

REF:

CC3 / ALG17017412 / PAB52

## 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: 400/-

(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: 200K

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

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

Est. Repairs: 04/11/17 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: SLN3790S Yr Regn: 2017 / AprilType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Audi A6 c.c. 1798Colour: White A/C: Insured / Std / NI / NASp. Reading: 8656 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: WAUZZZ4G6HNO43820Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 225/55R17R: 225/55R17BS / 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. 08/09/17Survey held at PremiumDes. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop orFront o/s.

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

Date / Time Action / Instruction

ODA 16

Attached DV/Final Bill

SLN 37903 - X

11/9- Report to mermen

12/9 @ 14:44 inform by ALG authorise repair

12/9 Email premium authorise repair excess 400/-

Part by Part \$12,122.80 (Red 5782.20, 30%)

RECEIVED 28 FEB 2018

Date/Time, File Pass to?

28/2 Typist

Date/Time, File Return to?

2)

☐ : Preli. Report☒ : Final ReportDays Of Repair: 4

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

Add Fee:

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

Survey Fee:

Transportation:

S + RS \$ \_\_\_\_\_

Photos

Others

TOTAL

Report Format: ODLump Sum / I.B.I. (\$ 12,122.80)



## LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Affiliated to Federation Internationale Des Experts En Automobile

AIG ASIA PACIFIC INSURANCE PTE LTD

Ref : CC3/AIG17017412/Atb

78 SHENTON WAY #08-16  
CHARTIS BUILDING  
SINGAPORE 079120

Date : 08-09-2017



Code : AIG

### 1. Policy Particulars :- OWN DAMAGE

Insured Veh.		Veh. Inspected	SLN 3790S
Policy No.	2100508922	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	08/09/2017

### 2. Vehicle Particulars & Condition

Make & Model		c.c	0
Engine No.	HIDDEN	Year of Reg.	
Chassis No.		Colour	
Odometer	-	Steering	
Brakes		Modification	
General			

### 3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre			mm
L/H Front Tyre			mm
R/H Rear Tyre			mm
L/H Rear Tyre			mm

### 4. Description of Damages

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### 5. General Information

Accident Date	04/09/2017	Inspection Date	08/09/2017
Survey held at	PREMIUM AUTOMOBILES PTE LTD 55 UBI ROAD 1 . SINGAPORE 408699		

### 5a. Remarks

A)THE MARKET VALUE IS S\$------(EST. AVERAGE)
B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE AUTHORISED REPAIRS.

## 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 Authorised 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 ability.
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 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 Report	05/09/2017 19:23
Date Of Accident	04/09/2017 19:45
Exact Location Of Accident	PASIR RIS CARPARK 700A
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN3790S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIEW FU TANG
NRIC No	S1491730F
Email Address	JEFFREYLFT@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96358589
Alternative Phone No	OFFICE-96358589

### Vehicle Particulars

Manufacturer	AUDI
Model	A6-1.8 TFSI S-TRONIC (C7) (A)
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
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100508922
Cover Note Number	

### Driver

Name of Driver	LIEW FU TANG
NRIC No	S1491730F
Date Of Birth	02/01/1961
Occupation	INDOOR
Date Of Driving Pass	08/01/1981
Driving Experience	36 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96358589
Fax Number	
Contact Number	OFFICE-96358589
EMail Address	JEFFREYLFT@GMAIL.COM

Address	APT BLK 706 PASIR RIS DRIVE 10 #07-153
Postcode	S510706
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

#### 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 this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO THE ACCIDENT STATEMENT

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLG3581R
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### Details of Witness

Name	
Phone Number	
Email Address	

## Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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' law yers/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' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

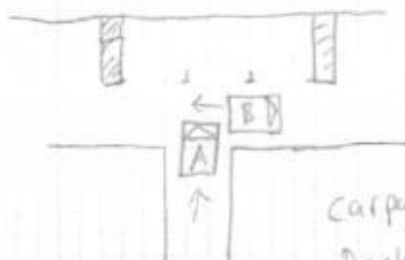
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

#### Sketch Plan



Carpark at 700A Pasir Ris Drive 10  
Deck 2B

A= SLN 3790S

B= SLG 3581R


Sketch Plan #2

Describe Circumstances of the Accident


Please Refer to the Accident statement

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

# Accident at Carpark

**4<sup>TH</sup> SEPTEMBER 2017 1947 HRS**

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On 4<sup>th</sup> September 2017 , at 1947 hrs , I was on the way home driving into the carpark at 700A carpark at Pasir Ris Drive 10 uphill onto Deck 2B when all of a sudden I saw a white vehicle , SLG3581R Toyota Prius reversing and I immediately applied the brakes and horned , however It was too late and the car had already banged onto the front right side of my car SLN3790S, after this happened he drove forward and came down to see and take some pictures . My headlight has cracked and my front right bumper is dented. The driver details is as follows , Named Ow Meng Hua lives at Blk 708 Pasir Ris Drive 10 #09-189 and contact number 98467959

 5/9/17.

GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
RECORDS MANAGEMENT CENTRE

**IMPORTANT NOTE :** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

**ADDENDUM**

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : MPA117117791      Vehicle Registration No : SLN3790S  
Name(as shown in NRIC): LIEW FU TANG  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
NRIC/Passport No : S1491730F  
Address : \_\_\_\_\_  
Contact (Tel) : \_\_\_\_\_ (H/P) : 96358589  
(Email) : jeffreylft@gmail.com  
Date of Accident : 04/09/2017      Time of Accident : 19:45  
Place of Accident : PASIR RIS CARPARK 700A  
Insurance Company : AIG Asia Pacific Insurance Pte. Ltd.

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

TO AMEND ACCIDENT STATEMENT

\_\_\_\_\_  
Signature of Vehicle Owner / Driver  
Date:



## CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960  
ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

M X 1

AUDI AUTO PROTECTOR

CERTIFICATE NO. 2100508922-00000

(The below excess is subject to GST)  
OWN DAMAGE EXCESS S\$800.00 (1)  
WINDSCREEN EXCESS S\$100.00  
(for policies with effect from 1st November 2002)

SUM INSURED Market Value  
INSURING WITH COE/PARF Yes

- 1) VEHICLE REGISTRATION NO. SLN3790S  
2) NAME OF INSURED LIEW FU TANG  
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT 28 Apr 2017  
4) DATE OF EXPIRY OF INSURANCE 27 Apr 2018  
5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE\*

SUBJECT TO AGE CONDITION: All Age Condition

- a) The Insured.  
b) Any other person who is driving on the Insured's order or with his permission.  
This policy will indemnify the insured or any authorised driver only if he/she meets the age conditions.  
A Young and/or Inexperienced Driver Excess ("YIDR") of S\$3,000.00, in addition to the Policy Excess, applies to You and any Authorised Driver (named or unnamed) if You are or the said Authorised Driver is below the age of 23 and/or has less than 2 years' driving experience.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

### 6) LIMITATION AS TO USE\*

Use only for social, domestic and pleasure purposes and for the Insured's business.  
The Policy does not cover use for hire or rewards, tuition, driving test, racing, pace-making, reliability trial speed-testing the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

#### APPROVED REPORTING CENTRES / AUDI AUTHORISED REPAIRERS

1. Audi Customer Service Center - 55 Ubi Road 1 (Tel: 63662323)

#### APPROVED REPORTING CENTRES / AIG AUTHORISED REPAIRERS (FOR CLAIMS-RELATED REPAIRS)

2. ComfortDelgro Engrg - 205 Braddell Rd (Tel: 63637118) 3. DPS Body & Paint Workshop - 209 Pandan Gardens (Tel: 65684501)  
4. Ethoz - 30 Bukit Batok Cres (Tel: 66547777) 5. Glass-Fix - 52 Ubi Ave 3 (Tel: 62780887) - For windscreen only  
6. Kan Fook Sing Motor - 61 Defu Lane 12 (Tel: 67479560) 7. Lai Huat (Meng Kee) Motor - 21 Sin Ming Ind (Tel: 64538110)  
8. Mova Automotive - 1008 Bukit Merah Lane 3 (Tel: 62723892) 9. Progressive Automotive - 3022A Ubi Rd 1 (Tel: 67415336)  
10. SME Motor - 1 Kaki Bukit Ave 6 Bld D (Tel: 67476106)

LOSS OF USE Loss Of Use 15 days Replacement Car only for repairs at Audi Customer Service Centre

\* NAMED DRIVER NA

HIRE PURCHASE COMPANY United Overseas Bank Limited  
/EMPLOYER'S LOAN

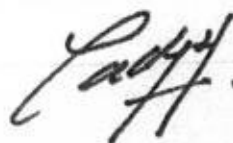
\*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I / We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Issued in Singapore 8 May 2017

AIG Asia Pacific Insurance Pte. Ltd.

504125-267  
PREMIUM LEASING -TUC  
281 ALEXANDRA ROAD  
AUDI CUSTOMER SERVICE CENTRE  
SINGAPORE 159938



AUTHORISED REPRESENTATIVE

ORIGINAL

FRLLYY.

