

Surgeur

Tanfili

REF:

A29 CC3/A19 19012598 H19f302

Meinung

# ASSIGNMENT

From:

Date:

16.7.2019

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

SLD 596J

at Workshop m/s

Premium

of

24 Beni Sector

Insured:

Policy No.

7100468897

Claims No.

918040704556

Sum Insured:

Excess:

\$600.00

(Client's Record)

Make of Veh:

11.00 a.m

(Policy Condition)

Remark: The veh had commenced its

repair at the time of inspection.

N/S	O/S

Bal. or Market Value:

986k

IDAC Accident Report:

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:

SLD 596J

Yr Regn:

2016, May

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

Truck / Trailer or

Make:

Indo AS

C.C

1395

Colour

White

A/C:

Insured / Std / NI / NA

Sp.Reading

54722

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

W447228V2G107 5995

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

205/55R16

R:

215

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

D.O.I.

16/7/2019

Survey held at

Premium Beni

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

O/S wing mirror

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

Date / Time

Action / Instruction

SLD 596J -<

12/7/19 @ 1.38pm went to Victor via Meinung.

15/8/19 @ 9.44am George informed that the owner decide withdraw AD.

15/8/19 Submit Preli. report.

RECEIVED 15 AUG 2019

Date/Time, File Pass to?

4

Preli. Report

1) 15/8 tyngier

Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

Site Insp

(\$

Interview

(\$

Tech. Invs

(\$

Weekend

(\$

Survey Fee:

200

Transportation:

S + RS, SI

Photos

Others

TOTAL

211

Report Format :

Lump Sum / I.B.I: (\$

## Shiau Chan (LKKAUTO)

---

**From:** Claims <claims@premiumauto.com.sg>  
**Sent:** Thursday, 15 August 2019 9:14 AM  
**To:** Shiau Chan (LKKAUTO)  
**Subject:** RE: - AIG -RE: - AIG - OD / 9180407045SG / SLD596J - Request police report  
**Attachments:** SLD 0596 J ADDENDUM GIA 15072019.PDF

Dear Shiau Chan,

Kindly be informed that the customer ( Ms. Fu Shu Yi ) decided not to claims her own policy for the repair cost.

Attached is the addendum of GIA report for your reference.

We will proceed to close the file

Thank you.

Best Regards,  
**George Wong**  
Claims Advisor

**Premium Automobiles Pte Ltd** (Reg No 199902271W)  
281 Alexandra Road Singapore 159938  
p. +65 6366 2323, option 1  
e. [Claims@premiumauto.com.sg](mailto:Claims@premiumauto.com.sg) w. [www.audi.com.sg](http://www.audi.com.sg)  
**Audi Showroom** 281 Alexandra Road Singapore 159938 p. +65 68362223



**Email Disclaimer**

This email, including any attachment, is confidential and may also be privileged.  
If you have received it in error, please notify us immediately by reply email and then delete this message from your system.  
Please do not copy it or use it for any purpose, or disclose its contents or any attachment to any other person. Thank you

---

**From:** Shiau Chan (LKKAUTO) <siewsc@lkkauto.com>  
**Sent:** Wednesday, August 14, 2019 10:54 AM  
**To:** Claims <claims@premiumauto.com.sg>  
**Cc:** nora.khai@premiumauto.com.sg  
**Subject:** RE: - AIG -RE: - AIG - OD / 9180407045SG / SLD596J - Request police report

Dear 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.
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 Report	15/07/2019 16:19
Date Of Accident	15/07/2019 11:50
Exact Location Of Accident	AROUND LAVENDER
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD596J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	FU SHU YI
NRIC No	S8124529J
Email Address	FUSHUYI381@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98253545
Alternative Phone No	OFFICE-98253545

### Vehicle Particulars

Manufacturer	AUDI
Model	A3 SEDAN 1.4 TFSI (ATTRACTION)
Exact Purpose for which vehicle was being used at time of accident	
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
Fleet Policy	NO
Policy Number	2100468897-03
Cover Note Number	

