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| Client's Record Aske of Velt: | | Steering: Inorder / Jammed / Leaked / Burnt or |
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| Survey held at Premium. Description of Damages: Fit / Rear / O/S (NIS) / U/C / Rooftop or Date: Date: Person Contacted: Vehicle: IN/OUT Date / Time: Action / Instruction DD CH G. SIV BOUSE A Rece email from Tony OI withdraw claim RECEIVED 0 2 JUL 2018 Days Of Repair: H Resurvey No. of Trip: - Survey Fee: Transportation Days of Repair: H Resurvey No. of Trip: - Survey Fee: Transportation Size of Damages: Fit / Rear / O/S (NIS) / U/C / Rooftop or The U/C / Chassis frame / Body Structure affected due to colling the U/C / Chassis frame / Body Structure affected due to colling the U/C / Chassis frame / Body Structure affected due to colling the U/C / Chassis frame / Body Structure affected due to colling the U/C / Chassis frame / Body Structure affected due to colling the U/C / Chassis frame / Body Structure affected due to colling the U/C / Chassis frame / Body Structure affected due to colling the U/C / Chassis frame / Body Structure affected due to colling the U/C / Chassis frame / Body Structure affected due to colling the U/C / Chassis frame / Body Structure affected due to colling the U/C / Chassis frame / Body Structure affected due to colling the U/C / Chassis frame / Body Structure affected due to colling the U/C / Chassis frame / Body Structure affected due to colling the U/C / Chassis frame / Body Structure affected due to colling the U/C / Chassis frame / Body Structure affected due to colling the U/C / Chassis frame / Body Structure affected due to colling the U/C / Chassis frame / Body Structure affected due to colling the U/C / Chassis frame / Body Structure affected due to colling the U/C / Chassis frame / Body Structure affected due to colling the U/C / Chassis frame / Body Structure affected due to colling the U/C / Chassis frame / Body Structure affected due to colling the U/C / Chassis frame / Body Structure affected due to colling the U/C / Chassis frame / Body Structure affected due to colling the U/C / Chassis frame / Body Structure affected due to colling the U/C / Chassis frame / | M1 1 1 1 1 304411 | |
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| Date: Person Contacted: The U/C / Chassis frame / Body Structure affected due to collect Date / Time | | |
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| : Final Report Resurvey No. of Trip: - Survey Fee: 200 Albert | RECE | EIVED 0 Z JUL 2018 |
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| | mile source state (a) | 200 |

Veron Chen (LKKAuto)

From:

Veron Chen (LKKAuto)

Sent:

Friday, 29 June 2018 4:03 PM

To:

'Claims'; Admin-D (LKKAuto)

Cc:

assignments; SUR

Subject:

RE: RE:OD claim for SLV 6048 R

Dear Tony,

Noted with thanks.

Best Regards,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email :sur@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Claims [mailto:claims@premiumauto.com.sg]

Sent: Friday, 29 June 2018 3:52 PM

To: Admin-D (LKKAuto) <admin-d@lkkauto.com>

Cc: assignments <assignments@lkkauto.com>; SUR <sur@lkkauto.com>

Subject: RE: RE:OD claim for SLV 6048 R

Dear all,

Attached GIA report for your kind reference.

We will proceed close file at our end.

Thank you.

Best Regards,

Tony Foong

Claims Advisor

Premium Automobiles Pte Ltd (Reg No 189822271W)

55 Ubi Road 1 Road Singapore 408699

p. +65 6388 2323 d. +65 6768 9828 f. +65 6841 1183

e. claims@premiumauto.com.sg w. www.audi.com.sg

Audi Showroom, Audi Centre 281 Alexandra Road Singapore 159938 p. +65 6836 2223



http://www.audi.com.sg/sea/brand/sg/audi_promotions/promotions/car_promotions/new-audi-q2-2017.html

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From: Claims [mailto:claims@premiumauto.com.sg]

Sent: Friday, 29 June, 2018 12:30 PM

To: 'Catherine Chong (LKK Auto)' <admin-d@lkkauto.com>

Cc: assignments@lkkauto.com; sur@lkkauto.com; claims@premiumauto.com.sg

Subject: RE: RE:OD claim for SLV 6048 R

Dear all,

Kindly be inform, owner decided withdraw OD claim.

We will forward GIA report to you shortly.

Thank you.

Best Regards,

Tony Foong

Claims Advisor

Premium Automobiles Pte Ltd (Neg No 199902271W)

55 Ubi Road 1 Road Singapore 408699

p. +65 6388 2323 d. +65 6768 9828 f. +65 6841 1183

e. claims@premiumauto.com.sg w. www.audi.com.sg

Audi Showroom, Audi Centre 281 Alexandra Road Singapore 159938 p. +65 6836 2223

The all-new Audi Q2

#untaggable

Discover offms

http://www.audi.com.sg/sea/brand/sg/audi_promotions/promotions/car_promotions/new-audi-q2-2017.html

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From: Catherine Chong (LKK Auto) [mailto:admin-d@lkkauto.com]

Sent: Thursday, 21 June, 2018 9:42 AM

To: claims@premiumauto.com.sg

Cc: assignments@lkkauto.com; sur@lkkauto.com

Subject: RE: RE:OD claim for SLV 6048 R

Dear Phua,

Noted with thanks.