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

License Number: **S1491730F**

Name: **LIEW FU TANG**

Birth Date: **02 Jan 1961**

Issue Date: **03 Aug 2016**

002595164G




**REPUBLIC OF SINGAPORE**

**IDENTITY CARD NO. S1491730F**

Name: **LIEW FU TANG**

廖 富 登

Race: **CHINESE**

Date of birth: **02-01-1961**

Country of birth: **SINGAPORE**

Sex: **M**

S1491730F




**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)**

**EFFECTIVE DATE**

Class 3 Motor cars with unladen weight  $\leq 3000\text{kg}$  with  $\leq 7$  passengers, exclusive of driver; and other motor vehicles with unladen weight  $\leq 2500\text{kg}$  06 Jan 1981



NP 428A

4609130



IRIC No. **S1491730F**



Date of issue: **28-07-2010**

Address: **APT BLK 706 PASIR RIS DRIVE 10  
#07-153  
SINGAPORE 510706**

Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo

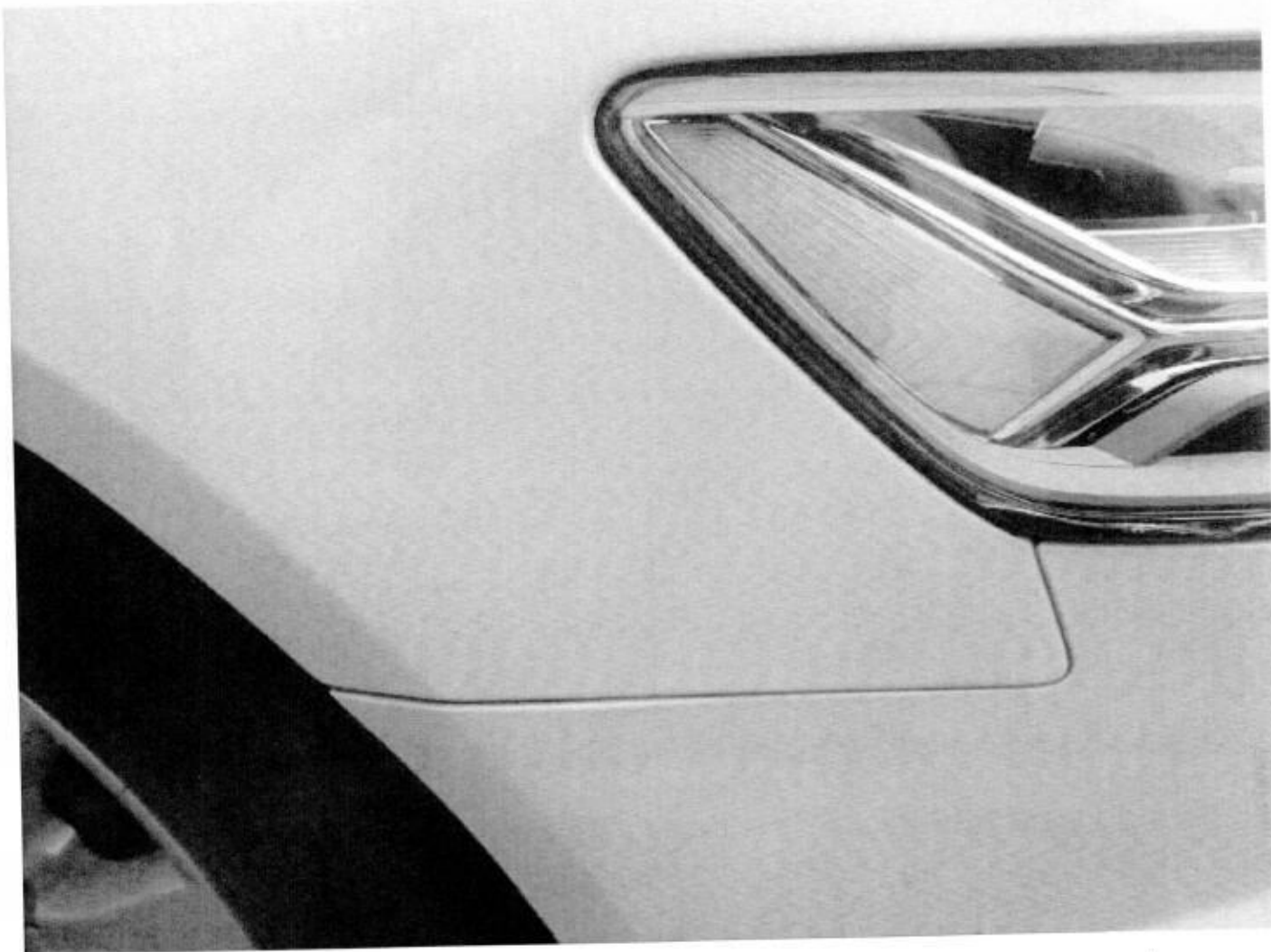


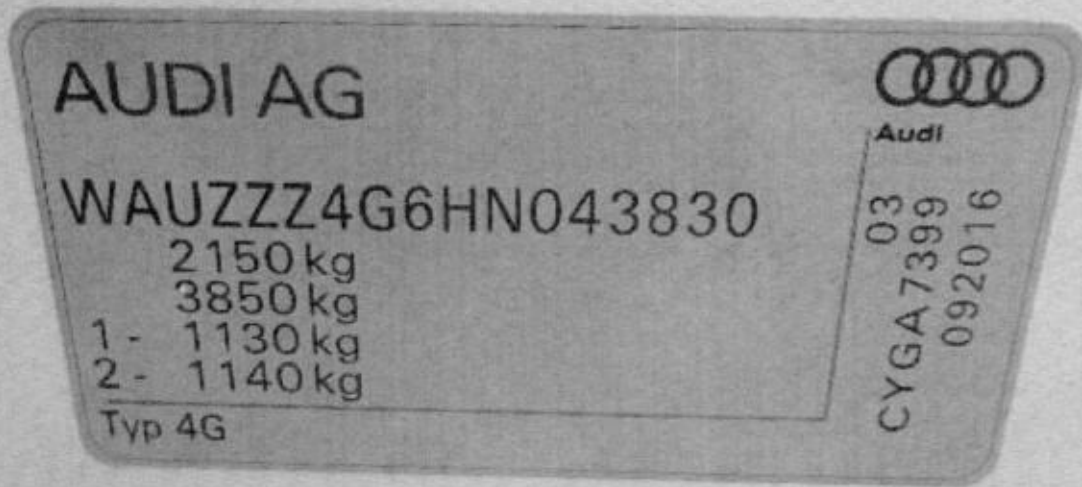
Accident Photo





Accident Photo





# Premium Automobiles

55 Ubi Road 1, Singapore 408699

Tel : 6366 2323 Fax : 6841 1183

Email: Nora.khai@premiumauto.com.sg / claims@premiumauto.com.sg

## Telefax

Estimate	:	Accident Repairs
Workshop	:	Ubi Road 1
Contact No	:	6366 2323
Fax No	:	6841 1183
Reference	:	PA/OD/0871/2017/KS
Date	:	07-Sep-17

Vehicle NOT in workshop. Kindly arrange for survey.