### Driver

Name of Driver	FU SHU YI
NRIC No	S8124529J
Date Of Birth	03/08/1981
Occupation	INDOOR
Date Of Driving Pass	06/02/2003
Driving Experience	16 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98253545
Fax Number	
Contact Number	OFFICE-98253545
Email Address	FUSHUYI381@GMAIL.COM

## Addendum Sheet



**GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE**  
 6 Raffles Quay #18-00 Singapore 048580  
 Tel (65) 6224 0010 Fax (65) 6224 0030  
 Operating Hours: Monday to Friday, 09:00 - 17:00  
 UIN: 568560760 / GST Reg. No.: M400017735

**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 : MPA119092432 Vehicle Registration No: SLD596J

Name(as shown in NRIC) : FU SHU YI NRIC/FIN/Passport No : S8124529J

(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate

Address : APT BLK 63B LENGKOK BAHRU #20-352 Singapore( 152063 )

Contact (Tel) : \_\_\_\_\_ Mobile No. : 98253545 \_\_\_\_\_

Email Address : FUSHUYI381@GMAIL.COM

Date of Accident : 15/07/2019 Time of Accident : 11:50

Place of Accident : AROUND LAVENDER

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 COVERT THE REPORT FROM OWN POLICY CLAIMS TO REPORTING ONLY.

13 LTD \* PREM

Policyholder / Driver's Signature  
Date:

Reporting Centre Personnel's Signature

Name: Wang, Klong, Song, George

NRIC/FIN No.: G2987143X  
Date: 15/8/19

Date: 15/8/19

Note: This document has not been finalised.

**LKK Auto Consultants Pte Ltd** (Co.Reg.No:199607198R)

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

To: AIG Asia Pacific Insurance Pte. Ltd.  
AIG Building  
78 Shenton Way #08-16  
Singapore 079120

From: LKK Auto Consultants Pte Ltd  
51 Ubi Ave 1 #01-25  
Paya Ubi Industrial Park  
Singapore 408933

Attn:

Date: 17 Jul 2019

**Preliminary Advice**

Vehicle No	: SLD596J	Accident Date	: 15/07/2019
Make	: AUDI A3	Policy No.	: 2100468897-03
Assignment Date	: 17/07/2019	Excess	: S\$0.00
Date of Inspection	: 16/07/2019	Est. Duration of Repair	: 1.00
Inspection At	: PREMIUM AUTOMOBILES PTE LTD (UBI) 55 UBI ROAD 1 SINGAPORE 408699		

**Point of Impact / General Description of Damages**

The vehicle sustained impact / damages o/s wing mirror and parts claimed are consistent to the accident.

Repairer's Estimate (Gross)	:S\$	3,869.00
Revised Amount	:S\$	3,183.00
Check Items (Estimated)	:S\$	200.00
Total	:S\$	3,383.00

Lump Sum Repair	:S\$	
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**Total Loss Consideration**

New for Old Value	:S\$	
Pre-Accident Value	:S\$	86,000.00
COE / PARF Rebate	:S\$	44,133.00
Salvage Value	:S\$	
Margin for Repair	:S\$	41,867.00

**Remarks**

- ( X ) The vehicle is repairable at our adjusted amount. We have also confirmed excess and policy coverage. Kindly let us have your authorisation.
- ( ) The vehicle is uneconomical to be repaired, you are advised to invite tender for the wreck.
- ( ) Other comments :

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	529J
Vehicle Details	
Vehicle No.:	SLD596J
Vehicle to be Exported:	No
Intended Deregistration Date:	17 Jul 2019
Vehicle Make:	AUDI
Vehicle Model:	A3 SEDAN 1.4 TFSI (ATTRACTION)
Primary Colour:	White
Manufacturing Year:	2016
Engine No.:	CZC520110
Chassis No.:	WAUZZZ8V2G1075995
Maximum Power Output:	92.0 kW (123 bhp)
Open Market Value:	\$25,124.00
Original Registration Date:	31 May 2016
First Registration Date:	31 May 2016
Transfer Count:	0
Actual ARF Paid:	\$17,174.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	30 May 2026
PARF Rebate Amount:	\$12,880.00
Intended COE Rebate Details	
COE Expiry Date:	30 May 2026
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$45,504.00
COE Rebate Amount:	\$31,253.00
<b>Total Rebate Amount:</b>	<b>\$44,133.00</b>

