ASS. REC. BY: Steve | AIG CC3/AIG22010076/Eqc

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: 1600

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S
X	

Bal. or Market Value: _____

IDAC Accident Rport: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 22 days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SJA5555J Yr Regn: 27/12/21

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or _____

Make: Audi A5 c.c 1984

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

Sp.Reading 11395 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WAU2ZZF56NA090175

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modi : Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: 255/35ZR20

R: "

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Pirelli

Front		Rear	
R/Bal.	U mm	R/Bal.	U mm
L/Bal.	U mm	L/Bal.	U mm
D.O.A.	8/10/22	D.O.I.	12/10/22

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
	MV-703K
	26/01/23@10.45am confirmed with Carrine final fig $34572.76, 22 days. (Red $40194.24, 54%)

Date/Time, File Pass to?

1) _____ ☐ : Preli. Report ☐ : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: 22

Resurvey No. of Trip: 2

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

Survey Fee: _____

Transportation: $ + RS. SI

Photos _____

Others _____

TOTAL _____

Report Format : MER-OD

~~Lump Sum~~ / I.B.I: ($ 34572.76)

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/0874/2022/EQ
DATE	:	11-Oct-22
WIP	:	45409

VEHICLE IN WORKSHOP. KINDLY ARRANGE FOR SURVEY ON 12/10/2022

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 MILLIE LENG MI LIN
ADDRESS	:	107 BUKIT WAY SINGAPORE 587785
TELEPHONE	:	HP +65 90613201
TYPE OF CLAIM	:	OWN DAMAGE CLAIM
POLICY NO	:	7210153572
VEHICLE NO	:	**SJA 5555 J**
MODEL CODE	:	AUDI A5 SPORTBACK 2.0 TFS
MODEL YEAR	:	27/12/2021
ENGINE NO	:	DEM 034415
CHASSIS NO	:	WAUZZZF56NA002175
MILEAGE	:	11,325
DATE IN	:	10-Oct-22
ESTIMATED BY	:	JOHNNY BOO / ALLAN WU
ACCIDENT DATE	:	8-Oct-22
PLACE OF ACCIDENT	:	NORTH BUONA VISTA ROAD AND DOVER ROAD / AYER RAJAH AVE JUNCTION

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ESTIMATED LABOUR CHARGES FOR ACCIDENT VEHICLE SJA 5555 J

S/N	NATURE OF JOBS			ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATIONS
1	TO CARRY OUT FIRST MEASUREMENT TEST ON CAR O-LINER. (Photo)	S/N	$	800.00	?
2	TO REMOVE AND TRANSFER REAR PARKING AID AND REAR LID KICK SENSOR. CHECK FUNCTION.	S/N	$	360.00	✓
3	TO RENEW LHS 1/4 GLASS TO FACILITATE FENDER RENEWAL.	S/N	$	300.00	✓
4	TO INSTALL SOLAR FILM FOR 1/4 GLASS.	S/N	$	400.00	✓
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. (Photo)	S/N	$	1,600.00	✓
	TOTAL LABOUR CHARGES	:	**$**	**3,460.00**	

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ESTIMATED LABOUR CHARGES FOR ACCIDENT VEHICLE SJA 5555 J

S/N	NATURE OF JOBS			ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATIONS
6	TO REMOVE AND REINSTALL REAR SEAT, BACK REST, HAT TRAY, ABCD PILLAR TRIMS, LUGGAGE COMPARTMENT TRIMS. DISLODGE ROOF LINER AND DISENGAGE CURTAIN AIRBAG ETC.	S/N	$	1,600.00	✓
7	TO REMOVE AND REINSTALL EXHAUST SYSTEM AND REAR SUSPENSION ASSEMBLY, INCLUDING REAR AXLE AND PROPELLOR SHAFT. RENEW ACCORDINGLY.	S/N	$	2,800.00	480
8	TO REMOVE AND REINSTALL FUEL TANK ASSY.	S/N	$	600.00	?
9	TO SETUP VEHICLE ON CAR-O-LINER FOR REPAIR.	S/N	$	2,400.00	?
10	TO DISMANTLE AND RENEW REAR BUMPER. TO REMOVE AND REINSTALL LHS SILL PANEL TRIM. TO REPAIR REAR LID. CUT OUT AND WELD LHS REAR FENDER, LHS BOTTOM PLATE, LHS INNER WHEEL HOUSING, LHS OUTER WHEEL HOUSING, LHS REAR INNER SIDE PANEL AND LHS D-PILLAR REINFORCEMENT. RE-ORGANIZE REAR CRASH MANAGEMENT COMPONENTS. REINSTALL ALL PARTS REMOVED.		$	15,200.00	3000
	TOTAL LABOUR CHARGES	:	**$**	**22,600.00**	