Best Regards,

Catherine | Admin

LKK Auto Consultants Pte Ltd

Phone: 6741-8434 | email: <u>assignments@lkkauto.com</u> | fax: 6256-4315 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Claims Dept [mailto:claims@premiumauto.com.sg]

Sent: Thursday, 21 June 2018 9:25 AM

To: SUR <sur@lkkauto.com>

Cc: 'Claims Dept' < claims@premiumauto.com.sg>

Subject: RE:OD claim for SLV 6048 R

Hi all,

Here are the estimate and GIA attached for your kind reference. Kindly assist for the claim.

George send an email to inform you that the survey is arrange on 26/06/18 @ 10am.

Thank you.

Best Regards,

Phua

Claims Advisor

Premium Automobiles Pte Ltd (Reg No 1999022271W)

55 Ubi Road 1 Road Singapore 408699

p. +65 6388 2323 d. +65 6768 9911 f. +65 6841 1183

e. claims@premiumauto.com.sg w. www.audi.com.sg



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> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

| Vehicle Owner Particulars | |
|--|--|
| Owner ID Type: | Singapore NRIC |
| Owner ID: Vehicle Details | 1961Z |
| Vehicle No.: | SLV6048R |
| Vehicle to be Exported: | No |
| ntended De-registration Date: | 29 Jun 2018 |
| Vehicle Make: | AUDI |
| Vehicle Model: | A3 SEDAN 1.0 TFSI S TRONIC (LED & NAV) |
| Primary Colour: | Black |
| Manufacturing Year: | 2017 |
| Engine No.: | CHZ592033 |
| Chassis No.: | WAUZZZ8V3J1029762 |
| Maximum Power Output: | 85.0 kW (113 bhp) |
| Open Market Value: | \$24,749.00 |
| Original Registration Date: | 05 Jan 2018 |
| First Registration Date: | 05 Jan 2018 |
| Transfer Count: | 0 |
| Actual ARF Paid: Intended PARF Rebate Details | \$26,649.00 |
| PARF Eligibility: | Yes |
| PARF Eligibility Expiry Date: | 04 Jan 2028 |
| PARF Rebate Amount: Intended COE Rebate Details | \$19,986.00 |
| COE Expiry Date: | 04 Jan 2028 |
| COE Category: | A - Car up to 1600cc & 97kW (130bhp) |
| COE Period(Years): | 10 |
| QP Paid: | \$41,400.00 |
| COE Rebate Amount: | \$39,396.00 |
| Total Rebate Amount: | \$59,382.00 |

The information contained herein is correct as at 29 Jun 2018

OK



CERTIFICATE OF INSURANCE

AUDI AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : CAROLYN JOYCE TIEMANN

Period of Insurance

: 05 Jan 2018 To 04 Jan 2019

Engine No.

: CHZ592033

: WAUZZZ8V3J1029762 Chassis No.

Vehicle No. Policy No.

Issued Date

: SLV6048R : 1700095001

Endorsement No.

: 18 Jan 2018

ABOUT THE COVER

Driver Restriction

Make/Model

AUDI A3 Sedan 1.0 TFSI S tronic

Engine Capacity/Tonnage 999.00 CC

Sum Insured Market Value

First Year of Registration 2018

Off Peak Car No

Insuring with COE/PARF Yes

Person or Classes of Persons Entitled to Drive":

. NA

b) Any other person who is driving on the Policyholdor's order or with his/her permission.
This Policy will indeminfy the Policyholder or any authorised driver only if he/she meets the specified age condition.

You have to say an adolphnis our of \$3,000 as "Young and/or inexpenenced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unusmed) is under the age of 23 and/or has less than 2 years' driving experience.

Age Condition

: All Age Condition

Limitation as to use"

Use only for social connectic and pleasure purposes and for the Pullcyholder's business.
This Policy does not cover use for fine or reward, shoring business are social extensions of the or reward, shoring business or use for any pulpose in connection with Motor Trade.

Loss of Use 1800cc - 2000cc Optional

* Lensations rendered importative by Section 8 of the Motor Vehicles (Third-Party Hisks and Compensation) Act (Cap. 189) and Section 95 of the Road Transport Act. 1967 (Maleyeas, are not to be included under these headings.