The information contained herein is correct as at 17 Jul 2019

OK

## 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 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	15/07/2019 16:19
Date Of Accident	15/07/2019 11:50
Exact Location Of Accident	AROUND LAVENDER
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD596J
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#### Insured/Policyholder

Name Of Registered Owner	FU SHUN YI
NRIC No	S8124529J
Email Address	FUSHUNYI381@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98253545
Alternative Phone No	OFFICE-98253545

#### Vehicle Particulars

Manufacturer	AUDI
Model	A3 SEDAN 1.4 TFSI (ATTRACTION)
Exact Purpose for which vehicle was being used at time of accident	
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	2100468897-03
Cover Note Number	

#### Driver

Name of Driver	FU SHUN YI
NRIC No	S8124529J
Date Of Birth	03/08/1981
Occupation	INDOOR
Date Of Driving Pass	06/02/2003
Driving Experience	16 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98253545
Fax Number	
Contact Number	OFFICE-98253545
Email Address	FUSHUNYI381@GMAIL.COM

Address	APT BLK 63B LENGKOK BAHRU #20-352
Postcode	152063
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
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

I WAS DRIVING ALONG LAVENDER STREET, WHILE CHANGING LANE, A TAXI DROVE UP TO MY LIGHT SIDE CLOSE, AND HIT MY RIGHT SIDE MIRROR. WE STOPPED BY THE ROADSIDE TO INSPECT OUR SIDE MIRRORS. HIS WAS OK. MINE WAS TWISTED AND MIRROR BROKE. THE DRIVER LEFT AFTER CHECKING I'M OK. WE DIDN'T MANAGED TO EXCHANGE CONTACTS THOUGH.

#### 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	
Vehicle Category	TAXI
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 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 lodging 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:

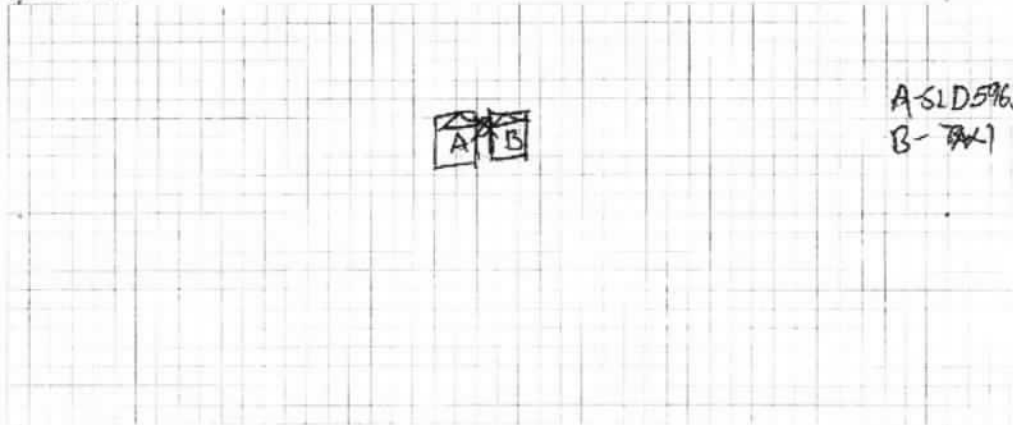
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name: *Wong Henry Seng George*  
NRIC/FIN No.: *C729871432X*



## Sketch Plan #2

### SKETCH PLAN

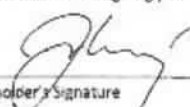


### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along lavender street, while
changing lane, a taxi drove up to the my
right side and close, and hit my right
side mirror.
we stopped by the roadside to inspect the our
side mirrors. His was ok mine was twisted
and mirror broke. The driver left after
checking I am ok we didn't managed
to exchange contacts though

### 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:

  
 Reporting Centre Personnel's Signature  
 Name: WONG HONG SENG, George  
 NRIC/FIN No.: G2737147X

