

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.

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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: SNA 22G2B Yr Regn: 12/6/21Type: ☒ M. Car / ☐ M. Cycle / ☐ Bus / ☐ Van / ☐ Lorry / ☐ Taxi / ☐ Prime Mover /

Truck / Trailer or

Make: Audi A3 c.c. 1498Colour: Grey A/C: ☐ Insured / ☐ Std / ☐ NI / NASp. Reading: 21378 T/Radio: ☐ Insured / ☐ Std / ☐ NI / NA

Eng/No: _____

C/No: WAV 222GY 7MA 095134Gen. Cond: ☒ Good / ☐ Fair / ☐ Poor / ☐ BurntSteering: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt orBrake: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt orModl: ☒ NII / ☐ S/Rim / ☐ STD A/Rim orTyre Size: F: 225/45R17R: "

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or Pirelli

Front _____ Rear _____

R/Bal. 5 mm R/Bal. 5 mmL/Bal. 5 mm L/Bal. 5 mmD.O.A. 29/7/22 D.O.I. 21/8/22Survey held at PremiumDes. 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
	<u>MV-163K</u>

Date/Time, File Pass to?

☐ : Prel. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Report Format: _____

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

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

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

Survey Fee:

Transportation:

\$ + RS. \$ _____

Photos

Others

TOTAL

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/OD/0643/2022/EQ
DATE : 1-Aug-22
WIP : 35375

VEHICLE IN WORKSHOP. KINDLY ARRANGE FOR SURVEY ON 2/8/2022.

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 : MS. NORMALIS ALWI
ADDRESS : BLK 404 WOODLANDS STREET 41
#11-74
SINGAPORE 730404
TELEPHONE : HP +65 97521115
TYPE OF CLAIM : OWN DAMAGE CLAIM
POLICY NO : 7210059193
VEHICLE NO : SNA 2262 B
MODEL CODE : AUDI A3 SPORTBACK 1.5 TFSI
MODEL YEAR : 12/6/2021
ENGINE NO : DFY 268691
CHASSIS NO : WAUZZZGY7MA095134
MILEAGE : -
DATE IN : -
ESTIMATED BY : JOHNNY BOO / ALLAN WU
ACCIDENT DATE : 29-Jul-22
PLACE OF ACCIDENT : CLEMENTI ROAD

PREMIUM AUTOMOBILES



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ESTIMATED LABOUR CHARGES FOR ACCIDENT VEHICLE SNA 2262 B

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 AND FRONT PARKING AID.	S/N \$ 480.00	/
2	TO REMOVE AND TRANSFER BOTH HEADLIGHT'S CONTROL UNIT AND POWER MODULE. <i>250 X 2</i>	S/N \$ 700.00	<i>500</i>
3	TO REMOVE AND RENEW AIRCON CONDENSER, ADDITIONAL RADIATOR AND RADIATOR. CHECK ELECTRICAL FANS AND CONTROL UNIT. PRESSURISE COOLING SYSTEM.	S/N \$ 1,400.00	/
4	TO CARRY OUT VACUUM AND REGAS FOR R1234.	S/N \$ 1,200.00	/
5	TO REMOVE AND REINSTALL BOTH FRONT DOOR PANEL TRIM. TO REMOVE AND REINSTALL BOTH WING MIRROR ASSY TO FACILITATE RESPRAY FOR BOTH FRONT DOOR.	S/N \$ 560.00	X
<i>Rep - 1</i> 6	TO DISMANTLE AND RENEW FRONT BUMPER, BONNET, BOTH FRONT FENDER AND BOTH HEADLIGHT. TO RENEW FRONT LOCK CARRIER AND ALIGN TO POSITION. RE-ORGANIZE CRASH MANAGEMENT COMPONENTS. REINSTALL ALL PARTS REMOVED. <i>5.5 X 500</i>	\$ 5,600.00	<i>2750</i>
SUB-TOTAL LABOUR CHARGES		: \$ 9,940.00	

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ESTIMATED LABOUR CHARGES FOR ACCIDENT VEHICLE SNA 2262 B

S/N	NATURE OF JOBS	ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATIONS
7	TO RESPRAY FRONT BUMPER, FRONT BUMPER LOWER SPOILER, BONNET, HINGES, BOTH FRONT FENDER AND BOTH FRONT DOORS.	\$ 6,000.00 <i>SS0 x 4</i>	<i>2700</i>
8	TO CARRY OUT PRE/POST DIAGNOSTIC CHECK.	S/N \$ 384.00	/
TOTAL LABOUR CHARGES		: \$ 16,324.00	

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MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SNA 2262 B

