

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 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: SLV 9009P Yr Regn: 30/7/21
 Type: ☒ M. Car / ☐ M. Cycle / ☐ Bus / ☐ Van / ☐ Lorry / ☐ Taxi / ☐ Prime Mover /
 Truck / Trailer or _____
 Make: Audi A4 c.c. 1984
 Colour: Blue A/C: ☒ Insured / ☐ Std / ☐ Nil / ☐ NA
 Sp. Reading: N/A T/Radio: ☒ Insured / ☐ Std / ☐ Nil / ☐ NA
 Eng/No: _____
 C/No: WAV 222 FLX MA 21527
 Gen. Cond: ☒ Good / ☐ Fair / ☐ Poor / ☐ Burnt
 Steering: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt or
 Brake: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt or
 Mod: ☒ Nil / ☐ S/Rim / ☐ STD A/Rim or
 Tyre Size: F: 225/50R17
 R: 11
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or: 1-lankook
 Front _____ Rear _____
 R/Bal. 5 mm R/Bal. 5 mm
 L/Bal. 5 mm L/Bal. 5 mm
 D.O.A. 11/8/22 D.O.I. 10/8/22
 Survey held at Premium
 Des. of Damages: ☒ Frt / ☐ Rear / ☐ O/S / ☐ N/S / ☐ U/C / ☐ Rooftop or
Front RH
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>MV-175K</u>

Date/Time, File Pass to?

☐ : Prel. Report☐ : Final Report

1)

Date/Time, File Return to?

2)

Report Format: _____

Lump Sum / L.B.F. (\$) _____

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/0665/2022/EQ
DATE : 6-Aug-22
WIP : 36236

VEHICLE IN WORKSHOP. KINDLY ARRANGE FOR SURVEY ON 10/8/2022

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. TEE GEOK CHENG
ADDRESS : 308B ANG MO KIO AVE 1
#07-401
SINGAPORE 562308
TELEPHONE : HP +65 93864523
TYPE OF CLAIM : OWN DAMAGE CLAIM
POLICY NO : 7210085013-01
VEHICLE NO : SLU 9009 P
MODEL CODE : AUDI A4 2.0 TFSI S-TRONIC
MODEL YEAR : 30/7/2021
ENGINE NO : DEM 028171
CHASSIS NO : WAUZZZF4XMA021527
MILEAGE : 21,807 KM
DATE IN : -
ESTIMATED BY : JOHNNY BOO / ALLAN WU
ACCIDENT DATE : 4-Aug-22
PLACE OF ACCIDENT : ALONG TELOK KARAN ROAD TOWARDS CHANGI
DIRECTION IMMEDIATE AFTER ST PATRICK'S ROAD

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ESTIMATED LABOUR CHARGES FOR ACCIDENT VEHICLE SLU 9009 P

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 RHS HEADLIGHT'S CONTROL UNIT AND POWER MODULE.	S/N \$ 350.00 250	
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 1	
5	TO REMOVE AND REINSTALL RHS FRONT DOOR PANEL TRIM. TO REMOVE AND REINSTALL RHS WING MIRROR ASSY TO FACILITATE RESPRAY FOR RHS FRONT DOOR.	S/N \$ 280.00 ✓	
6	TO DISMANTLE AND RENEW FRONT BUMPER, BONNET, RHS FRONT FENDER AND RHS HEADLIGHT. TO REPAIR RHS FRONT FENDER TOP SUPPORT AND RHS FRONT DOOR. TO RENEW FRONT LOCK CARRIER AND ALIGN TO POSITION. RE-ORGANIZE CRASH MANAGEMENT COMPONENTS. REINSTALL ALL PARTS REMOVED.	\$ 5,600.00 1750	
SUB-TOTAL LABOUR CHARGES		: \$ 9,310.00	

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ESTIMATED LABOUR CHARGES FOR ACCIDENT VEHICLE SLU 9009 P

S/N	NATURE OF JOBS	ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATIONS
7	TO RESPRAY FRONT BUMPER, BONNET, RHS FRONT FENDER, RHS FRONT FENDER TOP SUPPORT AND RHS FRONT DOOR. <i>112 & F-1 P116 R11</i>	\$ 4,500.00	2470
8	TO RENEW RHS FRONT RIM. TO CARRY OUT PRE/POST WHEEL ALIGNMENT.	S/N \$ 520.00	✓
9	TO CARRY OUT DIAGNOSTIC CHECK.	S/N \$ 192.00	✓
TOTAL LABOUR CHARGES		: \$ 14,522.00	