EXCESS

fire - \$0 Own Damage - \$600 Theft - \$8 Flood Cover - \$0

Section 2 Properly Damage - 90

Named Driver and Excess (where applicable)

CAROLYN JOYCE TIEMANN - \$600 (Own Damage)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRES (FOR CLAIMS RELATED REPAIRS)

1 Audi Customer Service Center: Add: 55 Ltb: Road 1 Singapore 406899 63652323

For other: Approved Reporting Centres/AIG Authorised Repairors, please contact our 24-hour accoders emergency hotive at +65 5335 5230. Alternatively, you may refer to AIG websits www.arg.com.sg or AIG 3G Mobile App. Simply search and download "+16 5G" from Trunes or Google Play

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: United Overseas Bank Limited

I/We hereby certify that the policy to which the Certificate of Insurance relates is issued in accordance with the provisions of the Motor Veracles (Trind Party Rises and Compensation) Act (Cap. 159). Part I/V of the Rise Transport Act, 1987 (Malaysia) and Motor Vehicles (Trind Party Rises, 1959 (Malaysia)).

0504125223

PREMIUM LEASING - SH

261 ALEXANDRA ROAD AUDI CUSTOMER SERVICE CENTRE

SINGAPORE 159838

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$2751961Z





CAROLYN JOYCE TIEMANN

CAUCASIAN
Commission See
22-10-1953 F
Country of birsh
UNITED STATES

12/20012

Class 3 Motor Curary 2000kg with 147 passengers, established 26 Dec 2010 of the driver; and after motor vehicles 14 2500kg

AMERICAN

Date of the Service of the

SINGAPORE ACCIDENT STATEMENT



IMPORTANT NOTICE

- 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 witholding 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.

Any false reporting may be referred to the Police for investigation.

- 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

| By the lodgement of this report to the insurers, you hereby consideresaid. | ent to the archiving of this report at the centre and to copies of the report being made available |
|--|--|
| | ACCIDENT STATEMENT |
| Date Of Report | 19/06/2018 21:21 |
| Date Of Accident | 19/06/2018 10:30 |
| Exact Location Of Accident | NG ANN CITY PARKING BASEMENT |
| Country/State of Loss | SINGAPORE |
| D | ETAILS OF OWN VEHICLE |
| Vehicle Registration Number | SLV6048R |
| Insured/Policyholder | |
| Name Of Registered Owner | CAROLYN JOYCE TIEMANN |
| NRIC No | S2751961Z |
| Email Address | CAROLYN.TIEMANN@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-98249252 |
| Alternative Phone No | OFFICE-98249252 |
| Vehicle Particulars | |
| Manufacturer | AUDI |
| Model | A3 SEDAN 1.0 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 |
| If No, Please state action to be taken | REPORTING ONLY |
| Vehicle Category | PRIVATE CAR |
| Insurance Company | |
| Name of Insurance Company | AIG ASIA PACIFIC INSURANCE PTE. LTD. |
| Type Of Coverage | COMPREHENSIVE |
| | TIME. |

Fleet Policy NO

Policy Number 1700095001

Cover Note Number

Driver

Name of Driver CAROLYN JOYCE TIEMANN

 NRIC No
 \$2751961Z

 Date Of Birth
 22/10/1953

 Occupation
 INDOOR

 Date Of Driving Pass
 28/12/2010

Driving Experience 7 YEARS AND 5 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-98249252

Fax Number

Contact Number OFFICE-98249252

EMail Address CAROLYN.TIEMANN@GMAIL.COM

Address

19 TAMAN SERASI

Postcode

#09-25

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

OWNER

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLIDED INTO PROPERTY

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?

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)

1

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

ACCIDENTALLY HIT INTO CORNER AND CAUSED DAMAGE WHEN REVERSING INTO CAR PARK SLOT

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

CORNER BESIDE CAR PARK SLOT

Vehicle Category

NA/UNKNOWN

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

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 wilful misropresentation 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
- 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 ladgment 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)

l 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;
 - (w) 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.
- [d] my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators. law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Out 14,2016

Date & Time:

Circum's Suppliers (If driver is not the policyholder)

Date & Time:

The 19, 2018

Reporting Centre Personnel 24(g NAME: NO. Name: ronch ktonin

G27874+

Sketch Plan #2

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| es are resultable resonance | OF THE ACCIDENT |
| CANSEL | dentally hit into corner and damage when reversity who carpor she |
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| | culars are true in every respect. |
| 7.003 | tulars are true in every respect. |
| | Orner's Seniture Reporting Centre Personnel's Signature |
| TION re the foregoing partice plignature Line Zone | Driver's Signifure Reporting Centre Personnel's Signature |