			DAMAGED PARTS & PRICES	
S/N	PARTS DESCRIPTION	QTY	S/NETT	REMARKS
1	FRONT BUMPER / BR	1	\$ 1,677.00	
2	FRONT BUMPER FIXING PARTS ?	1	\$ 290.00	
3	FRONT BUMPER CLOSING ELEMENT - LH / RH ?	2	\$ 260.00	
4	FRONT BUMPER GRILLE - LOWER CENTRE / BR ?	1	\$ 433.00	
5	FRONT BUMPER CLOSING ELEMENT - LOWER CENTRE ?	1	\$ 265.00	
6	FRONT BUMPER AIR GUIDE - LH / RH ?	2	\$ 134.00	
7	FRONT BUMPER SPOILER ?	1	\$ 326.00	
8	FRONT BUMPER SPOILER COVER TRIM - LH / RH / CH ?	2	\$ 208.00	
9	FRONT BUMPER AIR GUIDE GRILLE - LH / RH ?	2	\$ 342.00	
10	FRONT BUMPER SUPPORT - LH / RH ?	2	\$ 86.00	
11	RADIATOR GRILLE / BR	1	\$ 932.00	
12	FRONT CLOSING ELEMENT - CENTER / BR	1	\$ 210.00	
13	FRONT LOW & HIGH TONE SIGNAL HORN - LH / RH ?	2	\$ 314.00	
14	SPRING SHACKLE - LH / RH ?	8	\$ 247.00	
15	FRONT PARKING AID SENSOR - INNER / OUTER ?	4	\$ 1,116.00	
16	FRONT PARKING AID SEAL RING / MC	4	\$ 32.00	
17	FRONT BUMPER WIRING SET ?	1	\$ 252.00	
18	FRONT BUMPER FOAM FILLER PIECE / BR	1	\$ 120.00	
19	FRONT BUMPER REINFORCEMENT BEAM / DD	1	\$ 748.00	
20	FRONT BUMPER SUPPORT - LH / RH / MC	2	\$ 20.00	
SUB TOTAL SPARE PARTS		:	\$ 8,012.00	

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. SNA 2262 B

S/N	PARTS DESCRIPTION	QTY	DAMAGED PARTS & PRICES		REMARKS
			S/NETT		
21	FRONT BUMPER GUIDE SECTION - LH / RH ?	2	\$	108.00	
22	FRONT BUMPER TOP COVER - CR4	1	\$	93.00	
23	CAUTION SIGN STICKER - MC	1	\$	16.00	
24	AIR CONDITIONER STICKER - MC	1	\$	9.00	
25	FRONT FENDER - LH / RH X R	2	\$	2,482.00	
26	FRONT FENDER CLOSING ELEMENT - LH / RH ?	2	\$	64.00	
27	POP RIVET x MC ?	7	\$	27.00	
28	FRONT FENDER BRACKET - LH / RH X ?	6	\$	223.00	
29	FRONT FENDER BRACE - LH / RH X ?	2	\$	196.00	
30	FRONT FENDER ATTACHMENT PARTS ?	1	\$	121.00	
31	FRONT WHEEL HOUSING LINER - LH / RH X	2	\$	366.00	
32	FRONT FENDER CLOSING ELEMENT - LH / RH X	2	\$	44.00	
33	FRONT WHEEL HOUSING LINER ATTACHMENT PARTS X	1	\$	125.00	
34	BONNET - 00	1	\$	3,271.00	
35	LID HINGE - LH / RH ?	2	\$	136.00	
36	BONNET ATTACHMENT PARTS X	1	\$	256.00	
37	BONNET IMPACT PROTECTION - CENTER / MC	1	\$	30.00	
38	FRONT FENDER COVER - LH / RH X	2	\$	92.00	
39	BONNET STRIKER - LH / RH ?	2	\$	246.00	
40	BONNET RELEASE ELEMENT ?	1	\$	65.00	
SUB TOTAL SPARE PARTS		:	\$	7,970.00	

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MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SNA 2262 B

