

From: _____ Date: _____
 Estimated Cost: _____
 OD TP WS TP RES OD RES EVA INV MV
 To inspect Vehicle No: _____
 at Workshop n/s _____
 of _____
 Insured: _____
 Policy No. _____
 Claims No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: SJL 3700L Yr Regn: 28/10/16
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Audi A4 c.c. 1395
 Colour: Blue A/C: Insured / Std / Nil / NA
 Sp. Reading: 125642 T/Radio: Insured / Std / Nil / NA
 Eng/No: _____
 C/No: WAY 222 P42 HA 071 053
 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 _____

(Policy Condition)
 Remark: The veh had commenced its repair at the time of inspection.

| | |
|-----|-----|
| N/S | O/S |
| | |

Tyre Size: F: 205/60R16
 R: 1
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Continental
 Front Rear
 R/Bal. 4 mm R/Bal. 4 mm
 L/Bal. 4 mm L/Bal. 4 mm
 D.O.A. 10/8/22 D.O.I. 12/8/22
 Survey held at Premium
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Rear RH, Interior
 The U/C / Chassis frame / Body Structure affected due to collision.

Bal. or Market Value: _____
 IDAC Accident Rpt: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 EsL Repairs: _____ days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

| Date / Time | Action / Instruction |
|-------------|----------------------|
| | MV-86K |
| | PV-11, 215 |
| | NK-11K, 785 |
| | |
| | |
| | |
| | |
| | |
| | |

Order/Time, File Pass to? : Prel. Report
 : Final Report
 1) _____
 Date/Time, File Return to?
 2) _____
 Report Format: _____
 Lump Sum / L.S.: (\$ _____)

Days Of Repair: _____
 Resurvey No. of Trip: _____
 Add Fee: : Site Insp (\$) _____
 : Interview (\$) _____
 : Tech. Invs (\$) _____
 : Weekend (\$) _____
 Survey Fee: _____
 Transportation: _____
 \$ + 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/0676/2022/EQ
DATE : 11-Aug-22
WIP : 36771

VEHICLE IN WORKSHOP. KINDLY ARRANGE FOR SURVEY ON 12/08/2022

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 : MR VINCENT TAN KHAR KHENG
ADDRESS : BLK 7 PASIR RIS DRIVE 4
#07-05
SINGAPORE 519459
TELEPHONE : HP +65 83688688
TYPE OF CLAIM : OWN DAMAGE CLAIM
POLICY NO : 2100488648-05
VEHICLE NO : **SJL 3700 L**
MODEL CODE : A4 SEDAN 1.4 TFSI
MODEL YEAR : 28/10/2016
ENGINE NO : CVN 017632
CHASSIS NO : WAUZZZF42HA027053
MILEAGE : -
DATE IN : -
ESTIMATED BY : JOHNNY BOO / ALLAN WU
ACCIDENT DATE : 10-Aug-22
PLACE OF ACCIDENT : JUNCTION OF LOYANG AVENUE AND
TAMPINES ROAD



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ESTIMATED LABOUR CHARGES FOR ACCIDENT VEHICLE SJL 3700 L

| S/N | NATURE OF JOBS | | ESTIMATED CHARGES | SURVEYOR'S RECOMMENDATIONS |
|-----------------------------|--|----------|--------------------|----------------------------|
| 1 | TO REMOVE AND TRANSFER REAR PARKING AID AND REAR LID KICK SENSOR. | S/N \$ | 460.00 / | |
| 2 | TO RENEW REAR WINDSCREEN AND 1/4 GLASS TO FACILITATE RENEWAL OF RHS REAR FENDER. | S/N \$ | 700.00 / | |
| 3 | TO INSTALL SOLAR FILM FOR REAR WINDSCREEN AND 1/4 GLASS. | S/N \$ | 500.00 / | |
| 4 | TO CARRY OUT WATER SEEPAGE TEST FOR REAR WINDSCREEN. | S/N \$ | 300.00 150 | |
| 5 | 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 \$ | 1,500.00 / | (phz) |
| TOTAL LABOUR CHARGES | | : | \$ 3,460.00 | |



