



# 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	04/11/2022 11:29 (SGT)
Reported by	Driver
Date of Accident	03/11/2022 17:09 (SGT)
Exact Location of Accident	Tampines Ave 5, Singapore
Additional Location Information	TAMPINES AVE 5, BEFORE TAMPINES CENTRAL 2. BEFORE 2 LANE YELLOW BOX
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number SKQ6060S

### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	GOH AH KENG @ THERESA HUANG
NRIC No	SXXXX588J
Email Address	THEMAIL.UBA@GMAIL.COM
Mobile Phone No	(Phone) +65-96352246
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?	No - Claiming third party
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	7210065544-01

### DRIVER

Name of Driver	HUANG HUAWEI, KEITH
NRIC No	SXXXX768H
Date Of Birth	15/01/1985

Occupation .....	Indoor
Date Of Driving Pass .....	03/02/2006
Driving experience .....	16 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96701203
Alt. Phone Number .....	-
Email Address .....	EEWOKS@HOTMAIL.COM
Address .....	23 TAMPINES CENTRAL 7
Address complement .....	#07-28
Postcode .....	528609
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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	4
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 .....	THAM YUMIN AUDREY
Gender .....	Female

PASSENGER 2

Name .....	ZECHARIAH TRENT HUANG
Gender .....	Male

PASSENGER 3

Name .....	ALLISON SARAH HUANG
Gender .....	Female

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 ALONG TAMPINES AVE 5 TOWARDS TAMPINES AVE 6. AT THE TRAFFIC LIGHT JUNCTION BEFORE TAMPINES CENTRAL 2, I STOPPED BEFORE THE YELLOW BOX. AFTER STOPPING, I WAS HIT FROM BEHIND BY SKW9486X WHO WAS TRYING TO CHANGE TO THE LANE ON THE RIGHT.

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 ..... SKW9486X  
Vehicle Manufacturer ..... Honda  
Vehicle Model ..... Odyssey  
Vehicle Variant ..... -  
Vehicle Colour ..... Gray  
Vehicle Category ..... Private car  
Name of Driver ..... CHENG KHER WEE  
Contact Number ..... (Phone) +65-97767227  
Address ..... -  
Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... 1

### DETAILS OF OTHER VEHICLE PROPERTY 2

### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....  
Vehicle Manufacturer .....  
Vehicle Model .....  
Vehicle Variant .....  
Vehicle Colour .....  
Vehicle Category .....  
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) .....

Vehicle Registration Number .....  
Vehicle Manufacturer .....  
Vehicle Model .....  
Vehicle Variant .....  
Vehicle Colour .....  
Vehicle Category .....  
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) .....

Vehicle Registration Number .....  
Vehicle Manufacturer .....  
Vehicle Model .....  
Vehicle Variant .....  
Vehicle Colour .....  
Vehicle Category .....  
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Address .....  
Address complement .....  
Postcode .....  
Insurance Company Name .....  
Nature Of Damage .....  
Details of property damaged in accident .....  
No. Of Passenger (Including Driver) .....

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Details of property damaged in accident .....  
No. Of Passenger (Including Driver) .....

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Vehicle Variant .....  
Vehicle Colour .....  
Vehicle Category .....  
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

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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.



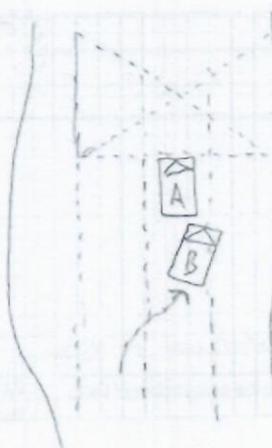
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Tony Faong

Sketch Plan



A - SK660605

B - SKW9486X

**Describe Circumstances of the Accident**

I was driving along Tampines Ave 5 towards Tampines Ave 6. At the traffic light junction before Tampines Central 2, I stopped before the yellow box. After stopping, I was hit from behind by SKW9486X who was trying to change to the lane on the right.

**Declaration**

We declare the foregoing particulars are true in every respect.

\_\_\_\_\_  
Policyholder's Signature / Date & Time

*[Signature]* 04/11/2002 10.45am  
\_\_\_\_\_  
Driver's Signature (If driver is not the policyholder) / Date & Time



\_\_\_\_\_  
Witnessed by Reporting Centre Personnel Tony Feery



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/TP/0967/2022/EQ  
**DATE** : 4-Nov-22  
**WIP** : 49155

