ASS. REC. BY: Adrian | REF: CC3/AIG18021275/Aqd3

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: 113K.

IDAC Accident Rport: 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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SBW2832H Yr Regn: 2016 / Dec.

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or

Make: Audi A4 c.c 1395

Colour Blue. A/C: Insured / Std / NI / NA

Sp.Reading 26933 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WAUZZZF42HA060733

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi : NII / S/Rim / STD A/Rim or

Tyre Size: F: 205/60R16

R: 205/60R16

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Continental

Front		Rear	
R/Bal.	06 mm	R/Bal.	06 mm
L/Bal.	06 mm	L/Bal.	06 mm
D.O.A.		D.O.I.	21/11/18

Survey held at Premium

Des. 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
	OD AIG.
	SBW2832H - X
	updated In views.
27/11 10.59am	Received email from Jeffery Tan owner will be dropping the case. Celyn 4/12

Date/Time, File Pass to?	Date/Time, File Return to?
1)	2)
3)	4)
5)	6)
Prel. Report:	
Final Report:	

Part Prices Check:

IN	OUT

Survey Fee: Date:

Basic & Add.

__ S + RS, __ SI

Photos

Others

TOTAL

Shiau Chan (LKKAuto)

From: Claims Dept <claims@premiumauto.com.sg>
Sent: Tuesday, 27 November 2018 10:59 AM
To: Admin-D (LKKAuto)
Cc: 'Claims Dept'
Subject: RE: Request Certificate Insurance for vehicle number SBW 2832H

Dear all,

Owner will be dropping the case.

Kindly close the case on your end.

Many thanks!

Best regards,
Jeffery Tan

Fremium Automobiles Pte Ltd (Reg No 199002271W)
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
Audi Showroom, Audi Centre 281 Alexandra Road Singapore 159938 **p.** +65 6836 2223

From: Admin-D (LKKAuto) [mailto:admin-d@lkkauto.com]
Sent: Monday, 26 November, 2018 4:03 PM
To: claims@premiumautocare.com.sg
Cc: 'PAL Claim' <claims@premiumauto.com.sg>
Subject: FW: Request Certificate Insurance for vehicle number SBW 2832H

Dear In-charge,

Kindly provide Certificate Insurance for vehicle no. SBW 2832H survey by Adrian on 21.11.2018.

BEST REGARDS,
G.Nivitha | Admin
LKK Auto Consultants Pte Ltd

MPA118150663 / Premium Automobiles Pte Ltd - UBI
ENTRY DATE & TIME: 21/11/2018 11:22
SUBMITTED BY: Jeffrey Tan Eng Su

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 witholding 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 Report	21/11/2018 11:22
Date Of Accident	20/11/2018 08:30
Exact Location Of Accident	SCIENCE PARK
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SBW2832H
Insured/Policyholder	
Name Of Registered Owner	CHANG KHENG KANG
NRIC No	S1452409F
Email Address	CKKSP2@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-96756881
Alternative Phone No	OTHERS-96756851
Vehicle Particulars	
Manufacturer	AUDI
Model	A4-1.4 T (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	
Cover Note Number	
Driver	
Name of Driver	CHANG KHENG KANG
NRIC No	S1452409F
Date Of Birth	13/10/1960
Occupation	INDOOR
Date Of Driving Pass	22/04/1987
Driving Experience	31 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96756881
Fax Number	
Contact Number	OTHERS-96756851
EMail Address	CKKSP2@SINGNET.COM.SG

Address	20 EVERITT ROAD NORTH
Postcode	S428533
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	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?	NO
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

MAKING A LEFT TURN WHEN I MISJUDGED THE WALL DISTANCE AND SCRAP AGAINST IT

Attachment(s)

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

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 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 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.
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.

   (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.

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Making a left turn when I misjudged the wall distance & scrap against it.

DECLARATION

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

Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: Tan Eng Soon NRIC/FIN No.: G5253490P