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/0860/2019/GW  
Date : 16-Jul-19

Vehicle VEH 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 : Ms. Fu Chun Yi  
Address : Apt Blk 63B Leng kok Bahru  
#20-235  
Singapore 152063  
Telephone : HP +65 98253545  
Type of Claim : Own Damage Claim  
Policy No. : 210048897-03  
Vehicle No : **SLD 596 J**  
Model Code : Audi A3 Sedan 1.4 TFSI  
Model / Year : May-16  
Engine No : CZC 520110  
Chassis No : WAUZZZ8V2G1075995  
Mileage :  
Date In :  
Liability :  
Excess Cost : -  
Estimated By : Johnny Boo / Allan Wu  
Accident Date : 15-Jul-19  
Place of Accident : Around Lavender

### 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:

# Premium Automobiles

55 Ubi Road 1, Singapore 408699

Tel : 6366 2323 Fax : 6841 1183

## Telefax

### Estimated Labour Charges for Accident Vehicle. SLD 596 J.

S/n	Nature of Jobs	Estimated Charges	Surveyor's Recommendation
1	To remove and reinstall rhs front door panel trim. To remove and renew rhs wing mirror assy.	S/N \$ 350.00 ✓	
2	To respray rhs wing mirror cover.	\$ 500.00 150.	
3	To carry out diagnostic check.	S/N \$ 192.00 ✓	
TOTAL LABOUR CHARGES		: <u>\$ 1,042.00</u>	

# Premium Automobiles

55 Ubi Road 1, Singapore 408699

Tel : 6366 2323 Fax : 6841 1183

## Telefax

### Material List for Accident Vehicle Regn No. SLD 596 J.

S/N	Parts Description	Damaged Parts & Prices	
		S/Nett	Remark
1	SIDE MIRROR MOUNTING - RH <i>=&gt; dismantle photo</i>	\$ 938.00	<i>dis ✓</i>
2	SIDE MIRROR COVER - RH	\$ 136.00	<i>Ry</i>
3	SIDE MIRROR GLASS - RH	\$ 1,553.00	<i>cnq ✓</i>
4	SUNDRIES	\$ 200.00	<i>?</i>
TOTAL SPARE PARTS CHARGES		: \$ 2,827.00	
TOTAL LABOUR CHARGES		: \$ 1,042.00	
GRAND TOTAL		: \$ 3,869.00	

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

Name :  
Surveyed Date :  
Authorised Date :  
Excess Cost :  
Liability :  
Remarks :

Tanji 9749549  
Not Authorise 16/7/19C 1130.  
Ex \$600.  
Resumy before paint.  
sure 11/11/19C 1130.  
01 day

## 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)

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	17 Jul 2019 13:35		17 Jul 2019 11:55 <a href="#">Edit Adj Rpt</a>	<b>S\$3,183.00</b> <a href="#">Edit Estimates</a>	<b>S\$3,183.00</b> <a href="#">View Rpt</a>		<b>Pending for Survey Report</b> <a href="#">Cancel Case</a>