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MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SLU 9009 P

			DAMAGED PARTS & PRICES	
S/N	PARTS DESCRIPTION	QTY	S/NETT	REMARKS
1	FRONT BUMPER / BR	1	\$	2,377.00
2	FRONT BUMPER FIXING PARTS X	1	\$	393.00
3	FRONT BUMPER SECURING STRIP - BT	21	\$	79.00
4	FRONT BUMPER GRILLE - CENTER ?	1	\$	219.00
5	FRONT BUMPER CLOSING ELEMENT ?	1	\$	293.00
6	FRONT BUMPER AIR GUIDE - RH ?	1	\$	51.00
7	FRONT BUMPER CLOSING ELEMENT - UPPER CENTRE ?	1	\$	293.00
8	FRONT BUMPER AIR GUIDE GRILLE - RH / MS	1	\$	151.00
9	FRONT BUMPER AIR GUIDE GRILLE TRIM - RH / CY	1	\$	54.00
10	RADIATOR GRILLE ?	1	\$	1,754.00
11	FRONT BUMPER GUIDE SECTION - RH / BR	1	\$	41.00
12	FRONT BUMPER FOAM FILLER PIECE ?	1	\$	212.00
13	FRONT BUMPER CARRIER ?	1	\$	899.00
14	FRONT BUMPER BRACKET - RH ?	1	\$	254.00
15	FRONT BUMPER TOP COVER / BR	1	\$	143.00
16	CAUTION SIGN STICKER / M	1	\$	16.00
17	AIR CONDITIONER STICKER / M	1	\$	9.00
18	FRONT BUMPER BRACKET / BR	1	\$	154.00
19	FRONT BUMPER SUPPORT - LH / RH ?	2	\$	64.00
20	POP RIVET ?	4	\$	4.00
SUB TOTAL SPARE PARTS		:	\$	7,460.00

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

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			DAMAGED PARTS & PRICES		
S/N	PARTS DESCRIPTION	QTY	S/NETT	REMARKS	
21	FRONT PARKING AID SENSOR - INNER / OUTER ?	2	\$	532.00	
22	FRONT PARKING AID SEAL RING ✓ M	4	\$	10.00	
23	FRONT BUMPER WIRING SET ?	1	\$	642.00	
24	HORN LOW TONE - RH ?	1	\$	139.00	
25	FRONT SPRING SHACKLE - RH ?	1	\$	33.00	
26	FRONT FENDER - RH ✓ DD	1	\$	1,227.00	
27	FRONT FENDER ATTACHMENT PARTS X	1	\$	225.00	
28	FRONT FENDER CLOSING ELEMENT - RH ✓ MK	1	\$	81.00	
29	FRONT FENDER BRACKET - RH ✓ BT	1	\$	41.00	
30	FRONT FENDER BRACKET - RH ?	1	\$	55.00	
31	POP RIVET ✓ M	7	\$	27.00	
32	FRONT FENDER BRACKET - RH ?	1	\$	36.00	
33	FRONT FENDER BRACE - RH ?	1	\$	132.00	
34	FRONT FENDER WHEEL HOUSING LINER - RH ✓ CR1	1	\$	262.00	
35	FRONT AND REAR WHEEL HOUSING LINER ATTACHMENT PARTS ✓ MK	1	\$	149.00	
36	FRONT WHEEL SPOILER - RH ✓ CR4	1	\$	82.00	
37	FRONT WHEEL SPOILER TRIM - RH X	1	\$	40.00	
38	FRONT FENDER TOP COVER - RH ✓ M	1	\$	35.00	
39	HEADLAMP COVER - RH ✓ BR	1	\$	49.00	
40	BONNET ✓ DD	1	\$	3,425.00	
SUB TOTAL SPARE PARTS		:	\$	7,222.00	

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MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SLU 9009 P