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

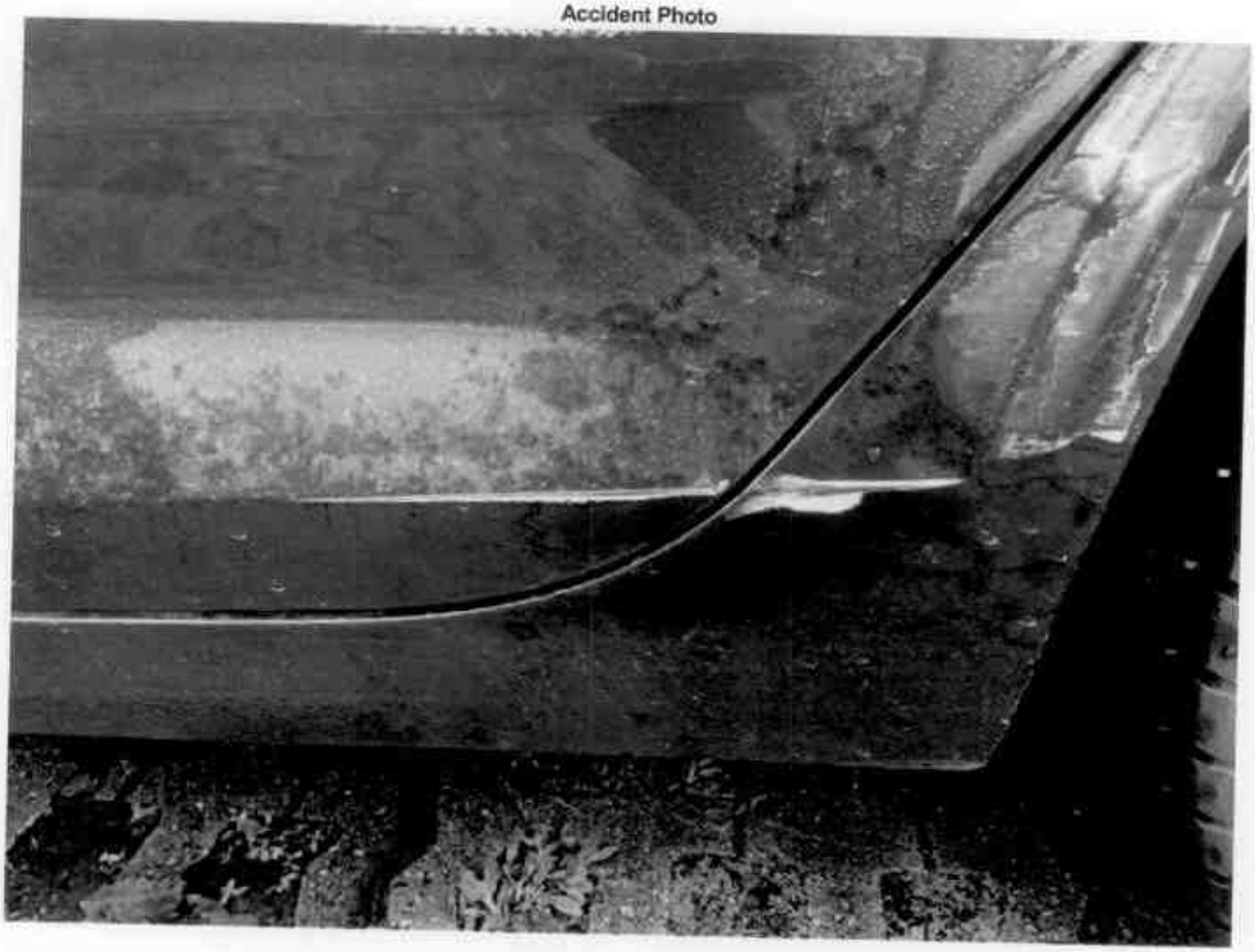
Accident Photo

Accident Photo

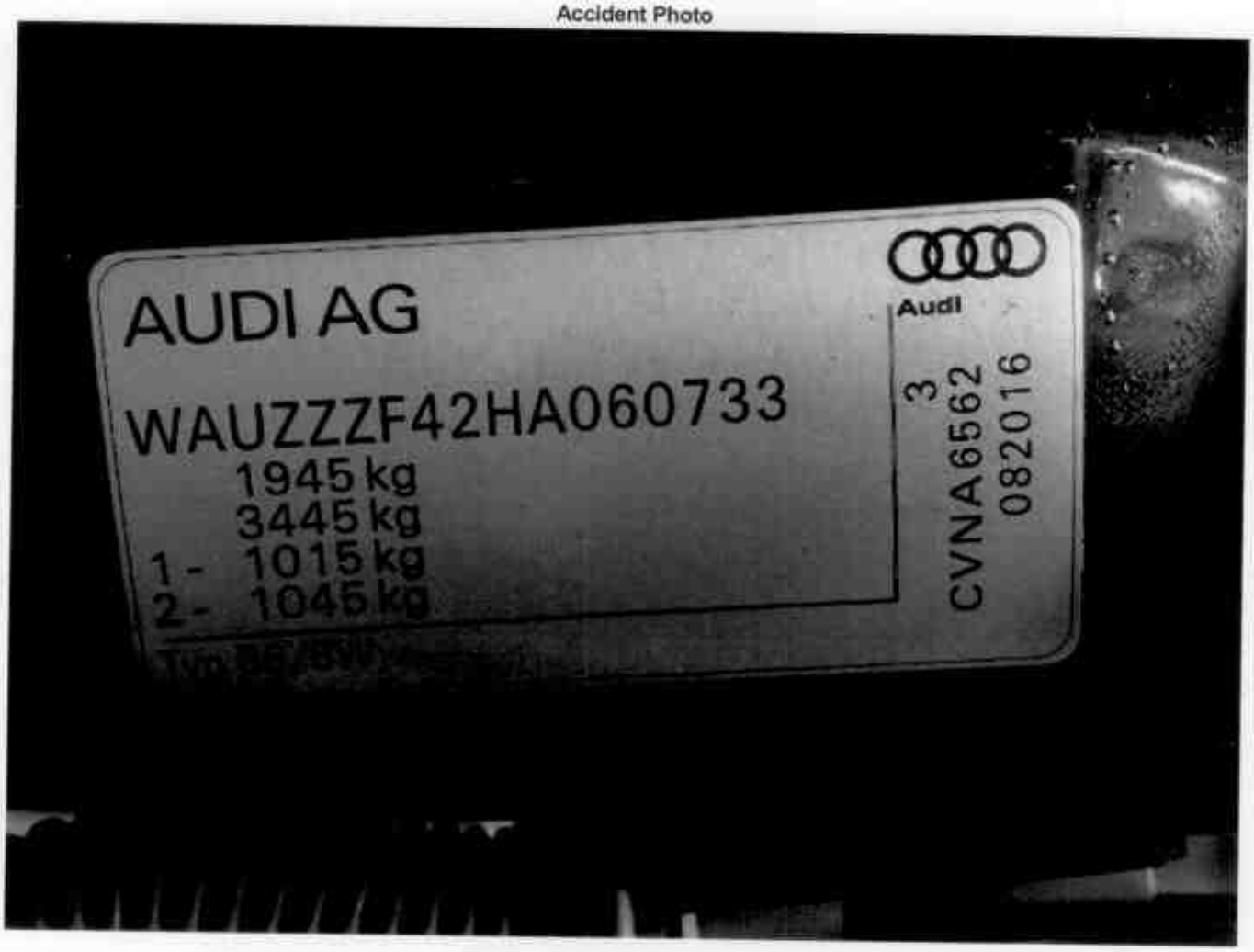
Accident Photo

Accident Photo

Accident Photo



Accident Photo




REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1452409F

CHAN KHENG KANG

曾慶康

CHINESE

13-10-1960

M

SINGAPORE

S1452409F


REPUBLIC OF SINGAPORE DRIVING LICENCE

S1452409F

CHAN KHENG KANG

Birth Date 13 Oct 1960

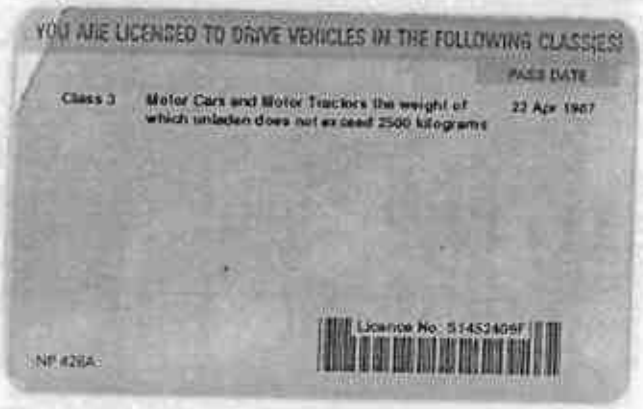
Issue Date 30 Dec 2003


5968280

S1452409F

29-06-2018

20 EVERITT ROAD NORTH
SINGAPORE 428533


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

		PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	22 Apr 1987

Licence No. S1452409F

NP 428A

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/1328/2018/CW
Date	:	23-Nov-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	:	Mr. Chang Kheng Kang
Address	:	20 Everitt Road North Singapore 248533
Telephone	:	HP +65 96756881
Type of Claim	:	Own Damage Claim
Policy No.	:	
Vehicle No	:	**SBW 2832 H**
Model Code	:	Audi A4 Sedan 1.4 TFSI S
Model / Year	:	Dec-16
Engine No	:	CVN 023132
Chassis No	:	WAUZZZF42HA060733
Mileage	:	
Date In	:	
Liability	:	
Excess Cost	:	-
Estimated By	:	Johnny Boo / Allan Wu
Accident Date	:	20-Nov-18
Place of Accident	:	Science Park