## AIG Asia Pacific Insurance Pte Ltd

78 Shenton Way

#07-16 AIG Building

Singapore 079120

Attn: Mr. Adrian Ling - Motor Claims Dept

Tel: 6841 0055 - Fax: 6256 4315

Owner's Name	:	Mr. Liew Fu Tang
Address	:	Blk 706 Pasir Ris Drive 10 #07-153 Singapore 510706
Telephone	:	HP +65 9635 8589
Type of Claim	:	Own Damage Claims
Policy No.	:	21000508922-00000
Vehicle No	:	<b>SLN 3790 S</b>
Model Code	:	Audi A61.8 TFSI S-Tronic
Model / Year	:	Apr-17
Engine No	:	CYG 016752
Chassis No	:	WAUZZZ4G6HN043830
Mileage	:	-
Date In	:	-
Liability	:	-
Excess Cost	:	-
Estimated By	:	Johnny Boo / Allan Wu
Accident Date	:	04-Sep-17
Place of Accident	:	PASIR RIS CARPARK 700A

# Premium Automobiles

55 Ubi Road 1, Singapore 408699  
Tel : 6366 2323 Fax : 6841 1183

## Telefax

### Estimated Labour Charges for Accident Vehicle SLN 3790 S.

S/N	Nature of Jobs	Estimated Charges	Surveyor's Recommendation
1	To remove and transfer front wire harness for headlights, horns, fog lamps, outside temperature sensor and headlight washer assy.	S/N \$ 480.00	✓
2	To dismantle and renew front bumper and rhs headlight. Re-organise front crash management components. Reinstall all parts removed.	\$ 1,400.00	750 ✓
3	To respray front bumper and front rh fender	\$ 1,500.00	1100 ✓
4	To carry out diagnostic checks.	S/N \$ 192.00	✓
TOTAL LABOUR CHARGES		: \$ 3,572.00	