			DAMAGED PARTS & PRICES	
S/N	PARTS DESCRIPTION	QTY	S/NETT	REMARKS
41	BONNET ATTACHMENT PARTS <i>X</i>	1	\$ 431.00	
42	BONNET HINGE - LH / RH <i>?</i>	2	\$ 680.00	
43	BONNET IMPACT PROTECTION - CENTER / LH / RH <i>mc</i>	3	\$ 93.00	
44	FRONT FENDER INNER COVER - RH <i>?</i>	1	\$ 68.00	
45	BONNET STRIKER - RH <i>?</i>	1	\$ 56.00	
46	BONNET LOCK <i>?</i>	1	\$ 228.00	
47	BONNET BOWDEN CABLE - CENTER <i>?</i>	1	\$ 64.00	
48	BONNET BOWDEN CABLE COVER <i>?</i>	1	\$ 11.00	
49	BONNET BOWDEN CABLE <i>?</i>	1	\$ 64.00	
50	BONNET RELEASE LEVER <i>?</i>	1	\$ 15.00	
51	HEADLIGHT - RH <i>BR</i>	1	\$ 8,172.00	
52	HEADLIGHT HOSE <i>?</i>	1	\$ 42.00	
53	HEADLIGHT COMPENSATING PIECE <i>?</i>	3	\$ 137.00	
54	LIFT CYLINDER - RH <i>BR</i>	1	\$ 231.00	
55	LIFT CYLINDER BRACKET <i>BR</i>	1	\$ 7.00	
56	LIFT CYLINDER CORRUGATED PIPE - LONG <i>??</i>	1	\$ 107.00	
57	LIFT CYLINDER CORRUGATED PIPE - SHORT	1	\$ 53.00	
58	LOCK CARRIER <i>?</i>	1	\$ 1,127.00	
59	RADIATOR COOLANT REGULATOR SUPPORT - RH <i>?</i>	1	\$ 43.00	
60	AIR COOLER CHARGE <i>?</i>	1	\$ 654.00	
SUB TOTAL SPARE PARTS		:	\$ 12,283.00	

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			DAMAGED PARTS & PRICES	
S/N	PARTS DESCRIPTION	QTY	S/NETT	REMARKS
61	AIR COOLER CHARGE PRESSURE HOSE - RH ?	1	\$ 413.00	
62	A/C CONDENSER ?	1	\$ 683.00	
63	TEMP SENSOR BRACKET ?	1	\$ 21.00	
64	RADIATOR ?	1	\$ 1,013.00	
65	COOLANT ?	6	\$ 297.00	
66	RADIATOR AIR GUIDE - RH ?	1	\$ 51.00	
67	RADIATOR AIR GUIDE - LH / RH / UPPER ?	3	\$ 57.00	
68	RADIATOR AIR GUIDE - LOWER ?	1	\$ 25.00	
69	INTAKE AIR DUCT - RH ?	1	\$ 25.00	
70	INTAKE AIR DUCT GUIDE ?	1	\$ 61.00	
71	INTAKE AIR DUCT HOSE ?	1	\$ 110.00	
72	INTAKE AIR DUCT FILTER ?	1	\$ 418.00	
73	AIR MASS METER ?	1	\$ 629.00	
74	FRONT WHEEL ALUMINIUM RIM / CUT	1	\$ 1,292.00	
75	RUBBER VALVE / R	1	\$ 4.00	
76	FRONT WINDOW TRIM STRIP CHROME - RH X	1	\$ 344.00	
77	FRONT WINDOW TRIM STRIP GUIDE HIGH CHROME X	1	\$ 287.00	
78	FRONT NO PLATE R ?	S/N	\$ 60.00	
79	SUNDRIES ?		\$ 500.00	
TOTAL SPARE PARTS		:	\$ 33,255.00	
TOTAL LABOUR CHARGES		:	\$ 14,522.00	
GRAND TOTAL		:	\$ 47,777.00	

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

*Stew (LKK)
 10/8/22, 3.30pm*

*OD. 1/2
 EXCESS - 7*

*7 days
 P/P*

by B. Y

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	05/08/2022 16:49 (SGT)
Reported by	Driver
Date of Accident	04/08/2022 08:28 (SGT)
Exact Location of Accident	7 Cross St, Singapore 048416
Additional Location Information	ALONG TELOK KARAN ROAD TOWARDS CHANGI DIRECTION IMMEDIATE AFTER ST PATRICK'S ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLU9009P

