

REF:

ASSIGNMENT

Veh No: SZM1162Z Yr Regn: 2017 / March

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

Truck / Trailer or

Make: Audi A4. C.C. 1385

Colour Black A/C: Insured / Std / NI / NA

Sp. Reading 78768 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WAU222F4XH A115848

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/60R16

R: 205/60R16

RS / DIN / EXNOVA / OY / ES / LITA / MIO / LONCH / BUL / SUMA /

TOYO / YOKO of

Front

R/Bal. 06 mm R/Bal. 06 mm

L/Bal. 06 mm L/Bal. 06 mm

D.O.A. _____ D.O.I. 02/08/22

*Survey held at Pembar

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

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

TPAIG

PV:

Nett:

☐ : Prel. Report

Final Report

Days Of Repair:

Resurvey No. of Trip:

Transportation:

$$S + RS \rightleftharpoons S_2$$

3.1. Photosynthesis

Others

Add Fee: : Site Insp (\$

interview (\$)

Tech. Invs. (4)

Forest Forest:

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	23/07/2022 12:51 (SGT)
Reported by	Both
Date of Accident	22/07/2022 16:55 (SGT)
Exact Location of Accident	102 Jln Jurong Kechil, Singapore 598602
Additional Location Information	TRAFFIC LIGHT AT T-JUNCTION ALONG JALAN JURONG KECHIL AND TOH YI DRIVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM1162Z
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEE KAH WAH
NRIC No	SXXXX619F
Email Address	LEEKAHWAH@HOTMAIL.COM
Mobile Phone No	(Phone) +65-91715282
Alternative Phone No	+65-91715282

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A4
Variant	SEDAN 1.4 TFSI S-TRONIC
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	1395

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	2100504487-05

DRIVER

Name of Driver	LEE KAH WAH
NRIC No	SXXXX619F
Date Of Birth	09/09/1976

Occupation	Indoor
Date Of Driving Pass	10/08/1996
Driving experience	25 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91715282
Alt. Phone Number	+65-91715282
Email Address	LEEKAHWAH@HOTMAIL.COM
Address	65 SHELFORD ROAD
Address complement	#02-01, SHELFORD REGENCY
Postcode	288455
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?	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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	TAN JWEE LYNN, CHERYL
Gender	Female

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

SLM1162Z

MY CAR WAS STATIONARY AT THE T-JUNCTION ALONG JALAN JURONG KECHIL INTERSECTION WITH TOH YI DRIVE. THE TRAFFIC LIGHT WAS RED. THE OTHER VEHICLE GBH3706L COULD NOT STOP IN TIME AND HIT MY CAR REAR BUMPER.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBH3706L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Goods vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	AIG Asia Pacific Insurance Pte. Ltd.
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

WITNESS DETAILS

WITNESS 1

Name	TAN JWEE LYNN, CHERYL
Phone	(Phone) +65-92985618
Email	CHERYLTAN21@GMAIL.COM


Describe Circumstances of the Accident

I was
SLH11628


My car was stationary at the red traffic lights at the T-junction
along Jalan Durong Kedah & Toh Yi Drive. The traffic light was
red. The ^{other} vehicle GBH3706L could not stop in time and hit
my car rear bumper.