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ESTIMATED LABOUR CHARGES FOR ACCIDENT VEHICLE SJL 3700 L

| S/N | NATURE OF JOBS | | ESTIMATED CHARGES | SURVEYOR'S RECOMMENDATIONS |
|-----------------------------|---|--------|--------------------|----------------------------|
| 6 | TO REMOVE AND REINSTALL REAR SEAT, BACK REST, HAT TRAY, CD PILLAR TRIMS, LUGGAGE COMPARTMENT TRIMS. DISLODGE ROOF LINER AND DISENGAGE CURTAIN AIRBAG ETC. | S/N \$ | 1,500.00 ✓ | (photo) |
| 7 | TO REMOVE AND TRANSFER RHS REAR DOOR'S MULTI-LOCK SYSTEM AND POWER WINDOW DEVICES. INSPECT FOR DAMAGES. | S/N \$ | 450.00 | 280 |
| 8 | TO DISMANTLE AND REINSTALL CENTER CONSOLE. RENEW AIRBAG CONTROL UNIT AND BOTH FRONT SEATBELT. | S/N \$ | 1,800.00 ✓ | (photo) |
| 9 | TO REMOVE AND RENEW ROODTOP LINER, PILLAR TRIMS AND CUSHION AIRBAGS. | S/N \$ | 2,400.00 ✓ | |
| 10 | TO REMOVE AND RENEW LEATHER SEAT CUSHION. | S/N \$ | 780.00 ✓ | |
| TOTAL LABOUR CHARGES | | | \$ 6,930.00 | |



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ESTIMATED LABOUR CHARGES FOR ACCIDENT VEHICLE SJL 3700 L

| S/N | NATURE OF JOBS | ESTIMATED CHARGES | SURVEYOR'S RECOMMENDATIONS |
|-----------------------------|---|---------------------|----------------------------|
| 11 | TO DISMANTLE AND RENEW REAR BUMPER AND RHS REAR DOOR. TO CUT OUT AND WELD RHS REAR FENDER AND RHS C-PILLAR REINFORCEMENT. RE-ORGANIZE CRASH MANAGEMENT COMPONENTS. REINSTALL ALL PARTS REMOVED. | \$ 8,000.00 | 3500 |
| 12 | TO RESPRAY REAR BUMPER, RHS REAR DOOR, DOOR HANDLE, RHS REAR FENDER, RHS C-PILLAR REINFORCEMENT, ROOF CHANNEL, RHS SILL PANEL, DRAIN CHANNEL, DOOR ENTRANCES AND REAR END PANELLING. | \$ 7,000.00 | 3125 |
| 13 | TO RENEW RHS REAR WHEEL SUSPENSION ASSY WITH SUBFRAME. | S/N \$ 2,400.00 | ? (phh) |
| 14 | TO RENEW RHS REAR RIM WITH TYRE. TO CARRY OUT PRE/POST WHEEL ALIGNMENT. | S/N \$ 620.00 | 370 |
| 15 | TO CARRY OUT DIAGNOSTIC CHECK. | S/N \$ 384 292.00 | ✓ |
| TOTAL LABOUR CHARGES | | \$ 28,702.00 | |



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MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SJL 3700 L

| | | | DAMAGED PARTS & PRICES | |
|------------------------------|---------------------------------------|-----|------------------------|---------|
| S/N | PARTS DESCRIPTION | QTY | S/NETT | REMARKS |
| 1 | REAR BUMPER / CR4 | 1 | \$ 2,609.00 | |
| 2 | REAR BUMPER FIXING PARTS X | 1 | \$ 480.00 | |
| 3 | REAR BUMPER SECURING STRIP X | 1 | \$ 249.00 | |
| 4 | REAR BUMER SPOILER X | 1 | \$ 276.00 | |
| 5 | REAR BUMPER REFLECTOR - RH X | 1 | \$ 46.00 | |
| 6 | REAR OUTER TAIL LIGHT - RH X | 1 | \$ 1,135.00 | |
| 7 | REAR BUMPER GUIDE SECTION - LH / RH ? | 2 | \$ 52.00 | |
| 8 | REAR BUMPER LOWER GUIDE PIN ? | 1 | \$ 3.00 | |
| 9 | REAR BUMPER GUIDE SECTION - RH ? | 1 | \$ 51.00 | |
| 10 | REAR SIDE PANEL - RH / DD | 1 | \$ 4,357.00 | |
| 11 | GROMMET / ne | 1 | \$ 2.00 | |
| 12 | BLIND RIVET STUD / ne | 1 | \$ 10.00 | |
| 13 | REAR WINDOW / ne | 1 | \$ 1,287.00 | |
| 14 | REAR SIDE WINDOW - RH / ne | 1 | \$ 685.00 | |
| 15 | WINDOW PRIMER / ne | 2 | \$ 44.00 | |
| 16 | FUEL FLAP TANK CAP ? | 1 | \$ 100.00 | |
| 17 | REAR WHEEL HOUSING LINER - RH ? | 1 | \$ 260.00 | |
| 18 | C-PILLAR REINFORCEMENT LOWER - RH ? | 1 | \$ 220.00 | |
| 19 | REAR DOOR / DD | 1 | \$ 3,431.00 | |
| 20 | BUNGS / ne | 1 | \$ 5.00 | |
| SUB TOTAL SPARE PARTS | | | \$ 15,302.00 | |