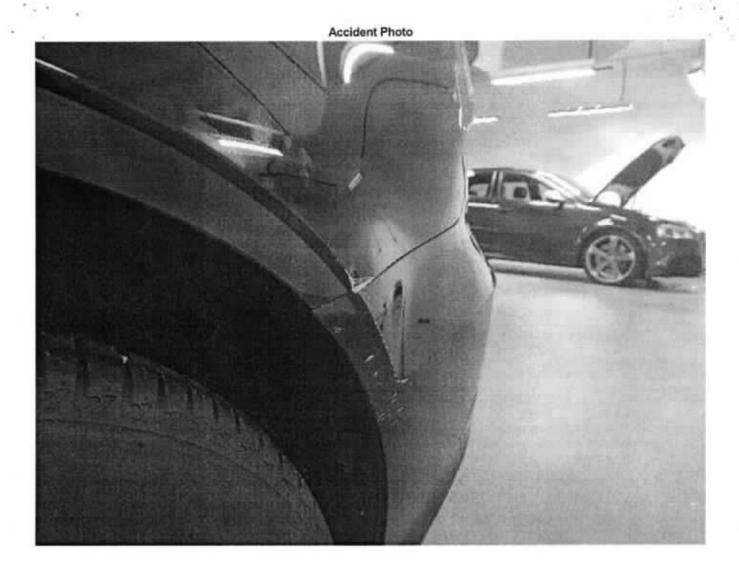












WAUZZZ8V3J1029762

Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE 6 Rulling Guay #18-00 Singapore 048580
Tel 255: 6224 0030 Fee (85) 6224 0030
Operating Hours: Monday to Friday, 09:00 – 17:00
SER 3445500005 / 657 Reg. No. 14400087735

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

ADDENDUM

| ADDENDOM |
|--|
| PARTICULARS OF PERSON MAKING THE AMENDMENTS: |
| Original Report No: MPAH18079247 Vehicle Registration No: 5 L V 6048 R |
| Name is shown in MRK): Carolyn Joyce T. etrat. NRIC/FIN/Passport No : 529519612 |
| (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate |
| Address : 19 TAMAN SERAS 1 39-25Singapore(357) |
| Contact (Tel) : |
| Email Address : Carolyn The trayin @ gravil com |
| Date of Accident : 19/6/7 Time of Accident : 1030 |
| Place of Accident : No Ann City Parking Busement |
| Insurance Company: Alla |
| Insurance Company: |
| ADDITIONAL INFORMATION / AMENDMENTS: |
| I have made a report on the above mentioned accident and would like to include additional information make the following amendments: |
| To convert Report to Reporting Only |
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| Cy ~ |
| Policyholder / Oriver's Signature Pate: 29 106 / 2018 Reporting Centre Personnel's Signature Name: Ly Fees |
| |

MPA418079247 / Premium Autocare Centre - Alexandra ENTRY DATE & TIME 19/06/2018 21:21 SUBMITTED BY: Wong Khong Seng, George

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.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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.
- Any false reporting may be referred to the Police for investigation.
- 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.

| ACC | DEN | T STA | r = n | M=M | т |
|-----|-----|-------|-------|-----|---|
| 100 | | I SIA | | | |

Date Of Report 19/06/2018 21:21

Date Of Accident 19/06/2018 10:30

Exact Location Of Accident NG ANN CITY PARKING BASEMENT

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLV6048R

Insured/Policyholder

Name Of Registered Owner CAROLYN JOYCE TIEMANN

NRIC No S2751961Z

Email Address CAROLYN.TIEMANN@GMAIL.COM

 Mobile Phone No
 (LOCAL) +65-98249252

 Alternative Phone No
 OFFICE-98249252

Vehicle Particulars

Manufacturer AUDI

Model A3 SEDAN 1.0 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

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 1700095001

Cover Note Number

Driver

Name of Driver CAROLYN JOYCE TIEMANN

 NRIC No
 \$2751961Z

 Date Of Birth
 22/10/1953

 Occupation
 INDOOR

 Date Of Driving Pass
 28/12/2010

Driving Experience 7 YEARS AND 5 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-98249252

Fax Number

Contact Number OFFICE-98249252

EMail Address CAROLYN.TIEMANN@GMAIL.COM

Address

19 TAMAN SERASI

Postcode

#09-25

Was driver an employee of the Insured's Company NO

OWNER

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLIDED INTO PROPERTY

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by ambulance?

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)

1

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

ACCIDENTALLY HIT INTO CORNER AND CAUSED DAMAGE WHEN REVERSING INTO CAR PARK SLOT

Attachment(s)

Was there any video captured by Car Camera? Was there any audio recorded?

Are accident photos available for attachment?

YES

NO NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

CORNER BESIDE CAR PARK SLOT

Vehicle Category

NA/UNKNOWN

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

1.

- 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 wiful missepresentation or withholding of muterial 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.
- 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 lodgment 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.
- B. 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,
 - (w) 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Date & Time:

(If driver is Not the policyholder)

Date & Time:

The 19, 2018 2:20p**Reporting Centre Personnel**

NRICHIN NO

6,2727012

Ome 14,2016

2:2000

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DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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DECLARATION

I/We declare the foregoing particulars are true in every respect

14 June Zore L: 2 spm

Driver's Signature (If driver is not the policyhuider)

Date & Time:

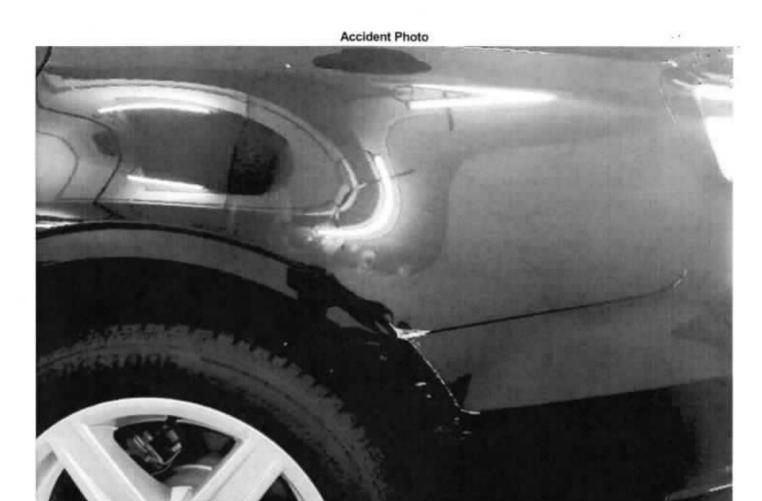
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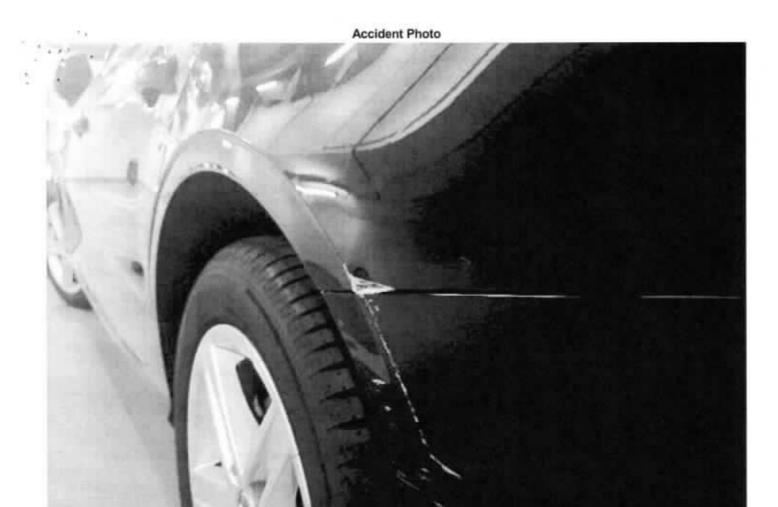
Reporting Centre Personnel's Signature Name: Larouts 10thin Stady, Graya NAICTEN NO.: G. 2787163X













WAUZZZ8V3J1029762

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/0705/2018/PH

Date : 21-Jun-18

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 : Miss Carolyn Joyce Tie Address : 19 Taman Serasi

#09-25

Singapore 257723

 Telephone
 : HP +65 98249252

 Type of Claim
 : Own Damage Claim

 Policy No.
 : 1700095001

 Vehicle No
 : SLV 6048 R

Model Code : Audi A3 Sedan 1.0 TFSI

Model / Year : Jan-18

Engine No : CHZ 592033

Chassis No : WAUZZZ8V3J1029762

Mileage :

Date In :

Excess Cost :

Estimated By : Johnny Boo / Allan Wu

Accident Date : 19-Jun-18

Place of Accident : Ngee Ann City Parking Basement

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

Telefax

Estimated Labour Charges for Accident Vehicle

280. + 750. + 1.100. + 192. + 2.322.

..0..

5/N

Nature of Jobs

To remove and transfer rear parking aid.Check function.

S/N \$ 280.00 -

To dismantle and renew rear bumper.Repair lhs rear fender.Re-organise rear crash management components.Reinstall all parts removed.

\$ 1,800.00 750

3 To respray rear bumper and lhs rear fender.

\$ 1,600.00 1100

4 To carry out diagnostic checks.

S/N \$ 192.00

TOTAL LABOUR CHARGES

\$ 3,872.00

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

Telefax

Material List for Accident Vehicle Regn No. SLW 2489 Y.

| | | | | Damage Part | s & Prices |
|-----|--|----|----|-------------|------------|
| S/N | Parts Description | | | S/NETT | REMARKS |
| 1 | BUMPER COVER TENC | | s | 1,697.00 - | |
| 2 | FIXING PARTS FOR BUMPER | | s | 166.00 < | |
| 3 | WHEEL HOUSING LINER - LH | | \$ | 32.00 | |
| 4 | GUIDE SECTION - LH ZAWEA | | S | 14.00 | |
| 5 | GUIDE SECTION - RH | | \$ | 14.00 | |
| 6 | LOCKING MECHANISM 2 | 2 | 5 | 50.00 | |
| 7 | REAR LIGHT REFLECTOR AND FOL | | S | 35.00 | |
| 8 | GUIDE SECTION | | 5 | 57.00 | |
| 9 | SUNDRIES | | S | 200.00 | |
| | TOTAL SPARE PARTS | | \$ | 2,265.00 | |
| | TOTAL LABOUR CHARGES | 12 | \$ | 3,872.00 | |
| | GRAND TOTAL | 4 | \$ | 6,137.00 | |
| | All about the second set in all the second set CCT | | | | |

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

Telefax

Name

: All

Surveyed Date

: 28/06/18

Authorised Date

.