Main	Reference	Claim Details	Documents	Show All					
<b>CLAIM SUBFOLDER DETAILS</b> <span style="float: right;">[Created by insurer]</span>									
Insured: <b>FU SHUYI</b> , ID: S8124529J, Tel: +6598253545, Email: FUSHUNYI381@GMAIL.COM									
Vehicle Reg. No.: <b>SLD596J</b>		Date of Loss: 15/07/2019 11:00 - :59 <b>[37 Months and 15 Days From LTA Reg Date (Man Yr)]</b>							
Claim Type: <b>OD / 9180407045SG</b>		Policy/Cover Note No.: 2100468897-03 (Comprehensive)							
Repairer: <b>Premium Automobiles Pte Ltd (UBI)</b> 55 Ubi Road 1, 408699 Ubi - Tel: 67689828/9827/9911									
Handling Insurer: <b>AIG Asia Pacific Insurance Pte. Ltd. (SG)</b> - Tel: 65-6419-3000 ... [Handled by <b>Nadaraja, Deeban</b> ] Deebanalnadaraja.Nadaraja@aig.com									
Adjuster: <b>LKK Auto Consultants Pte Ltd (HQ)</b> - Tel: 6256-3561 ... [Handled by <b>MOHD TAUFIKH BIN HAMID</b> ] ... <b>[Final Rpt due 26/07/2019]</b>									
Driver/Custodian: <b>FU SHUYI (37 / Female)</b> , NRIC: S8124529J, Tel: +6598253545 Email: FUSHUNYI381@GMAIL.COM									
<b>ASSOCIATED MAIL RECEIVED</b> <span style="float: right;"><a href="#">View All</a> <a href="#">Compose Case Mail</a></span>									
There are no mail for this case.									
<b>ALL ASSOCIATED TASKS</b> <span style="float: right;"><a href="#">View All</a> <a href="#">Search Tasks</a> <a href="#">Create New Task</a> <a href="#">Complete</a></span>									
<b>Due Date</b>	<b>Priority</b>	<b>Type</b>	<b>Task Group</b>	<b>Subject</b>	<b>Handler</b>	<b>Assigned By</b>	<b>Completed On</b>	<b>Created On</b>	<b>Done?</b>
No results.									

## Claim Documents























\*SLD596J (9180407045SG)

OD




Jul 15 2019 11:50AM

[FU SHUYI]

Premium Automobiles Pte Ltd

<a href="#">Upload Documents</a> <a href="#">Upload Photos</a> <a href="#">Compose New Letter</a> <a href="#">Upload Video</a> <a href="#">Upload Audio</a>			<b>View</b> <a href="#">View in Browser</a>	
<b>Assessment Reports</b>			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
1	17/07/19 13:37	Adjuster Immediate Advice	 Load HTM	
<b>Photos/Images</b>			3 per page	<input checked="" type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
1	17/07/19 13:34	Odometer Reading	 Load JPG	<input checked="" type="checkbox"/>
2	17/07/19 13:34	Chassis Number	 Load JPG	<input checked="" type="checkbox"/>
3	17/07/19 13:34	General View	 Load JPG	<input checked="" type="checkbox"/>
4	17/07/19 13:34	General View	 Load JPG	<input checked="" type="checkbox"/>
5	17/07/19 13:34	General View	 Load JPG	<input checked="" type="checkbox"/>
6	17/07/19 13:34	General View	 Load JPG	<input checked="" type="checkbox"/>
7	17/07/19 13:34	General View	 Load JPG	<input checked="" type="checkbox"/>
8	17/07/19 13:34	General View	 Load JPG	<input checked="" type="checkbox"/>
9	17/07/19 13:34	General View	 Load JPG	<input checked="" type="checkbox"/>
10	17/07/19 13:34	General View	 Load JPG	<input checked="" type="checkbox"/>
11	17/07/19 13:34	General View	 Load JPG	<input checked="" type="checkbox"/>
12	17/07/19 13:34	General View	 Load JPG	<input checked="" type="checkbox"/>
13	17/07/19 13:34	General View	 Load JPG	<input checked="" type="checkbox"/>
14	17/07/19 13:34	General View	 Load JPG	<input checked="" type="checkbox"/>
15	17/07/19 13:34	General View	 Load JPG	<input checked="" type="checkbox"/>
<b>Documentation</b>			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	AIG Asia Pacific Insurance Pte. Ltd. (SG)	Thumbnail	Print
1	18/07/19 14:01	Driver's Driving License	 Load JPG	<input checked="" type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
1	17/07/19 13:33	Singapore Accident Statement	 Load PDF	
2	17/07/19 13:33	ESTIMATE	 Load PDF	
3	24/07/19 10:12	Certificate of Insurance	 Load PDF	
4	24/07/19 10:12	Driver's Driving License	 Load PDF	
5	15/08/19 09:16	ADDENDUM GIA REPORT	 Load PDF	