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. SJL 3700 L

| S/N | PARTS DESCRIPTION | QTY | DAMAGED PARTS & PRICES | | REMARKS |
|------------------------------|--|-----|------------------------|--------------------|------------|
| | | | S/NETT | | |
| 21 | REAR OUTER DOOR SEAL - RH <i>rc</i> | 1 | \$ | 229.00 | |
| 22 | BONDING AGENT <i>rc</i> | 1 | \$ | 51.00 | |
| 23 | CLEANING SOLUTION <i>rc</i> | 1 | \$ | 74.00 | |
| 24 | APPLICATOR <i>rc</i> | 1 | \$ | 9.00 | |
| 25 | BUNGS <i>rc</i> | 1 | \$ | 5.00 | |
| 26 | REAR SEALING STRIP <i>?</i> | 1 | \$ | 19.00 | |
| 27 | REAR DOOR ATTACHMENT PARTS <i>?</i> | 1 | \$ | 943.00 | |
| 28 | REAR DOOR CATCH - RH <i>?</i> | 1 | \$ | 134.00 | |
| 29 | REAR DOOR SEAL - INNER <i>AV ?</i> | 1 | \$ | 247.00 | |
| 30 | REAR WINDOW REGULATOR - RH <i>?</i> | 1 | \$ | 305.00 | |
| 31 | REAR DOOR HANDLE EXTERIOR COVER - RH <i>?</i> <i>MIS</i> | 1 | \$ | 98.00 | |
| 32 | REAR DOOR HANDLE OUTER HOUSING - RH <i>MIS</i> | 1 | \$ | 9.00 | |
| 33 | REAR DOOR HANDLE TRANSPARENT COVER - RH <i>MIS</i> | 1 | \$ | 7.00 | |
| 34 | REAR DOOR HANDLE SENSOR - RH <i>?</i> | 1 | \$ | 255.00 | |
| 35 | REAR DOOR EXTERIOR HANDLE <i>?</i> | 1 | \$ | 47.00 | |
| 36 | REAR DOOR HANDLE UNDERLAY - RH FRONT / REAR <i>?</i> | 2 | \$ | 8.00 | <i>See</i> |
| 37 | REAR DOOR MOUNTING BAR - RH <i>?</i> | 1 | \$ | 183.00 | |
| 38 | REAR DOOR LOCK - RH <i>?</i> | 1 | \$ | 630.00 | |
| 39 | REAR DOOR LOCK STRIKER <i>?</i> | 1 | \$ | 77.00 | |
| 40 | REAR ALUMINIUM RIM - RH <i>rc</i> | 1 | \$ | 1,020.00 | |
| SUB TOTAL SPARE PARTS | | | : | \$ 4,350.00 | |