			DAMAGED PARTS & PRICES	
S/N	PARTS DESCRIPTION	QTY	S/NETT	REMARKS
41	BONNET RELEASE LEVER ?	1	\$ 15.00	
42	BONNET LID LOCK - LH / RH ?	2	\$ 455.00	
43	BONNET BOWDEN CABLE - CENTER ?	1	\$ 61.00	
44	BONNET BOWDEN CABLE COVER ?	1	\$ 11.00	
45	BONNET LID LOCK CABLE - RH ?	1	\$ 82.00	
46	FRONT PLENUM CHAMBER COVER X	1	\$ 177.00	
47	BONNET GAS FILLED STRUT X	1	\$ 110.00	
48	FRONT HEADLIGHT - LH / RH / BR	(2)	\$ 8,168.00	
49	HEADLIGHT LIFT CYLINDER - LH / RH ?	2	\$ 422.00	
50	LIFT CYLINDER HOSE ?	1	\$ 108.00	
51	WASH WATER RESERVOIR ? - CR4	1	\$ 179.00	
52	LOCK CARRIER MOUNTING - BR	1	\$ 990.00	
53	OUTSIDE TEMPERATURE SENSOR BRACKET ?	1	\$ 21.00	
54	A/C CONDENSER ?	1	\$ 569.00	
55	RADIATOR FAN RING ?	1	\$ 1,061.00	
56	COOLANT ADDITIONAL RADIATOR ?	1	\$ 959.00	
57	RADIATOR FAN RING ?	1	\$ 1,339.00	
58	READY-MIX COOLANT ? - MK	6	\$ 282.00	
59	RADIATOR AIR GUIDE - LH / RH ?	2	\$ 84.00	
60	RADIATOR FRONT SEAL - RH ?	1	\$ 14.00	
SUB TOTAL SPARE PARTS		:	\$ 15,107.00	

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MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SNA 2262 B

S/N	PARTS DESCRIPTION	QTY	DAMAGED PARTS & PRICES	
			S/NETT	REMARKS
61	RADIATOR AIR GUIDE - LOWER CENTRE ? / BR	1	\$	59.00
62	FRONT INTAKE AIR DUCT COVER / BR	1	\$	30.00
63	FRONT INTAKE AIR GUIDE ?	3	\$	130.00
64	ALT INTAKE WATER DRAINAGE HOSE ?	1	\$	37.00
65	AIR FILTER ?	1	\$	310.00
66	INTAKE AIR GUIDE FLAP ?	1	\$	27.00
67	FRONT NO PLATE / mis	S/N	\$	60.00
68	SUNDRIES ?		\$	500.00
TOTAL SPARE PARTS		:	\$	32,242.00
TOTAL LABOUR CHARGES		:	\$	16,324.00
GRAND TOTAL		:	\$	48,566.00

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

NAME :
 SURVEYED DATE :
 AUTHORISED DATE :
 EXCESS COST :
 LIABILITY :
 REMARKS :

Steve (LKK)
 21/8/22, 3.00p

2D-41 A-
 Excess - ?
 PIP
 4 P/L by
 9 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

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 Actual 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	30/07/2022 11:09 (SGT)
Reported by	Both
Date of Accident	29/07/2022 19:20 (SGT)
Exact Location of Accident	Clementi, Singapore
Additional Location Information	CLEMENTI ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SNA2262B

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NORMALIS ALWI
NRIC No	SXXXX680H
Email Address	NORMALISALWI@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-97521115
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A3
Variant	SPORTBACK 1.5 TFS
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	1495

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7210059193

DRIVER

Name of Driver	NORMALIS ALWI
NRIC No	SXXXX680H
Date Of Birth	28/10/1965
Occupation	Indoor

Date Of Driving Pass	18/06/1994
Driving experience	28 YEARS AND 1 MONTH
Gender	Female
Mobile Number	(Phone) +65-97521115
Alt. Phone Number	-
Email Address	NORMALISALWI@YAHOO.COM.SG
Address	BLK 404 WOODLANDS STREET 41
Address complement	#11-74
Postcode	730404
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	Chain Collision
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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

AT 1930HRS, I WAS DRIVING ALONG CLEMENTI ROAD. IT WAS RAINING, THE CAR IN FRONT OF ME WAS STOPPING BUT I COULD NOT STOP IN TIME. MY CAR HIT THE FRONT CAR AND THE FRONT CAR HIT THE CAR IN FRONT OF HIM. A TOTAL OF 3 CARS WERE INVOLVED.

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	SGX733J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

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)

CHONG KWONG SOONG PHILIP
(Phone) +65-98377377

-
-
-
-
-
-
-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SMM65R

Vehicle Manufacturer

-

Vehicle Model

-

Vehicle Variant

-

Vehicle Colour

-

Vehicle Category

Private car

Name of Driver

SEE JUN WEN

Contact Number

(Phone) +65-97929039

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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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.

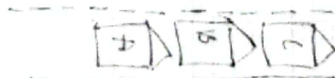
Premadas 30/7/22
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

A: SWA 2262 B
B: S4X 733 J
C: SMM 65P



9/10-1

Describe Circumstances of the Accident

At 1930hrs, I was driving along Clementi Road. It was raining the car in front of me was stopping but I could not stop in time. My car hit the front car and the front car hit the car in front of him. A total of 3 cars involved.

Declaration

We declare the foregoing particulars are true in every respect.



Normal 30/7/02
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel