

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

Bel. or Market Value: \_\_\_\_\_

IDAC Accident Rpt: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: \_\_\_\_\_ days Res.: Yes or No

Lump Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: SMV 77034 Yr Regn: 27/8/20  
 Type: M.Ca / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or  
 Make: Audi A4 c.c. 1984  
 Colour: Red A/C: Insured / Std / Nil / NA  
 Sp. Reading: 14495 T/Radio: Insured / Std / Nil / NA  
 Eng/No: \_\_\_\_\_  
 C/No: WAU 72244 LNE 16210  
 Gen. Cond: Good / Fair / Poor / Burnt  
 Steering: Inorder / Jammed / Leaked / Burnt or  
 Brake: Inorder / Jammed / Leaked / Burnt or  
 Mod: Nil / SRim / STD A/Rim or  
 Tyre Size: F: 225/50R17  
 R: 11  
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or: Hankook  
 Front: \_\_\_\_\_ Rear: \_\_\_\_\_  
 R/Bal. 5 mm R/Bal. 5 mm  
 L/Bal. 5 mm L/Bal. 5 mm  
 D.O.A. 14/10/22 Premium D.O.I. 18/10/22  
 Survey held at \_\_\_\_\_  
 Des. of Damages: Fr / Rear / O/S / N/S / U/C / Rooftop or  
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

MY-1561

Date/Time, File Pass to?

☐ : Prel. Report  
☐ : Final Report

1) Date/Time, File Return to?

2)

Report Format: \_\_\_\_\_

Lump Sum / L.B.I. (\$) \_\_\_\_\_

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

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

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

\$ + R.S. \$ \_\_\_\_\_

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/0900/2022/NK  
DATE : 17-Oct-22  
WIP : 46323

VEHICLE IN WORKSHOP. KINDLY ARRANGE FOR SURVEY ON 18/10/2022  
AT 24 BENOI SECTOR.

**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 EDMOND LIM CHYE KWANG  
ADDRESS : BLK 9 SELEGIE ROAD  
# 08-19  
SINGAPORE 180009  
  
TELEPHONE : HP +65 98567415  
TYPE OF CLAIM : OWN DAMAGE CLAIM  
POLICY NO : 2070125628-02  
VEHICLE NO : SMU 7703 U  
MODEL CODE : AUDI A4 2.0 TFSI S TRONIC  
MODEL YEAR : 27/8/2020  
ENGINE NO : DEM 025004  
CHASSIS NO : WAUZZZF41LN016210  
MILEAGE : -  
DATE IN : -  
ESTIMATED BY : JOHNNY BOO / ALLAN WU  
ACCIDENT DATE : 14-Oct-22  
PLACE OF ACCIDENT : INFRONT OF EIGHT RIVER SUITES

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TEL : 6366 2323 FAX : 6841 1183  
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**ESTIMATED LABOUR CHARGES FOR ACCIDENT VEHICLE SMU 7703 U**

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 ATD.	S/N \$ 480.00 /	
2	TO REMOVE AND TRANSFER LHS HEADLIGHT'S CONTROL UNIT AND POWER MODULE.	S/N \$ 350.00 250	
3	TO REMOVE AND RENEW AIRCON CONDENSER, CHARGE AIR COOLER AND RADIATOR. CHECK ELECTRICAL FANS AND CONTROL UNIT. PRESSURISE COOLING SYSTEM. TO CARRY OUT VACUUM AND REGAS.	S/N \$ 1,400.00 ?	
4	TO RENEW LHS FRONT FENDER INNER AIRCON PIPE.	S/N \$ 280.00 ?	
5	TO REMOVE AND REINSTALL LHS FRONT DOOR PANEL TRIM. TO REMOVE AND REINSTALL LHS WING MIRROR ASSY TO FACILITATE RESPRAY OF LHS FRONT DOOR.	S/N \$ 280.00 /	
<b>TOTAL LABOUR CHARGES</b>		<b>: \$ 2,790.00</b>	