Excess Cost

.

Liability Remarks

.

Attorsed Repuis, 04 Days

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:

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 for appointment.

Yours faithfully, Premium Automobiles Pte Ltd

Johnny Boo Body Repair Manager Allan Wu Claims Consultant

...CLAIM SUBFOLDER...(Pending for Survey Report)

| Case | Notified | Est Submitted | Adj Assigned | Adj Rpt | Adj | Submitted | Ins Auth'ed | Status | |
|-----------------------|---|------------------------|--------------------------------------|------------------------------|------------|-------------------|--|--------------|------------------|
| Main | 25 Jun 2018 | | 28 Jun 2018 15:06 Edit Adj Rpt | S\$2,322.00 Edit Estimate | | ,322.00 ew Rpt | | Report | g for Survey |
| | tain | R | eference | Claim | Details | | Document | s) | Show All |
| CLAIM SU | SFOLDER DE | TAILS | | | | [Created | by insurer] | | |
| Insured: | CAROLYN | JOYCE TIEMAN | N, 1D: S27519612 | Tel: +659824 | 9252, E | mail: caroly | n.tiemann@gmail. | .com | |
| Vehicle Reg. No.: | SLV604 | 8R | | Date | of Loss: | | 8 10:00 - :59 and 14 Days Fror | n LTA Reg D | ate (Man Yr)] |
| Claim Type: | OD / 1293345972SG Policy/Cover Note No.: 1700095001 (Comprehensive) | | | | | | | | |
| | | | | Exce | ss: | S\$600.00 | | | |
| Repairer | Premium | Automobiles Pt | Ltd (UBI) 55 Ubi | Road 1, 408699 | Ubi - Tel: | 67689828/9 | 9827/9911 | | |
| Handling Insurer: | | | e Pte. Ltd. (SG) - | | | | | | |
| Adjuster: | LKK Auto | Consultants Pte | Ltd (HQ) - Tel: 62 | 56-3561 [Han | died by A | DRIAN LIN | (G) [Final R | t due 09/ | 07/2018] |
| Driver/Custo dian: | CAROLYN | DOYCE TIEMANN (| 54 / Female), NRI | C: 52751961Z, | Tei: +6 | 598249252 | | | |
| ASSOCIAT | ED MAIL RE | CEIVED | | | | | Vie | rw All Co | ompose Case Mail |
| AIG_SG | 29/06/2018) | : SLV6048R / OI | 0 / 19/06/2018 / | Coverage & Ex | cess upo | late | | | |
| ALL ASSO | CIATED TAS | sks ³ | | | A. | View All | Search Tasks (| Create New T | ask Complete |
| Due Date | Priority | Type Task | Group Subject | t Handler | Assign | ned By | Completed On | Create | ed On Done |

Claim Documents

*SLV6048R (1293345972SG)
OD
Jun 19 2018 10:30AM
[CAROLYN JOYCE TIEMANN]
Premium Automobiles Pte Ltd

| Up | load Documents Up | oload Photos Compose New Letter Upload Video Upload Audio | View | View in Brows | ser v |
|-----|-------------------|---|---------|---------------|----------|
| Pho | tos/Images | | 3 per j | page 🔻 | V |
| No | Relabel/Reorder | LKK Auto Consultants Pte Ltd (HQ) | | Thumbnail | Print |
| 1 | 29/06/18 11:10 | General View | 0 | Load JPG | V |
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| 3 | 29/06/18 11:10 | General View | 0 | Load JPG | N |
| 4 | 29/06/18 11:10 | General View | 0 | Load JPG | V |
| 5 | 29/06/18 11:10 | General View | 0 | Load JPG | V |
| 6 | 29/06/18 11:10 | General View | 0 | Load JPG | V |
| 7 | 29/06/18 11:10 | General View | 0 | Load JPG | 4 |
| 8 | 29/06/18 11:10 | General View | 0 | Load JPG | 4 |
| 9 | 29/06/18 11:10 | General View | 0 | Load JPG | V |
| 10 | 29/06/18 11:10 | General View | 0 | Load JPG | 1 |
| 11 | 29/06/18 11:10 | General View | 0 | Load JPG | 4 |
| 12 | 29/06/18 11:10 | General View | 0 | Load JPG | V |
| Doc | umentation | | 1 per s | page 🔻 | Z |
| No | Relabel/Reorder | LKK Auto Consultants Pte Ltd (HQ) | | Thumbnail | Print |
| 1 | 29/06/18 11:16 | Singapore Accident Statement | 0 | Load PDF | |
| 2 | 29/06/18 11:16 | Certificate of Insurance | 0 | Load PDF | |
| 3 | 29/06/18 11:16 | Insured's Driving License | 0 | Load PDF | |
| 4 | 29/06/18 11:16 | MARK ESTIMATE | 0 | Load PDF | |
| 5 | 29/06/18 16:13 | ADDENDUM | 0 | Load PDF | |