**VEHICLE NOT IN WORKSHOP. KINDLY ARRANGE FOR SURVEY ON 10/11/2022**  
**YOUR INSURED VEH NO : SKW 9486 X**

**China Taiping Insurance (S) Pte Ltd**

3 Anson Road  
#16-00 Springleaf Tower  
Singapore 079909  
Attn: Motor Claims Dept

**OWNER'S NAME** : MDM GOH AH KENG @ THERESA HUANG  
**ADDRESS** : 150 LORONG J TELOK KURAU  
#03-04  
SINGAPORE 423491  
**TELEPHONE** : HP +65 96352246  
**TYPE OF CLAIM** : THIRD PARTY CLAIM  
**POLICY NO** : 7210065544-01  
**VEHICLE NO** : **SKQ 6060 S**  
**MODEL CODE** : AUDI A4 2.0 TFSI S-TRONIC  
**MODEL YEAR** : 29/6/2021  
**ENGINE NO** : DEM 028155  
**CHASSIS NO** : WAUZZZF44MA021815  
**MILEAGE** : -  
**DATE IN** : -  
**ESTIMATED BY** : JOHNNY BOO / ALLAN WU  
**ACCIDENT DATE** : 3-Nov-22  
**PLACE OF ACCIDENT** : TAMPINES AVE 5, BEFORE TAMPINES CENTRAL 2.  
BEFORE 2 LANE YELLOW BOX



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**ESTIMATED LABOUR CHARGES FOR ACCIDENT VEHICLE SKQ 6060 S**

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 \$	360.00	✓
2	TO DISMANTLE AND RENEW REAR BUMPER. TO REPAIR REAR END PANELLING. RE-ORGANIZE CRASH MANAGEMENT COMPONENTS. REINSTALL ALL PARTS REMOVED.	\$	1,400.00	209
3	TO RESPRAY REAR BUMPER AND REAR END PANELLING.	\$	2,000.00	700
4	TO RENEW RHS REAR EXHAUST SILENCER AND ALIGN TO POSITION.	S/N \$	480.00	x
5	TO CARRY OUT DIAGNOSTIC CHECK .	S/N \$	192.00	✓
<b>TOTAL LABOUR CHARGES</b>		<b>:</b>	<b>\$ 4,432.00</b>	



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**MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SKQ 6060 S**

			DAMAGED PARTS & PRICES	
S/N	PARTS DESCRIPTION	QTY	S/NETT	REMARKS
1	REAR BUMPER <i>Del'd</i>	1	\$ 2,493.00	✓
2	REAR BUMPER FIXING PARTS <i>neu</i>	1	\$ 173.00	+
3	REAR BUMPER SECURING STRIP - LOWER <i>?</i>	1	\$ 125.00	?
4	REAR BUMPER SECURING STRIP - UPPER <i>?</i>	1	\$ 249.00	?
5	REAR BUMPER SPOILER <i>Del'd</i>	1	\$ 276.00	✓
6	REAR BUMPER BRACKET - RH <i>neu</i>	1	\$ 228.00	+
7	REAR BUMPER REFLECTOR - LH / RH <i>RH cubed</i>	2	\$ 96.00	48
8	REAR BUMPER REINFORCEMENT BEAM <i>?</i>	1	\$ 1,131.00	?
9	REAR BUMPER IMPACT BAR GASKET- LH / RH <i>neu</i>	2	\$ 32.00	+
10	REAR BUMPER GUIDE SECTION - RH UPPER	1	\$ 51.00	+
11	REAR BUMPER GUIDE SECTION - LH / RH LOWER	2	\$ 52.00	+
12	REAR BUMPER HOLDING STRAP - LH / RH	2	\$ 188.00	+
13	REAR PARKING AID SENSOR - INNER / OUTER	2	\$ 531.00	+
14	REAR PARKING AID SEAL RING <i>neu</i>	4	\$ 10.00	+
15	EXHAUST TAIL PIPE TRIM - RH <i>wt</i>	1	\$ 383.00	✓
16	REAR BOOT LID OPENING CONTROL UNIT	1	\$ 484.00	+
17	REAR TAILGATE OPENING SENSOR LINE	1	\$ 228.00	+
18	EXHAUST SILENCER - RH	1	\$ 1,226.00	+
19	EXHAUST SILENCER BRACKET	1	\$ 45.00	+
20	SUNDRIES <i>?</i>		\$ 400.00	?
<b>TOTAL SPARE PARTS</b>			<b>\$ 8,401.00</b>	
<b>TOTAL LABOUR CHARGES</b>			<b>\$ 4,432.00</b>	
<b>GRAND TOTAL</b>			<b>\$ 12,833.00</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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TEL : 6366 2323 FAX : 6841 1183  
EMAIL: NORA.KHAI@PREMIUMAUTO.COM.SG / CLAIMS@PREMIUMAUTO.COM.SG

NAME : *Adrian Lj*  
SURVEYED DATE : *10/11/22*  
AUTHORISED DATE :  
EXCESS COST :  
LIABILITY :  
REMARKS : *Not Authorised, 03 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