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**ESTIMATED LABOUR CHARGES FOR ACCIDENT VEHICLE SMU 7703 U**

S/N	NATURE OF JOBS	ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATIONS
6	TO DISMANTLE AND RENEW FRONT BUMPER, BONNET, LHS FRONT FENDER AND LHS HEADLIGHT. TO RENEW FRONT LOCK CARRIER AND ALIGN TO POSITION. REORGANISE CRASH MANAGEMENT COMPONENTS. REINSTALL ALL PARTS REMOVED	\$ 4,900.00 <i>5.5 x \$500</i>	<i>2750</i>
7	TO RESPRAY FRONT BUMPER, LHS FRONT FENDER, BONNET AND LHS FRONT DOOR	\$ 3,700.00 <i>4 x \$500</i>	<i>2200</i>
8	TO CARRY OUT PRE / POST DIAGNOSTIC CHECK.	S/N \$ 192.00	✓
<b>TOTAL LABOUR CHARGES</b>		<b>: \$ 11,582.00</b>	

**MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SMU 7703 U**

S/N	PARTS DESCRIPTION	QTY	DAMAGED PARTS & PRICES		REMARKS
			S/NETT		
1	FRONT BUMPER / <i>OR</i>	1	\$	2,377.00	
2	FRONT BUMPER FIXING PARTS <i>X</i>	1	\$	393.00	
3	FRONT BUMPER SECURING STRIP <i>?</i>	2	\$	79.00	
4	FRONT BUMPER GRILLE - CENTRE <i>X</i>	1	\$	219.00	
5	FRONT BUMPER CLOSING ELEMENT CENTRE- LOWER <i>?</i>	1	\$	293.00	
6	FRONT BUMPER AIR GUIDE GRILLE - LH / <i>OR</i>	1	\$	51.00	
7	FRONT BUMPER CLOSING ELEMENT CENTRE - UPPER <i>?</i>	1	\$	293.00	
8	FRONT BUMPER AIR GUIDE GRILLE BLACK- LH <i>?</i>	1	\$	151.00	
9	FRONT BUMPER TRIM - LH <i>X</i> <i>?</i>	1	\$	54.00	
10	RADIATOR GRILLE / <i>OR</i>	1	\$	1,754.00	
11	FRONT BUMPER FOAM FILLER <i>?</i>	1	\$	212.00	
12	FRONT BUMPER CARRIER <i>?</i>	1	\$	899.00	
13	FRONT BUMPER BRACKET - LH <i>OR</i> <i>?</i>	1	\$	254.00	
14	FRONT BUMPER GUIDE SECTION - LH / <i>OR</i>	1	\$	41.00	
15	FRONT BUMPER TOP COVER / <i>OR</i>	1	\$	143.00	
16	"CAUTION" SIGN STICKER / <i>ne</i>	1	\$	16.00	
17	AIR CONDITIONER STICKER / <i>ne</i>	1	\$	9.00	
18	FRONT BUMPER BRACKET / <i>OR</i> <i>?</i>	1	\$	154.00	
19	FRONT BUMPER SUPPORT LH / RH <i>?</i>	2	\$	64.00	
20	SIGNAL HORN HIGH TONE- LH <i>?</i>	1	\$	134.00	
<b>SUB TOTAL SPARE PARTS</b>		:	\$	<b>7,590.00</b>	