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MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SJL 3700 L

| S/N | PARTS DESCRIPTION | QTY | S/NETT | DAMAGED PARTS & PRICES | REMARKS |
|------------------------------|---|-----|--------|------------------------|---------|
| 41 | RUBBER VALVE / <i>MC</i> | 1 | \$ | 4.00 | |
| 42 | REAR SUSPENSION CROSS MEMBER ? | 1 | \$ | 3,643.00 | |
| 43 | WISHBONE - LOWER ARM ? | 1 | \$ | 963.00 | |
| 44 | WISHBONE LINK - FRONT UPPER RH ? | 1 | \$ | 624.00 | |
| 45 | WISHBONE LINK - FRONT RH ? | 1 | \$ | 137.00 | |
| 46 | WISHBONE LINK - RH REAR UPPER ? | 1 | \$ | 501.00 | |
| 47 | TRACK ROD - RH REAR LOWER ? | 1 | \$ | 188.00 | |
| 48 | REAR WHEEL BEARING HOUSING - RH ? | 1 | \$ | 1,097.00 | |
| 49 | RERA BEARING WHEELHUB ? | 1 | \$ | 723.00 | |
| 50 | STONE CHIP GUARD ? | 1 | \$ | 49.00 | |
| 51 | GAS SHOCK ADSORBER ? | 1 | \$ | 332.00 | |
| 52 | ANTI-ROLL BAR ? | 1 | \$ | 456.00 | |
| 53 | COUPLING ROD ? | 1 | \$ | 94.00 | |
| 54 | AIRBAG HEAD UNIT - LH / RH ? - <i>BR</i> | (2) | \$ | 4,138.00 | |
| 55 | AIRBAG SIDE UNIT - <i>MC OK (sent RH)</i> | 1 | \$ | 1,688.00 | |
| 56 | AIRBAG CONTROL UNIT - <i>MC</i> | 1 | \$ | 2,364.00 | |
| 57 | REAR AIRBAG CRASH SENSOR - <i>MC</i> | 1 | \$ | 486.00 | |
| 58 | CENTRAL PROTECTION - <i>MC (cable)</i> | 1 | \$ | 590.00 | |
| 59 | THREE-POINT SEAT BELT - <i>joint</i> | (2) | \$ | 2,454.00 | |
| 60 | SEAT BELT HEIGHT ADJUSTER - LH / RH ? | 2 | \$ | 384.00 | |
| SUB TOTAL SPARE PARTS | | | : | \$ 20,915.00 | |

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MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SJL 3700 L

| S/N | PARTS DESCRIPTION | QTY | DAMAGED PARTS & PRICES | | REMARKS |
|-----------------------------|--|-----|------------------------|---------------------|---------|
| | | | S/NETT | | |
| 61 | HEADLINING MOULDED CLOTH / CRU | 1 | \$ | 2,168.00 | |
| 62 | BACKREST COVER - RH (Seat cover RH) / TH | 1 | \$ | 2,708.00 | |
| 63 | FOLDING GRAB HANDLE ? | 2 | \$ | 326.00 | |
| 64 | FOLDING GRAB HANDLE ? | 2 | \$ | 326.00 | |
| 65 | A-PILLAR TRIM / CR4 | (2) | \$ | 458.00 | |
| 66 | B-PILLAR UPPER TRIM - LH / RH ? | 2 | \$ | 520.00 | |
| 67 | C-PILLAR TRIM - LH / RH ? | 2 | \$ | 508.00 | |
| 68 | D-PILLAR TRIM - LH / RH ? | 2 | \$ | 508.00 | |
| 69 | REAR WINDSCREEN SEALANT / APC | S/N | \$ | 200.00 | |
| 70 | SUNDRIES ? | | \$ | 500.00 | |
| TOTAL SPARE PARTS | | | : | \$ 48,789.00 | |
| TOTAL LABOUR CHARGES | | | : | \$ 28,702.00 | |
| GRAND TOTAL | | | : | \$ 77,491.00 | |

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

Stew (LKK)
12/8/22, 10.00am

OD-MAL
EXC - ?
PIP
21 dys

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 | 10/08/2022 16:49 (SGT) |
| Reported by | Driver |
| Date of Accident | 10/08/2022 09:00 (SGT) |
| Exact Location of Accident | Tampines Rd, Singapore |
| Additional Location Information | JUNCTION OF LOYANG AVENUE AND TAMPINES ROAD |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|------------------------|
| Vehicle Registration Number | SJL3700L |
| INSURED/POLICYHOLDER | |
| Is company? | No |
| Name Of Registered Owner | VINCENT TAN KHAR KHENG |
| NRIC No | SXXXX167G |
| Email Address | VT88@HOTMAIL.COM |
| Mobile Phone No | (Phone) +65-83688688 |
| Alternative Phone No | +65-83836868 |