Linked Accident Report Documents

| | | | View View in Brows | | v rau |
|--------------------|----------------|-------------------------------------|--------------------|------------|----------|
| Assessment Reports | | | 1 per s | 1 per page | |
| No | Finalized On | Premium Autocare Centre (Alexandra) | | Thumbnail | Print |
| 1 | 20/06/18 08:39 | Accident Statement | 0 | Load HTM | |
| 2 | 29/06/18 15:30 | Addendum Sheet | 0 | Load JPG | × |
| 3 | 29/06/18 15:30 | Accident Statement Addm. #1 | 0 | Load HTM | |
| Pho | tos/Images | | 3 per p | age 🗸 | Ø |
| No | Finalized On | Premium Autocare Centre (Alexandra) | | Thumbnail | Print |
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| 3 | 20/06/18 08:37 | Accident Photo | 0 | Load JPG | V |
| 4 | 20/06/18 08:37 | Accident Photo | 0 | Load JPG | V |
| 5 | 20/06/18 08:37 | Accident Photo | 0 | Load JPG | 1 |
| 6 | 20/06/18 08:37 | Accident Photo | 0 | Load JPG | V |
| 7 | 20/06/18 08:37 | Accident Photo | 0 | Load 3PG | V |
| Doc | umentation | | 1 per s | age 🔻 | V |

| Assessment Reports | | 1 per p | age V | 1 2 | |
|--------------------|----------------|-------------------------------------|-------|-----------|-------|
| No | Finalized On | Premium Autocare Centre (Alexandra) | | Thumbnail | Print |
| No | Finalized On | Premium Autocare Centre (Alexandra) | | Thumbnail | Print |
| 1 | 19/06/18 21:27 | Sketch Plan | 0 | Load 3PG | 1 |
| 2 | 19/06/18 21:27 | Sketch Plan #2 | 0 | Load JPG | 1 |

Documents Checklist

| DOCUMENTS CHECKLIST | Reset Save Print |
|--|------------------|
| There are no document checklists configured. | |
| Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ) | |
| | ^ |
| | ~ |
| Show Remarks To: Handling Insurer Note: Semarks are private unless you show it to other parties. | |

LKK Auto Consultants Pte Ltd (Co Reg. No. 199607 198R)

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

Singapore 408933

Tel: 6256-3561 Fax: 6844-8805 Email: sur@lkkauto.com;assignments@lkkauto.com

VEHICLE DAMAGE INSPECTION REPORT

AIG Asia Pacific Insurance Pte. Ltd. AIG Building, 78 Shenton Way #07-16 Our File No:

CC3/AIG18011795/AVBE2

Singapore 079120

Date:

OD

05/07/2018

REFERENCE

Date of Loss:

Insured/Claimant:

CAROLYN JOYCE TIEMANN

Policy No: Nature of Claim: 1700095001

Claim No:

1293345972SG

DESCRIPTION & IDENTIFICATION OF VEHICLE

19/06/2018

Reg No:

SLV6048R

Make & Model:

AUDI A3, 999cc TFSI S-TRONIC (A)

Engine No:

CHZ592033

Reg. Date:

05/01/2018 (Man. Year: 2017)

Chassis No:

WAUZZZ8V3J1029762

Colour:

Black

Odometer:

1450 km

Engine Capacity:

999 cc

Market Value/New Car Price: S\$110,000.00

Sum Insured (S\$):

Market Value/New Car Price

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:

Steering (Serviceable):

Yes Footbrake (Serviceable):

Yes

Handbrake (Serviceable):

Yes Engine Modification:

Pre-accident Condition: No

CONDITION OF TYRES

Front Tyre Size:

205/55 R16

Rear Tyre Size:

205/55 R16

Front Left Side: Front Right Side: Bridgestone 6 mm Bridgestone 6 mm Rear Left Side: Rear Right Side: Bridgestone 6 mm Bridgestone 6 mm