Declaration

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

 23/07/2022
12:18 pm

Policyholder's Signature / Date & Time

 23/07/2022
12:18 pm




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

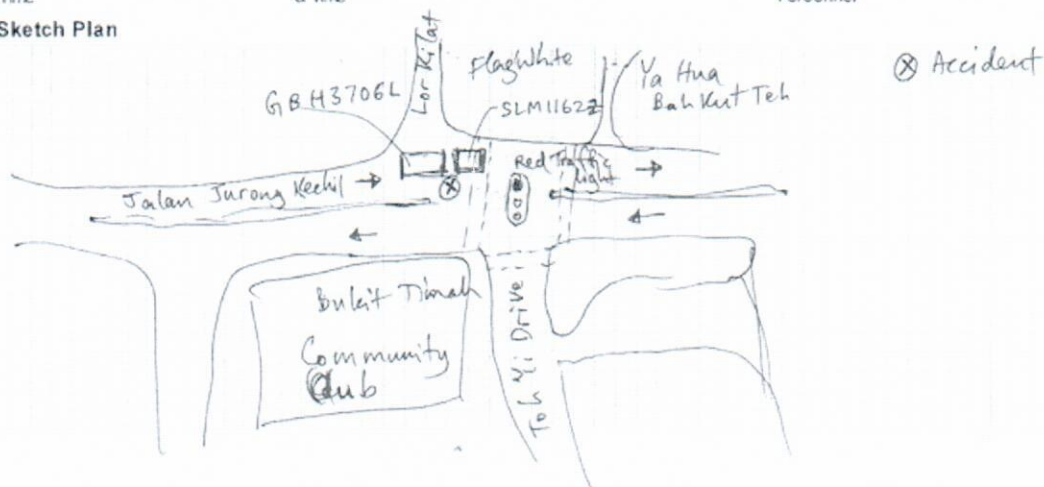


Witnessed by Reporting Centre Personnel

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 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.

 23/07/2022 12:07pm	 23/07/2022 12:07pm	 Witnessed by Reporting Centre Personnel
Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	

Sketch Plan

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/0623/2022/EQ
DATE : 25-Jul-22
WIP : 34357

VEHICLE NOT IN WORKSHOP. KINDLY ARRANGE FOR SURVEY ON 27/7/2022.

YOUR INSURED VEH NO : GBH 3706 L

AIG ASIA PACIFIC INSURANCE PTE LTD

78 SHENTON WAY

#07-16 AIG BUILDING

SINGAPORE 079120

Attn: Motor Claims Dept

Tel: 6880 4602 - Fax: 6880 4838

OWNER'S NAME : MR. LEE KAH WAH
ADDRESS : 65 SHELFORD ROAD
#02-01, SHELFORD REGENCY
SINGAPORE 288455
TELEPHONE : HP +65 91715282
TYPE OF CLAIM : THIRD PARTY CLAIM
POLICY NO : 2100504487-05
VEHICLE NO : **SLM 1162 Z**
MODEL CODE : AUDI A4 SEDAN 1.4 TFSI S-TRONIC
MODEL YEAR : 21-03-2017
ENGINE NO : CVN 031738
CHASSIS NO : WAUZZZF4XHA115848
MILEAGE : -
DATE IN : -
ESTIMATED BY : JOHNNY BOO / ALLAN WU
ACCIDENT DATE : 22-Jul-22
PLACE OF ACCIDENT : TRAFFIC LIGHT AT T-JUNCTION ALONG
JALAN JURONG KECHIL AND TOH YI DRIVE

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 SLM 1162 Z

S/N	NATURE OF JOBS		ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATIONS
1	TO REMOVE AND TRANSFER REAR PARKING AID AND REAR LID KICK SENSOR ASSY. CHECK FUNCTION.	S/N \$	360.00	✓ ✓
2	TO DISMANTLE AND RENEW REAR BUMPER. RE-ORGANISE REAR CRASH MANAGEMENT COMPONENTS. REINSTALL ALL PARTS REMOVED.	S/N \$	1,050.00	500 ✓
3	TO RESPRAY REAR BUMPER.	\$	900.00	550 ✓
4	TO CARRY OUT DIAGNOSTIC CHECK	S/N \$	192.00	✓ ✓
TOTAL LABOUR CHARGES		:	\$ 2,502.00	

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 TEL : 6366 2323 FAX : 6841 1183
 EMAIL: NORA.KHAI@PREMIUMAUTO.COM.SG / CLAIMS@PREMIUMAUTO.COM.SG

MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SLM 1162 Z

			DAMAGED PARTS & PRICES	
S/N	PARTS DESCRIPTION	QTY	S/NETT	REMARKS
1	REAR BUMPER <i>Deformed.</i>	1	\$ 2,609.00	✓ 2,087.20
2	REAR BUMPER LIGHT REFLECTOR - REAR LH / RH <i>stem</i>	2	\$ 92.00	X
3	REAR BUMPER SENSORS <i>stem</i>	2	\$ 265.00	X.
4	REAR BUMPER REINFORCEMENT BEAM <i>stem</i>	1	\$ 1,131.00	X.
5	REAR BUMPER SPOILER <i>cut</i>	1	\$ 276.00	✓ 220.80
6	REAR BUMPER SECURING STRIP X <i>NN</i>	1	\$ 249.00	? X
7	SUNDRIES <i>? X NN</i>	1	\$ 200.00	? X
TOTAL SPARE PARTS		:	\$ 4,822.00	
TOTAL LABOUR CHARGES		:	\$ 2,502.00	
GRAND TOTAL		:	\$ 7,324.00	

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 Lim
SURVEYED DATE : 02/08/22
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