VEHICLE PARTICULARS

| | |
|--|----------------|
| Manufacturer | Audi |
| Model | A4 |
| Variant | SEDAN 1.4 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 | 1395 |

INSURANCE COMPANY

| | |
|-----------------------------------|--------------------------------------|
| Name of Insurance Company | AIG Asia Pacific Insurance Pte. Ltd. |
| Policy Number / Cover Note Number | 2100488648-05 |

DRIVER

| | |
|----------------|--------------|
| Name of Driver | TEW HWEI SIN |
| NRIC No | SXXXX343B |
| Date Of Birth | 24/06/1976 |
| Occupation | Indoor |

Date Of Driving Pass
 Driving experience
 Gender
 Mobile Number
 Alt. 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

16/04/1997
 25 YEARS AND 4 MONTHS
 Female
 (Phone) +65-83836868
 -
 THWEISIN@GMAIL.COM
 BLK 7 PASIR RIS DRIVE 4
 #07-05
 519459
 No
 Spouse
 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

IN THE MORNING, AT AROUND 9 AM, I WAS DRIVING ALONG LOYANG AVENUE. I WAS HEADING FOR THE ENTRANCE TO THE HIGHWAY PIE. I WAS DRIVING STRAIGHT AND RECALL THE LIGHT WAS TO MY FAVOR GREEN LIGHT WHEN I CROSS THE LINE. I DROVE AT AROUND 50-60KM/HR WHEN SUDDENLY I WAS HIT BY THE SIDE OF MY CAR. THE HIT WAS AT THE PASSENGER SEAT TO MY RIGHT. HOWEVER, THE HIT WAS SUDDEN AND IMPACT BIG ENOUGH TO TRIGGER THE DRIVER'S AIRBAG. ON MY RIGHT AND LEFT. MY CAR STOPPED AND THE SIDE OF MY RIGHT FACE WAS HIT BY THE AIRBAG ON THE RIGHT (DRIVER'S SEAT). I UNDERSTAND THAT THE OTHER CAR WAS MAKING A PRETTY FAST RIGHT TURN. I WAS NOT HURT NEITHER IS THE DRIVER AND HER HUSBAND AND 2 KIDS.

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 SNA7982Z
 Vehicle Manufacturer Kia
 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) | - |

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.
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

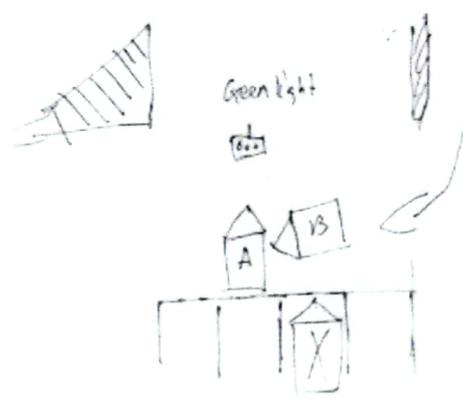
Witnessed by Reporting Centre Personnel

[Handwritten Signature]

10/11/22, 12 PM



Sketch Plan



A: SSL 3700L
B: SVA 79 827

Describe Circumstances of the Accident

In the morning, at around 9am, I was driving along
 Lyang May Avenue towards, I was heading for the
 entrance to the highway to DIF

Before I was driving straight and recall the
 green light. when I cross the line
 light was to my favor, I drove at around 50-60 km/h

when suddenly I was hit at the side of my car
 the hit was at the passenger seat to my right.

However the hit was sudden and impact big enough to
 trigger the driver's airbag on my right and hit
 the side of my right face
 my car stopped and I was hit against the airbag
 on the right (driver's seat) I understand that the
 other car was making a right turn, right by
 driving pretty fast.

~~My car was not damaged and I was not hurt neither is the driver, and my husband
 and 2 kids~~

Declaration

We declare the foregoing particulars are true in every respect

Policyholder's Signature / Date & Time

[Signature] 10/2/12 12pm

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



Witnessed by Reporting Centre Personnel