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. SMU 7703 U**

S/N	PARTS DESCRIPTION	QTY	DAMAGED PARTS & PRICES		REMARKS
			S/NETT		
21	SPRING SHACKLE LH ?	1	\$	33.00	
22	FRONT BUMPER SENSOR FRONT - INNER X	1	\$	266.00	
23	FRONT BUMPER SENSOR FRONT - OUTER ?	1	\$	266.00	
24	FRONT SENSOR SEAL RING / MC	4	\$	10.00	
25	FRONT FENDER - LH / DD	1	\$	1,227.00	
26	FRONT FENDER ATTACHMENTS PARTS ?	1	\$	225.00	
27	FRONT FENDER CLOSING ELEMENTS LH / BT	1	\$	81.00	
28	FRONT FENDER BRACKET - LH / BT	1	\$	41.00	
29	FRONT FENDER BRACE FRONT - LH ?	1	\$	132.00	
30	FRONT FENDER BRACKET DEFORMATION ELEMENT - LH X	1	\$	55.00	
31	FRONT FENDER BRACKET - LOWER LH / RH X	1	\$	36.00	
32	FRONT WHEEL HOUSING LINER - LH ?	1	\$	256.00	
33	FRONT WHEEL SPOILER UPPER - LH ?	1	\$	82.00	
34	FRONT WHEEL SPOILER LOWER - LH ?	1	\$	39.00	
35	FRONT BUMPER TOP COVER - LH / BR	1	\$	35.00	
36	FRONT HEADLAMP COVER - LH / BR	1	\$	49.00	
37	BONNET / DD	1	\$	3,425.00	
38	BONNET ATTACHMENTS PARTS X	1	\$	431.00	
39	BONNET LID HINGE LH / RH ?	2	\$	680.00	
40	BONNET IMPACT PROTECTION - CENTRE / MC	1	\$	31.00	
<b>SUB TOTAL SPARE PARTS</b>			<b>\$</b>	<b>7,400.00</b>	

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**MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SMU 7703 U**

S/N	PARTS DESCRIPTION	QTY	DAMAGED PARTS & PRICES	
			S/NETT	REMARKS
41	BONNET IMPACT PROTECTION - LH / RH ✓ <i>MC</i>	2	\$ 62.00	
42	BONNET STRICKER - LH ✓ <i>BT</i>	1	\$ 56.00	
43	BONNET LID LOCK ✓ <i>BT</i>	1	\$ 228.00	
44	FRONT BOWDEN CABLE CENTRE ?	1	\$ 64.00	
45	FRONT BOWDEN CABLE COVER ?	1	\$ 11.00	
46	FRONT BOWDEN CABLE ?	1	\$ 64.00	
47	FRONT BONNET RELEASE LEVER ?	1	\$ 15.00	
48	FRONT LED HEADLIGHT LH ✓ <i>PR</i>	1	\$ 8,172.00	
49	FRONT LED HEADLIGHT HOSE ?	1	\$ 42.00	
50	FRONT LED HEADLIGHT COMPENSATING PC 10MM ?	1	\$ 45.00	
51	FRONT LED HEADLIGHT COMPENSATING PC 0.8 MM ?	2	\$ 92.00	
52	FRONT LIFT CYLINDER LH ?	1	\$ 231.00	
53	FRONT LIFT CYLINDER BRACKET ?	1	\$ 7.00	
54	FRONT LIFT CYLINDER CORRUGATED PIPE ?	1	\$ 107.00	
55	WIRING SET FOR BUMPER ?	1	\$ 642.00	
56	FRONT LOCK CARRIER ✓ <i>PR</i>	1	\$ 1,478.00	
57	FRONT LOCK CARRIER BRACKET ?	1	\$ 21.00	
58	CHARGE AIR COOLER X	1	\$ 654.00	
59	PRESSURE PIPE - LH ?	1	\$ 496.00	
60	AIR CONDENSER ?	1	\$ 683.00	
<b>SUB TOTAL SPARE PARTS</b>		:	<b>\$ 13,170.00</b>	

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**MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SMU 7703 U**

S/N	PARTS DESCRIPTION	QTY	DAMAGED PARTS & PRICES		REMARKS
			S/NETT		
61	REFRIGERANT LINE SHORT ?	1	\$	186.00	
62	REFRIGERANT LINE LONG ?	1	\$	381.00	
63	REFRIGERANT LINE LOWER ?	1	\$	277.00	
64	REFRIGERANT PIPE ?	1	\$	585.00	
65	REFRIGERANT PIPE BRACKET ?	1	\$	9.00	
66	COOLANT 1L ?	6	\$	297.00	
67	FRONT AIR GUIDE OUTER - LH ?	1	\$	51.00	
68	FRONT AIR GUIDE INNER - LH ?	1	\$	19.00	
69	FRONT AIR GUIDE UPPER ?	1	\$	19.00	
70	FRONT WINDOW SLOT SEAL - LH X	1	\$	344.00	
71	FRONT NO PLATE ✓ N/C	S/N	\$	60.00	
72	SUNDRIES ?	1	\$	400.00	
<b>TOTAL SPARE PARTS</b>		:	\$	<b>30,788.00</b>	
<b>TOTAL LABOUR CHARGES</b>		:	\$	<b>11,582.00</b>	
<b>GRAND TOTAL</b>		:	\$	<b>42,370.00</b>	