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ESTIMATED LABOUR CHARGES FOR ACCIDENT VEHICLE SJA 5555 J

S/N	NATURE OF JOBS		ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATIONS
11	TO RESPRAY REAR BUMPER, REAR LID, LHS REAR FENDER, LHS INNER/OUTER WHEEL HOUSING, LHS BOTTOM PLATE, LHS D-PILLAR REINFORCEMENT, LHS INNER SIDE PANEL, LHS SILL PANEL, DRAIN PANEL, ROOF CHANNEL, DOOR ENTRANCES, END PANELLING. TO CARRY OUT STONE CHIP TREATMENT, CAVITY PRESERVATION AND JOINT SEALER WORKS.	$	8,000.00	3575
12	TO RENEW LHS REAR RIM. TO CARRY OUT PRE/POST WHEEL ALIGNMENT.	S/N $	520.00	
13	TO CARRY OUT PRE/POST DIAGNOSTIC CHECK.	S/N $	384.00	
	TOTAL LABOUR CHARGES	: $	**34,964.00**	

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MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SJA 5555 J

S/N	PARTS DESCRIPTION	QTY	DAMAGED PARTS & PRICES S/NETT	REMARKS
1	REAR BUMPER	1	$ 2,609.00	
2	REAR BUMPER SECURING STRIP - LOWER	1	$ 125.00	
3	REAR BUMPER SECURING STRIP - UPPER	1	$ 249.00	
4	REAR BUMPER SPOILER	1	$ 276.00	
5	REAR BUMPER BRACKET - LH / RH	1	$ 456.00	
6	REAR BUMPER REFLECTOR - LH / RH	1	$ 96.00	
7	REAR OUTER TAIL LIGHT - LH	1	$ 1,269.00	
8	REAR OUTER TAIL LIGHT TRIM - LH	1	$ 34.00	
9	REAR INNER TAIL LIGHT - LH	1	$ 1,135.00	
10	REAR INNER TAIL LIGHT TRIM - LH	1	$ 34.00	
11	REAR BUMPER REINFORCEMENT BEAM	1	$ 1,131.00	
12	REAR BUMPER IMPACT BAR GASKET - LH / RH	2	$ 32.00	
13	REAR BUMPER GUIDE SECTION - LH	1	$ 49.00	
14	REAR BUMPER GUIDE SECTION - LH / RH	1	$ 52.00	
15	REAR BUMPER HOLDING STRAP - LH / RH	2	$ 188.00	
16	REAR BOOT LID OPENING CONTROL UNIT	1	$ 484.00	
17	REAR RETAINER CONTROL UNIT	1	$ 9.00	
18	REAR BOOT LID OPENING SENSOR LINE	1	$ 228.00	
19	AERIAL KEY ACCESS	1	$ 120.00	
20	AERIAL RETAINER - LH	1	$ 29.00	
	SUB TOTAL SPARE PARTS	:	**$ 8,605.00**	

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

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MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SJA 5555 J

S/N	PARTS DESCRIPTION	QTY	DAMAGED PARTS & PRICES S/NETT	REMARKS
21	TELEPHONE AERIAL	1	$ 192.00	
22	REAR VENT TRIM	1	$ 75.00	
23	REAR PARKING AID SENSOR - INNER / OUTER	2	$ 797.00	
24	REAR PARKING AID SENSOR - SIDE	1	$ 266.00	
25	REAR PARKING AID SEAL RING	4	$ 10.00	
26	REAR BUMPER WIRING SET	1	$ 449.00	
27	PACKING ADHESIVE	1	$ 21.00	
28	AUDI EMBLEM	1	$ 163.00	
29	"A5" INSCRIPTION	1	$ 104.00	
30	REAR SIDE PANEL - LH	1	$ 4,076.00	
31	REAR QUARTER GLASS - LH	1	$ 798.00	
32	WINDOW PRIMER	1	$ 22.00	
33	REAR BOTTOM PLATE - LH OUTER	1	$ 506.00	
34	REAR WHEEL HOUSING - LH OUTER	1	$ 715.00	
35	D-PILLAR REINFORCEMENT - LH	1	$ 305.00	
36	SIDE PANEL REINFORCEMENT - LH	1	$ 229.00	
37	REAR WHEEL HOUSING CONNECTING PLATE - LH	1	$ 62.00	
38	REAR WHEEL HOUSING ATTACHMENT PARTS - LH	1	$ 1,561.00	
39	REAR CROSS PANEL	1	$ 379.00	
40	REAR CROSS PANEL REINFORCEMENT	1	$ 668.00	
	SUB TOTAL SPARE PARTS	:	**$ 11,398.00**	

