

ASS. REC. BY:

REP:

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: SNH 7647E Yr Regn: 26/11/2022Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Audi A6 C.C. 1999Colour: white A/C: Insured / Std / NI / NASp. Reading: 4671 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WAUZZZF27MN076802Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 225/55R18R: 225/55R18BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal. 06 mm R/Bal. 06 mmL/Bal. 06 mm L/Bal. 06 mmD.O.A. _____ D.O.I. 31/01/23Survey held at PremiumDes. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

TP ALG.

MV:

PV:

Nett:

Date/Time, File Pass to?

☐

: Preli. Report

1)

Date/Time, File Return to?

☐

: Final Report

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

S + RS. 31

Photos

Others

Add Fee:

☐

: Site Insp (\$

: Interview (\$

: Tech. Insp (\$

Report Format:

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	16/01/2023 15:03 (SGT)
Reported by	Driver
Date of Accident	15/01/2023 11:15 (SGT)
Exact Location of Accident	Upper Serangoon Rd, Singapore
Additional Location Information	UPPER SERANGOON ROAD TOWARDS CITY BEFORE POTONG PASIR MRT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNH7647E
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	BUILDERS 265 PTE LTD
Company Reg No	2XXXXX636N
Email Address	NELSON@BUILDERS265.COM.SG
Mobile Phone No	(Phone) +65-94505954
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A6
Variant	DESIGN 2.0 TFSI S
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	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	-

DRIVER

Name of Driver	LEE BENG CHUAN
NRIC No	SXXXX322J
Date Of Birth	27/01/1966

Occupation	Indoor
Date Of Driving Pass	08/02/1984
Driving experience	38 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94505954
Alt. Phone Number	-
Email Address	NELSON@BUILDERS265.COM.SG
Address	1 RICHARDS AVENUE
Address complement	-
Postcode	546392
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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)	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

ON 15/1/2023 SUNDAY MORNING AT ABOUT 11:15 AM. WHILE I WAS DRIVING ALONG UPPER SERANGOON ROAD TOWARD CITY. WHEN I REACH THE POTONG PASIR TRAFFIC LIGHT AND SLOW DOWN CAUSE OF THE RED LIGHT. SUDDENLY, I FEEL LIKE SOMEONE IS HITTING THE BACK OF MY CAR.

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	SNC1266L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Private car
Name of Driver	TAY CHING YIT, WILSON
Contact Number	(Phone) +65-97666237
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

Sketch Plan

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

Witnessed by Reporting Centre Personnel



A: SN67647E

B: SNC1266L



Describe Circumstances of the Accident

On 15/1/23 Sunday morning about 1115am while I was driving along Upper Serangoon Road toward city. When I reach the potong pair traffic light and slow down cause of red light suddenly I feel like someone is hitting the back of my car.

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

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/0087/2023/EQ
DATE : 27-Jan-23
WIP : 59286

VEHICLE NOT IN WORKSHOP. KINDLY ARRANGE FOR SURVEY ON 31/1/2023
YOUR INSURED VEH NO : SNC 1266 L

AIG Asia Pacific Insurance Pte Ltd

78 Shenton Way

#07-16 AIG Building

Singapore 079120

Attn: Motor Claims Dept

OWNER'S NAME : M/S BUILDERS 265 PTE LTD
ADDRESS : 20 WOODLANDS WALK
SINGAPORE 738391

TELEPHONE : HP +65 94505954
TYPE OF CLAIM : THIRD PARTY CLAIM
POLICY NO : -
VEHICLE NO : **SNH 7647 E**
MODEL CODE : AUDI A6 DESIGN 2.0 TFSI S
MODEL YEAR : 26/11/2022
ENGINE NO : DKY 015544
CHASSIS NO : WAUZZZF27MN076802
MILEAGE : -
DATE IN : -
ESTIMATED BY : JOHNNY BOO / ALLAN WU
ACCIDENT DATE : 15-Jan-23
PLACE OF ACCIDENT : UPPER SERANGOON ROAD TOWARDS CITY
BEFORE POTONG PASIR MRT