The above values represent the remaining tyre treads depth

| COST OF CLAIMS | | Repairer's | Adjuster's | Difference | Diff % |
|---------------------|------------------------------|------------|------------|------------|--------|
| Parts | | 2,265.00 | 0.00 | 2,265.00 | 100.00 |
| Miscellaneous Items | | 0.00 | 0.00 | 0.00 | |
| Labour | | 3,872.00 | 2,322.00 | 1,550.00 | 40.03 |
| Paintwork Labour | | 0.00 | 0.00 | 0.00 | |
| Towing | | 0.00 | 0.00 | 0.00 | |
| | Calculated Gross Total (S\$) | 6,137.00 | 2,322.00 | 3,815.00 | 62.16 |
| | - Excess (S\$) | 600.00 | 600.00 | 0.00 | 0.00 |
| | (S\$) | 5,537.00 | 1,722.00 | 3,815.00 | 68.90 |
| | + GST 7.00/7.00% (S\$) | 387.59 | 120.54 | 267.05 | 68.90 |
| | Nett Amount (S\$) | 5,924.59 | 1,842.54 | 4,082.05 | 68.90 |

INSPECTION

Date of Assignment:

28/06/2018

Date Inspected:

28/06/2018 Inspected At:

Premium Automobiles Pte Ltd (UBI)

55 Ubi Road 1

Singapore 408699

Estimated Period of Repair:

4.0 days

Manager: VERON CHEN Adjuster: ADRIAN LING

NOTE: This report represents our findings at the time and place of inspection stated herein. Such inspection has been carried out to the best of our knowledge and ability but any other liability under any other circumstances is hereby expressly excluded.

Please be informed that owner decided withdraw OD claim.

(REPAIR COST NOT CONCLUDE) (EXCLUDE CHECK ITEMS \$\$200.00 NETT)

REPAIR DETAILS

Recommended Parts

| | | | Repairer's | Amount |
|---------------------|--|---|--|---|
| 1 | *BUMPER COVER | Repair | 1,697.00 FS | *-FS |
| 1 | *FIXING PARTS FOR BUMPER | Not Necessary | 166.00 FS | *-FS |
| 1 | *WHEEL HOUSING LINER - LH | Not Necessary | 32.00 FS | *-FS |
| 1 | *GUIDE SECTION - LH | Not Necessary | 14.00 FS | *-FS |
| 1 | *GUIDE SECTION - RH | Not Necessary | 14.00 FS | *-FS |
| 2 | *LOCKING MECHANISM | Not Necessary | 50.00 FS | *-FS |
| 1 | *REAR LIGHT REFLECTOR | Not Necessary | 35.00 FS | *-FS |
| 1 | *GUIDE SECTION | Not Necessary | 57.00 FS | *-FS |
| 1 | *SUNDRIES | * Check | 200.00 FS | *-FS |
| nchise part. S=Spct | left. | _ | | |
| | | Total Parts (S\$) | 2,265.00 | 0.00 |
| | 1 1 1 2 1 1 1 1 chise part. S=SpcN | *WHEEL HOUSING LINER - LH *GUIDE SECTION - LH *GUIDE SECTION - RH *LOCKING MECHANISM *REAR LIGHT REFLECTOR *GUIDE SECTION | "WHEEL HOUSING LINER - LH Not Necessary "GUIDE SECTION - LH Not Necessary "GUIDE SECTION - RH Not Necessary "LOCKING MECHANISM Not Necessary "REAR LIGHT REFLECTOR Not Necessary "GUIDE SECTION Not Necessary "SUNDRIES "Check | **WHEEL HOUSING LINER - LH Not Necessary 32.00 FS **GUIDE SECTION - LH Not Necessary 14.00 FS **GUIDE SECTION - RH Not Necessary 14.00 FS **LOCKING MECHANISM Not Necessary 50.00 FS **REAR LIGHT REFLECTOR Not Necessary 35.00 FS **GUIDE SECTION Not Necessary 57.00 FS **SUNDRIES **Check 200.00 FS **Chisse part. S=SpcNett. |

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

| No | Particulars | Lab.Type | Repairer's | Amount |
|-----|--|----------------|------------|----------|
| Lab | our Items | | | |
| 1 | TO REMOVE AND TRANSFER REAR PARKING AID. CHECK FUNCTION | New | 280.00 | 280.00 |
| 2 | TO DISMANTLE AND RENEW REAR BUMPER. REPAIR LHS REAR FENDER. RE-ORGANISE REAR CRASH MANAGEMEN COMPONENTS. REINSTALL ALL PARTS REMOVED | New T | 1,800.00 | 750.00 |
| 3 | TO RESPRAY REAR BUMPER AND LHS REAR FENDER | New | 1,600.00 | 1,100.00 |
| 4 | TO CARRY OUT DIAGNOSTIC CHECKS | New | 192.00 | 192.00 |
| | Gross Labo | our Cost (S\$) | 3,872.00 | 2,322.00 |
| | Report was unsubmitted durin | | 2,278,00 | 2,022 |

< END OF ESTIMATES >