Premium Automobiles

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

Telefax

Estimated Labour Charges for Accident Vehicle SBW 2832 H

S/N	Nature of Jobs			Estimated Charges
1	To remove and tranfer rear parkng aid and rear lid kick sensor.	S/N	$	360.00 ✓
2	To renew lhs 1/4 glass and rear windscreen to facillitate fender renewal.	S/N	$	600.00 ✓
3	To dislodge and reinstall rear wire harness for lights, battery manager, fuse and relay trays, electrical and audio equipment.	S/N	$	1,400.00 ✓
4	To remove and reinsall rear seat, back rest, hat tray, abcd pillar trims, luggage conmpartment trims. Dislodge roof liner and disengage curtain airbag etc.	S/N	$	1,400.00 ✓
	SUB-TOTAL LABOUR CHARGES	:	**$**	**3,760.00**

Premium Automobiles

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

Telefax

Estimated Labour Charges for Accident Vehicle SBW 2832 H.

S/N	Nature of Jobs		Estimated Charges
5	To dismantle rear bumper, rear lid and lhs rear door. Cut out and reweld lhs rear fender. Renew lhs rear door. Re-oraganize crash management components. Reinstall all parts removed.	$	5,600.00 3500
6	To respray lhs rear door, lhs rear fender, lhs sill panel, door entrances, roof channel, drain panel and end panelling. To carry out stone chip treatment and joint sealer works.	$	4,000.00 2200
7	To carry out wheel alignment.	S/N $	240.00
8	To carry out diagnostic check.	S/N $	192.00
	TOTAL LABOUR CHARGES	: $	**13,792.00**

Premium Automobiles

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

Telefax

Material List for Accident Vehicle Regn No.SBW 2832 H

S/N	Parts Description		Damage Parts & Prices S/NETT	REMARKS
1	REAR DOOR-LH Dented		$ 1,928.00 ✓	
2	REAR OUTER DOOR SEAL-LH New		$ 176.00 ✓	
3	BONDING AGENT ?		$ 43.00 ?	
4	CLEANING SOLUTION ?		$ 64.00 ?	
5	APPLICATOR ?		$ 7.00 ?	
6	SEALING STRIP ?		$ 14.00 ?	
7	REAR DOOR ATTACHMENT PARTS-LH ?		$ 488.00 ?	
8	REAR DOOR CATCH-LH ? New		$ 105.00 ✗	
9	REAR DOOR CATCH COVER-LH		$ 12.00 ✗	
10	REAR WINDOW REGULATOR WITHOUT MOTOR New		$ 242.00 ✗	
11	REAR SIDE PANEL-LH Dented		$ 2,347.00 ✓	
12	REAR WINDOW New		$ 1,014.00 ✓	
13	PRIMER New	2	$ 37.00 ✓	
14	REAR SIDE WINDOW-LH New		$ 541.00 ✓	
16	REAR SIDE WINDOW CHROME TRIM STRIPS-LH New New		$ 426.00 ✗,	
17	REAR WHEEL HOUSING LINER-LH New		$ 215.00 ✗	
18	WHEEL HOUSING LINER ATTACHMENT PARTS New		$ 78.00 ✗	
19	ACRYLIC SEALANT ? New	S/N	$ 180.00 ✓	
20	CAVITY WAX	S/N	$ 140.00 ✓	
	SUB-TOTAL SPARE PARTS	:	**$ 8,057.00**	

All charges are not inclusive of GST.

Legend : Remarks (OK) = Approved, Remarks (X) = Not approved
Spare parts are Special Nett.

Premium Automobiles

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

Telefax

Material List for Accident Vehicle Regn No. SBW 2832 H

S/N	Parts Description	Damage Parts & Prices S/NETT	REMARKS
21	STONE CHIP	S/N $ 180.00	
22	METAL FILLER POWDER	S/N $ 280.00	
23	REAR W/S SEALANT	S/N $ 200.00	
24	1/4 GLASS SEALANT	S/N $ 100.00	
25	SUNDRIES	$ 500.00	
	TOTAL SPARE PARTS	: **$ 9,317.00**	
	TOTAL LABOUR CHARGES	: **$ 13,792.00**	
	GRAND TOTAL	: **$ 23,109.00**	

Legend : Remarks (OK) = Approved, Remarks (X) = Not approved

Spare parts are Special Nett.

Premium Automobiles

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

Telefax

Name	:	Adrian Lim
Surveyed Date	:	22/11/18
Authorised Date	:	
Excess Cost	:	
Liability	:	
Remarks	:	Not Authorised, 13 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 for appointment.

Yours faithfully,
Premium Automobiles Pte Ltd

Johnny Boo
Body Repair Manager

Allan Wu
Claims Consultant