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MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SJA 5555 J

DAMAGED PARTS & PRICES

S/N	PARTS DESCRIPTION	QTY		S/NETT	REMARKS
41	REAR WHEEL HOUSING LINER - LH	1	$	299.00	
42	REAR WHEEL HOUSING LINER ATTACHMENT PARTS	1	$	176.00	
43	REAR CROSS PANEL TRIM	1	$	399.00	
44	REAR LUGGAGE COMPARTMENT FLOOR COVERING	1	$	786.00	
45	REAR LUGGAGE COMPARTMENT TRIM - LH	1	$	1,153.00	
46	EXHAUST SILENCER - LH	1	$	1,226.00	
47	EXHAUST SILENCER BRACKET	1	$	45.00	
48	EXHAUST CENTRE SILENCER	1	$	956.00	
49	EXHAUST TAIL PIPE TRIM - LH / RH	1	$	766.00	
50	EXHAUST HEAT SHIELD - LH	1	$	169.00	
51	EXHAUST HEAT SHIELD - CENTER	1	$	76.00	
52	REAR SUPPORT FRAME	1	$	3,643.00	
53	REAR LOWER ARM CONTROL	1	$	963.00	
54	REAR UPPER ARM CONTROL - LH	1	$	624.00	
55	REAR SUSPENSION - LH FRONT	1	$	137.00	
56	REAR SUSPENSION - LH REAR	1	$	501.00	
57	REAR TRACK ROD - LH	1	$	188.00	
58	REAR WHEEL BEARING HOUSING - LH	1	$	1,097.00	
59	REAR WHEELHUB BEARING	1	$	723.00	
60	REAR STONE CHIP GUARD - LH	1	$	49.00	
	SUB TOTAL SPARE PARTS		:	**$ 13,976.00**	

ALL CHARGES ARE NOT INCLUSIVE OF GST
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SPARE PARTS ARE SPECIAL NETT.

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MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SJA 5555 J

S/N	PARTS DESCRIPTION	QTY	DAMAGED PARTS & PRICES S/NETT	REMARKS
61	REAR GAS SHOCK ABSORBER	1	$ 342.00	
62	REAR COUPLING ROD	1	$ 94.00	
63	REAR ANTI-ROLL BAR	1	$ 456.00	
64	REAR LEVEL SENSOR - LH	1	$ 363.00	
65	REAR ATTACHMENT PARTS	1	$ 136.00	
66	ADHESIVE TAPES	1	$ 221.00	
67	REAR LEFT RIM	1	TBC	
68	ACRYLIC SEALANT	S/N	$ 180.00	
69	CAVITY WAX	S/N	$ 140.00	
70	STONE CHIP	S/N	$ 180.00	
71	METAL FILLER POWDER	S/N	$ 280.00	
72	SUNDRIES		$ 1,000.00	

TOTAL SPARE PARTS	:	**$ 37,371.00**
TOTAL LABOUR CHARGES	:	**$ 34,964.00**
GRAND TOTAL	:	**$ 72,335.00**

ALL CHARGES ARE NOT INCLUSIVE OF GST
LEGEND: REMARKS (OK) = APPROVED, REMARKS (X) = NOT APROVED
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	:	Steve (LKK)
SURVEYED DATE	:	12/10/22, 12.30pm
AUTHORISED DATE	:	OD - by AL
EXCESS COST	:	Excess ?
LIABILITY	:	PIP
REMARKS	:	by Bill by, 14 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	10/10/2022 14:21 (SGT)
Reported by	Driver
Date of Accident	08/10/2022 22:30 (SGT)
Exact Location of Accident	North Buona Vista Rd & Dover Rd, Singapore
Additional Location Information	NORTH BUONA VISTA ROAD AND DOVER ROAD / AYER RAJAH AVE JUNCTION
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJA5555J

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MILLIE LENG MI LIN
NRIC No	SXXXX155C
Email Address	PBLENG@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-90613201
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A5
Variant	SPORTBACK 2.0 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	1984

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7210153572

DRIVER

Name of Driver	MATTHEW YEO MING
NRIC No	SXXXX387D
Date Of Birth	29/04/1998

Occupation	Indoor
Date Of Driving Pass	17/01/2019
Driving experience	3 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90688994
Alt. Phone Number	-
Email Address	MATTHEW.YEOMING@GMAIL.COM
Address	107 BUKIT WAY
Address complement	-
Postcode	587785
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	Clear
Road Surface	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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	COCO LEE JIA JIA
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