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TEE GEOK CHENG
NRIC No	SXXXX843D
Email Address	EDWARD_GPD@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-93864523
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A4
Variant	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?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1984

INSURANCE COMPANY

Name of Insurance Company	AIIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7210085013-01

DRIVER

Name of Driver	LIM CHEE KEONG
NRIC No	SXXXX344G
Date Of Birth	10/11/1970

Occupation Outdoor
 Date Of Driving Pass 04/01/1990
 Driving experience 32 YEARS AND 7 MONTHS
 Gender Male
 Mobile Number (Phone) +65-93864523
 Alt. Phone Number -
 Email Address EDWARD_GPD@YAHOO.COM.SG
 Address 308B ANG MO KIO AVE 1
 Address complement #07-401
 Postcode 562308
 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 - Major/Minor Rd
 Weather Conditions Clear
 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 LIM CHEE KEONG
 Gender Male

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 ABOUT 8.25 PM ON 4 AUGUST 2022, I WAS REVERSING OUT OF THE ROADSIDE URA PARKING (REFERENCE TOLLS). SEEING THAT THERE WERE NO CARS BEHIND, I REVERSED MY CAR. AFTER COMING OUT OF THE CARPARK LOT, CHECKING MY REARVIEW MIRROR, AND SEEING THAT THERE WAS NO CAR BEHIND, I DROVE FROM THE LEFT LANE (LANE 2) AND SWITCHED TO THE RIGHT LANE (LANE 1) AS I INTENDED TO TURN RIGHT AT THE NEXT TRAFFIC JUNCTION AT ABOUT 50M AWAY. SUDDENLY A LOUD BANG OCCUR WHILE I WAS SWITCHING LANES AND CAR B (SFV 1119 B) AND A WHITE BMW DROVE PASS. THE BMW THEN STOPS AT ABOUT 10-15M AWAY.

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	SFV1119B
Vehicle Manufacturer	BMW
Vehicle Model	420i
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Private car
Name of Driver	CHOO SZE HOON
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	4

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.
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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

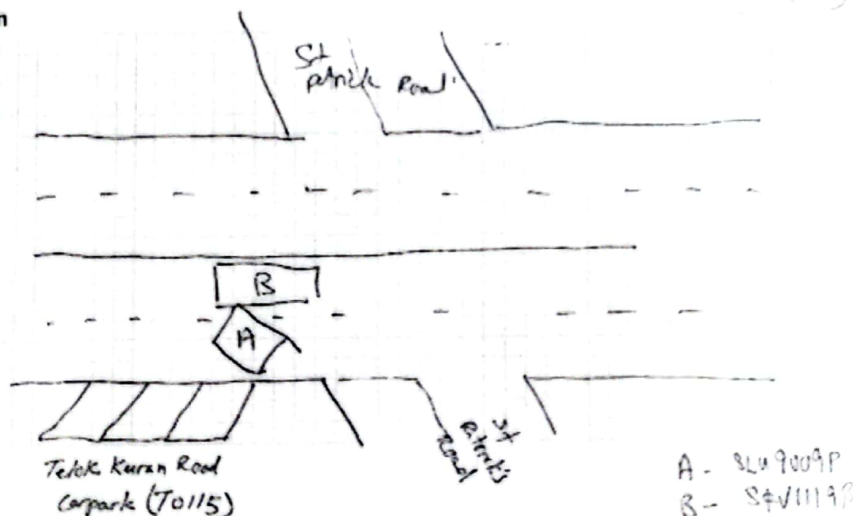
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

At about 8.25pm on 4 August 2022, I was reversing out out of the roadside UKA parking (Reference T0115).

Seeing that there were no car behind, I reverse my car after coming out of the carpark lot, checking my rear view mirror and seeing that there were no car behind, I drove from the left lane (lane 2) and switch to the right lane (lane 1) and as I intend to turn right at the next traffic junction at about 50m away. Suddenly a land bank view while I was switching lane and car R (SFV111A) a white BMW drive pass. The BMW ^{then} stop at about 10m away.

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



Wong Fung