55 UBI ROAD 1, SINGAPORE 408699
 TEL : 6366 2323 FAX : 6841 1183
 EMAIL: NORA.KHAI@PREMIUMAUTO.COM.SG / CLAIMS@PREMIUMAUTO.COM.SG

ESTIMATED LABOUR CHARGES FOR ACCIDENT VEHICLE SNH 7647 E

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. RE-ORGANIZE CRASH MANAGEMENT COMPONENTS. REINSTALL ALL PARTS REMOVED.	\$	1,200.00	500 ✓
3	TO RESPRAY REAR BUMPER.	\$	1,000.00	550 ✓
4	TO CARRY OUT DIAGNOSTIC CHECK.	S/N \$	192.00	✓ ✓
TOTAL LABOUR CHARGES		: \$	<u><u>2,752.00</u></u>	

55 UBI ROAD 1, SINGAPORE 408699

TEL : 6366 2323 FAX : 6841 1183

EMAIL: NORA.KHAI@PREMIUMAUTO.COM.SG / CLAIMS@PREMIUMAUTO.COM.SG

MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SNH 7647 E

			DAMAGED PARTS & PRICES		
S/N	PARTS DESCRIPTION	QTY	S/NETT	REMARKS	
1	REAR BUMPER <i>Dehd</i>	1	\$ 3,187.00	✓	2,549.60
2	REAR TELEPHONE AERIAL - LH / RH NEC <i>NEC</i>	2	\$ 187.00	✓	74.72
3	REAR BUMPER FIXING PARTS <i>he u</i>	1	\$ 259.00	+	
4	REAR BUMPER SPOILER <i>ht</i>	1	\$ 1,043.00	✓	834.40
5	REAR BUMPER TRIM - RH <i>ht</i>	1	\$ 289.00	✓	231.20
6	REAR BUMPER CHROME TRIM - CENTER <i>he u</i>	1	\$ 205.00	+	
7	REAR BUMPER SECURING STRIP <i>he u</i>	1	\$ 204.00	✓	162.80
8	REAR BUMPER REFLECTOR - RH OUTER <i>he u</i>	1	\$ 49.00	+	
9	REAR BUMPER REFLECTOR - RH INNER <i>could</i>	1	\$ 36.00	✓	28.08
10	REAR BOOT LID OPENING CONTROL UNIT <i>he u</i>	1	\$ 491.00	+	
11	REAR TAILGATE OPENING SENSOR LINE <i>he u</i>	1	\$ 230.00	+	
12	REAR BUMPER REINFORCEMENT BEAM <i>he u</i>	1	\$ 1,140.00	+	
13	REAR BUMPER IMPACT BAR GASKET - LH / RH <i>1/5 u</i>	2	\$ 34.00	+	
14	REAR BUMPER GUIDE SECTION - LH / RH UPPER <i>he u</i>	2	\$ 108.00	+	
15	REAR BUMPER HOLDING STRAP - CENTER <i>he u</i>	1	\$ 140.00	+	
16	REAR BUMPER GUIDE PROFILE - RH <i>he u</i>	1	\$ 79.00	+	
17	REAR BUMPER GUIDE SECTION - CENTER <i>3 he u</i>	1	\$ 126.00	+	
18	REAR PARKING AID SENSOR - INNER / OUTER	2	\$ 598.00	+	
19	REAR PARKING AID SEAL RING <i>he u</i>	4	\$ 11.00	+	
20	SUNDRIES <i>X NN</i>		\$ 400.00	X	
TOTAL SPARE PARTS		:	\$ 8,816.00		
TOTAL LABOUR CHARGES		:	\$ 2,752.00		
GRAND TOTAL		:	\$ 11,568.00		

ALL CHARGES ARE NOT INCLUSIVE OF GST

LEGEND: REMARKS (OK) = APPROVED, REMARKS (X) = NOT APPROVED
SPARE PARTS ARE SPECIAL NETT.

55 UBI ROAD 1, SINGAPORE 408699

TEL : 6366 2323 FAX : 6841 1183

EMAIL: NORA.KHAI@PREMIUMAUTO.COM.SG / CLAIMS@PREMIUMAUTO.COM.SG

NAME : *Adrian Lj*
SURVEYED DATE : *31/01/23*
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