTS & PRICES		
S/N	PARTS DESCRIPTION	QTY	S/NETT	REMARKS	
41	REAR DOOR CONTROL UNIT ?	1	\$	840.00	
42	REAR TRIM FOR PILLAR C - LH / CM	1	\$	159.00	
43	REAR TRIM FOR PILLAR B - LH / CM	1	\$	167.00	
44	REAR SIDE WINDOW GUIDE RAIL - LH ?	1	\$	79.00	
45	REAR WINDOW GUIDE - LH / CM .. ?	1	\$	501.00	
46	REAR WINDOW GUIDE TRIM STRIP	1	\$	265.00	
47	REAR WINDOW SLOT SEAL WITH TRIM STRIP - LH / BT	1	\$	410.00	
48	REAR DOOR WINDOW - LH ?	1	\$	322.00	
49	REAR WIRING SET FOR DOOR - LH ?	1	\$	414.00	
50	REAR DOOR WIRING HARNESS TRIM PANEL ?	1	\$	328.00	
51	REAR TRANSPARENT COVER - LH / ML LH X	1	\$	7.00	
52	REAR SENSOR DOOR HANDLE - LH / ML LH X	1	\$	255.00	
53	REAR EXTERIOR DOOR HANDLE / ML LH X R	1	\$	47.00	
54	REAR UNDERLAY - LH / ML LH X	2	\$	8.00	
55	REAR MIRROR CAP - LH / ML LH X	1	\$	308.00	
56	REAR MIRROR GLASS WITH BEAM PLATE - LH / ML LH X	1	\$	1,298.00	
57	REAR TRIM FOR PILLAR B - LH / CM	1	\$	256.00	
58	REAR TRIM STRIP FOR WINDOW GUIDE / ML LH ?	1	\$	287.00	
59	REAR WINDOW GUIDE - LH / CM	1	\$	501.00	
60	REAR WINDOW SLOT SEAL WITH TRIM STRIP - LH / ML LH X	1	\$	344.00	
SUB TOTAL SPARE PARTS			:	\$ 6,796.00	

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MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SFV 5188 Y

			DAMAGED PARTS & PRICES		
S/N	PARTS DESCRIPTION	QTY	S/NETT	REMARKS	
61	REAR CORNER TRIM - LH X	1	\$ 51.00		
62	REAR FRONT DOOR WINDOW - LH / ML	1	\$ 322.00		
63	RUBBER VALVE ?	1	\$ 4.00		
64	REAR SUPPORT FRAME ?	1	\$ 3,643.00		
65	REAR WISHBONE ALUMINIUM - LOWER ?	1	\$ 963.00		
66	REAR WISHBONE - LH UPPER ?	1	\$ 624.00		
67	REAR FRONT WISHBONE - LH ?	1	\$ 137.00		
68	REAR STEEL WISHBONE - LH ?	1	\$ 501.00		
69	REAR TRACK ROD - LH ?	1	\$ 188.00		
70	REAR WHEEL BEARING HOUSING - LH ?	1	\$ 1,097.00		
71	REAR WHEELHUB WITH BEARING ?	1	\$ 723.00		
72	REAR STONE CHIP GUARD ?	1	\$ 49.00		
73	REAR GAS SHOCK ABSORBER ?	1	\$ 332.00		
74	REAR COUPLING ROD ?	1	\$ 94.00		
75	ANTI-ROLL BAR ?	1	\$ 456.00		
76	REAR LEVEL SENSOR - LH ?	1	\$ 363.00		
77	REAR WHEEL HOUSING TRIM - LH ?	1	\$ 166.00		
78	REAR B-PILLAR TRIM - LH LOWER ?	1	\$ 171.00		
TOTAL SPARE PARTS			: \$ 37,968.00		
TOTAL LABOUR CHARGES			: \$ 29,774.00		
GRAND TOTAL			: \$ 67,742.00		

ALL CHARGES ARE NOT INCLUSIVE OF GST
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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 :

Star (LKK)
18/7/22, 2.91P

OD M AL
Excess - ?
14 Lp
P/P
L L L

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.

(Request CI)

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

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	15/07/2022 11:04 (SGT)
Reported by	Both
Date of Accident	14/07/2022 06:30 (SGT)
Exact Location of Accident	10 Defu Lane 10, Singapore 539191
Additional Location Information	DEFU LANE 10
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SFV5188Y

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEE CHOON KIAT
NRIC No	SXXXX295J
Email Address	RONNIEJJLEE@GMAIL.COM
Mobile Phone No	(Phone) +65-96161026
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A4
Variant	SEDAN 2.0 TFSI
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1984

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	1800039936-04

DRIVER

Name of Driver	LEE CHOON KIAT
NRIC No	SXXXX295J
Date Of Birth	13/09/1959
Occupation	Indoor

Driving Pass
experience
nder
Mobile Number
All Phone Number
Email Address
Address
Address complement
Postcode

Is the driver the policyholder?
If No, Relationship of the Driver with the Insured
Does Driver Own Other Vehicles?
Vehicle Registration Number of Other Vehicle Owned by Driver
Insurance Company of Other Vehicle Owned by Driver

06/07/1981
41 YEARS
Male
(Phone) +65-96161026
*
RONNIEJLEE@GMAIL.COM
BLK 427 SERANGOON CENTRAL
#05-300
550427
Yes
-
No
-
-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident
Weather Conditions
Road Surface

Collision - Major/Minor Rd
Clear
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

I WAS DRIVING ALONG DEFU LANE 10 AND A NISSAN CABSTAR WAS DRIVING TOWARDS THE MAIN ROAD FROM A SMALL ROAD. HE DIDN'T STOP AT THE STOP SIGN AND BANG ON MY LEFT SIDE OF MY CAR. I WAS DRIVING ON THE RIGHT DIRECTION AT THE RIGHT SPEED.

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 GBC8686D
Vehicle Manufacturer Nissan
Vehicle Model Cabstar
Vehicle Variant -
Vehicle Colour -
Vehicle Category Goods 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)

HEIN HTET ZAW
(Phone) +65-97644634

-
-
-
-
-
-

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**.
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.

6. 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 insurers 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 enveloped mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
- (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.

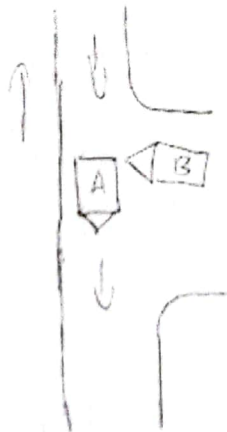
Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel

A: SEU 51857
B: GBC 8686 D



Describe Circumstances of the Accident

I WAS driving along Deft Lane 10 and a Nissan Cabstar was driving toward the main road from a small road. He didn't stop at the stop sign and he was on my left side of my car. I was driving on the right direction at the right speed.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

15/7/2022
9.50 am

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

Witnessed by Reporting Centre Personnel