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# 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

:  
:  
:  
:  
:  
:

Steele (LKK)  
18/10/22. 2.30pm  
OD-MAL  
EXCESS?

PIP

by Dil G, 10 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

JOHNNY BOO  
BODY REPAIR MANAGER

ALLAN WU  
CLAIMS CONSULTANT

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:

## 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 ..... 17/10/2022 12:31 (SGT)  
Reported by ..... Both  
Date of Accident ..... 14/10/2022 19:00 (SGT)  
Exact Location of Accident ..... Whampoa E, Singapore  
Additional Location Information ..... IN FRONT OF EIGHT RIVER SUITES  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMU7703U

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... EDMOND LIM CHYE KWANG  
NRIC No ..... SXXXX010C  
Email Address ..... EDMOND.LIM.85@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-98567415  
Alternative Phone No ..... -

#### VEHICLE PARTICULARS

Manufacturer ..... Audi  
Model ..... A4  
Variant ..... 2.0 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? ..... 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 ..... 2070125628-02

#### DRIVER

Name of Driver ..... TAN LAY KHIM  
NRIC No ..... SXXXX112B  
Date Of Birth ..... 18/04/1987  
Occupation ..... Indoor

Date Of Driving Pass ..... 18/10/2006  
 Driving experience ..... 16 YEARS  
 Gender ..... Female  
 Mobile Number ..... (Phone) +65-87186686  
 Alt. Phone Number ..... -  
 Email Address ..... APRILTAN18@GMAIL.COM  
 Address ..... 90 ST FRANCIS RD #09-07  
 Address complement ..... -  
 Postcode ..... 328071  
 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 - 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? ..... 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 YU SHENG ARTHUR  
 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

I WAS DRIVING HOME FROM ST GABRIEL'S PRIMARY SCHOOL TO ST FRANCIS COURT. I TURNED INTO WHAMPOA EAST RD. I WAS SLOW TO BRAKE AND HIT THE VAN IN FRONT OF ME.

#### 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 ..... GBL8000K  
 Vehicle Manufacturer ..... Toyota  
 Vehicle Model ..... TOYOTA HIACE

Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	(Phone) +65-82464106
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

# 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:

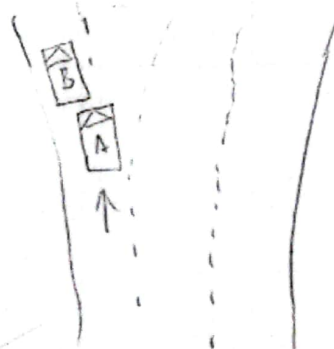
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [Form] and any other personal information provided by me or possessed by my insurer (collectively the "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 envelope/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
- (b) collectively the "Purposes"
- (c) 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
- (d) 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.

fdfz  
Policyholder's Signature / Date & Time

Joy Lim 15/10/22  
Driver's Signature (If driver is not the policyholder) / Date & Time

  
Witnessed by Reporting Centre Personnel Tony 15/10/22

## **Sketch Plan**



A - SMU7703U

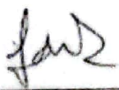
B - GBL8W01K

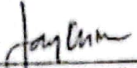
**Describe Circumstances of the Accident**


I was driving home from St Gabriel's Primary School to St Francis  
 town. I turned into Whampoa East Rd. I was slow to brake and hit the  
 van in front of me.

**Declaration**

I/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 