I WAS DRIVING HOME AFTER PICKING UP MY GIRLFRIEND ON THE 8TH OF OCTOBER AT APPROX 10.30 PM FROM ONE NORTH TO BUKIT TIMAH HILL. I WAS MAKING A RIGHT TURN AT THE JUNCTION OF NORTH BUONA VISTA ROAD, DOVER ROAD & AYER RAJAH ROAD FROM NORTH BUONA TO DOVER ROAD. IT WAS A GREEN LIGHT AND THERE WAS NO IMMEDIATE TRAFFIC (NO RED ARROW, NO GREEN ARROW). I DROVE AND MADE THE RIGHT TURN AND AS I WAS ENTERING DOVER ROAD, I HEARD AND FELT A LOUD IMPACT THAT HIT THE BACK OF MY CAR REALLY HARD. I CALLED THE POLICE AND AMBULANCE AS WE FELT (ME AND MY PASSENGER) PAIN DUE TO THE IMPACT. TO NOTE, I WAS IN THE LAST LANE WHEN I GOT HIT.

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	SNG2024R
Vehicle Manufacturer	Toyota
Vehicle Model	Alphard
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Private car
Name of Driver	TOH PENG YOM
Contact Number	(Phone) +65-83884322
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MATTHEW YEO MING
Gender	Male
Phone No	(Phone) +65-90688994
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SJA5555J
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

INJURED 2

Name of injured person	COCO LEE JIA JIA
Gender	Female
Phone No	(Phone) +65-89088877
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SJA5555J
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

SKETCH PLAN

IMPORTANT NOTICE

correctly the details of the accident to speed up the claims process.

st be completed by the **Policyholder and/or the Authorised Driver**.

ovided must be as **truthful and accurate as possible**. Any wilful mis/representation or withholding of material facts may

companies to **repudiate policy liability**.

acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance

porting may be referred to the Police for investigation.

be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association

A) for archiving and that copies of this report will for a fee be made available upon application by interested parties.

ent of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the

e available aforesaid.

der the Personal Data Protection Act (PDPA)

know ledge, advice and consent that

my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose

my personal data/personal information set out in this (form) and any other personal information provided by me or

y insurer (collectively the "**Personal Information**") and disclose and transfer such Personal Information to all insurer(s)

d vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be

ferred to as the "**Insurers**"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant

ity/authority (such as the police), for the purpose(s) of

ndling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to

the accident and/or my claims;

and/or dealing with my instructions or responding to any enquiries by me;

my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve

ain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail

as applicable) in administering, processing, handling and/or dealing with my claims.

Purposes

who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect,

and process my Personal Information for one or more of the above Purposes, and

Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents

lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

10.30am

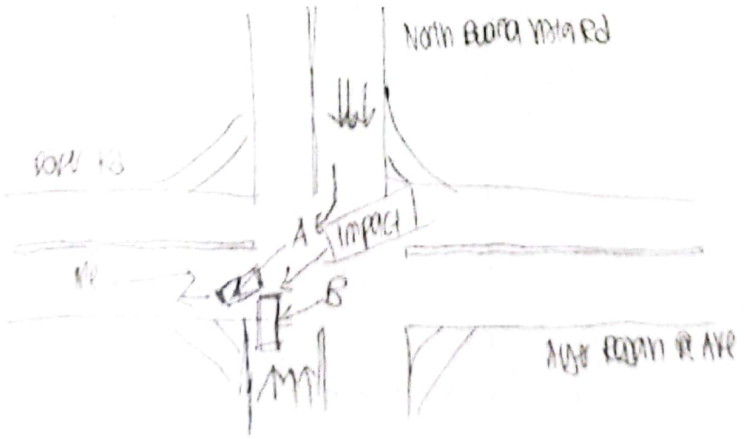
10 October 2022

Signature / Date &

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

Witnessed by Reporting Centre Personnel Tony Pang

Sketch P



EXAM

0248

Describe Circumstances of the Accident

I was driving [illegible] [illegible] up my girlfriend on the 8th of [illegible] [illegible]
from one north to [illegible] [illegible]

I was making a right turn at the junction of [illegible] [illegible] road, [illegible]
[illegible] road from [illegible] [illegible] to [illegible] road

It was a green light and there was no [illegible] traffic [illegible]

I [illegible] and made the right turn [illegible] as I was [illegible] [illegible] [illegible] [illegible]
loud impact when [illegible] the back of my car [illegible] [illegible]

I called the police & ambulance as [illegible] we felt [illegible] [illegible] [illegible]
to the impact

to note, I was on the last lane when I got hit.

Declaration

We declare the foregoing particulars are true in every respect

10 40 pm
10 Oct 2022

Policyholder's Signature / Date & Time	Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting [illegible] Personnel