## Linked Accident Report Documents

			<b>View</b> <a href="#">View in Browser</a>	
<b>Assessment Reports</b>			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	Premium Automobiles Pte Ltd (UBI)	Thumbnail	Print
1	15/07/19 16:57	Accident Statement	 Load HTM	
2	15/08/19 09:05	Addendum Sheet	 Load JPG	<input checked="" type="checkbox"/>
3	15/08/19 09:06	Accident Statement Addm. #1	 Load HTM	
<b>Photos/Images</b>			3 per page	<input checked="" type="checkbox"/>
No	Finalized On	Premium Automobiles Pte Ltd (UBI)	Thumbnail	Print

Assessment Reports			1 per page	✓
No	Finalized On	Premium Automobiles Pte Ltd (UBI)	Thumbnail	Print
1	15/07/19 16:52	Accident Photo	 Load JPG	✓
2	15/07/19 16:52	Accident Photo	 Load JPG	✓
3	15/07/19 16:52	Accident Photo	 Load JPG	✓
4	15/07/19 16:52	Accident Photo	 Load JPG	✓
5	15/07/19 16:52	Accident Photo	 Load JPG	✓
6	15/07/19 16:52	Accident Photo	 Load JPG	✓
Documentation			1 per page	✓
No	Finalized On	Premium Automobiles Pte Ltd (UBI)	Thumbnail	Print
1	15/07/19 16:36	Sketch Plan	 Load JPG	✓
2	15/07/19 16:36	Sketch Plan #2	 Load JPG	✓

## Documents Checklist

DOCUMENTS CHECKLIST	Reset	Save	Print
There are no document checklists configured.			
<b>Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)</b> <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>			
<b>Show Remarks To:</b> <input type="checkbox"/> Handling Insurer <small>Note: Remarks are private unless you show it to other parties.</small>			

# LKK Auto Consultants Pte Ltd (Co.Reg.No:199607198R)

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 #08-16  
Singapore 079120

Our File No: CC3/AIG19012598/T1QF3E2

Date: 15/08/2019

### REFERENCE

Insured/Claimant:	FU SHUYI	Policy No:	2100468897-03	
Date of Loss:	15/07/2019	Nature of Claim:	OD	Claim No: 9180407045SG

### DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	<b>SLD596J</b>		
Make & Model:	AUDI A3, 1.4 SEDAN TFSI (ATTRACTION) (A)	Engine No:	CZC520110
Reg. Date:	31/05/2016 (Man. Year: 2016)	Chassis No:	WAUZZZ8V2G1075995
Colour:	White	Odometer:	54722 km
Engine Capacity:	1395 cc		
Market Value/New Car Price:	S\$86,000.00		
Sum Insured (S\$):	<b>Market Value/New Car Price</b>		

### CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:	Steering (Serviceable):	Yes	Footbrake (Serviceable):	Yes
Handbrake (Serviceable):	Yes	Engine Modification:	No	Pre-accident Condition:

### CONDITION OF TYRES

Front Tyre Size:	205/55 R16	Rear Tyre Size:	205/55 R16
Front Left Side:	Pirelli 6 mm	Rear Left Side:	Pirelli 6 mm
Front Right Side:	Pirelli 6 mm	Rear Right Side:	Pirelli 6 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	2,827.00	2,491.00	336.00	11.89
Miscellaneous Items	0.00	0.00	0.00	
Labour	1,042.00	692.00	350.00	33.59
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
<b>Gross Total (S\$)</b>	<b>3,869.00</b>	<b>3,183.00</b>	<b>686.00</b>	<b>17.73</b>
<b>+ GST 7.00/7.00% (S\$)</b>	<b>270.83</b>	<b>222.81</b>	<b>48.02</b>	<b>17.73</b>
<b>Nett Amount (S\$)</b>	<b>4,139.83</b>	<b>3,405.81</b>	<b>734.02</b>	<b>17.73</b>

### INSPECTION

Date of Assignment:	17/07/2019	
Date Inspected:	16/07/2019 Inspected At:	24 Benoi Sector Repairer : Premium Automobiles Pte Ltd (UBI)
Estimated Period of Repair:	1.0 days	

Adjuster: MOHD TAUFIKH BIN HAMID

Manager: SHIAU CHAN

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.





(REPAIR COST NOT CONCLUDE)

(EXCLUDE CHECK ITEMS S\$200.00 NETT)

## REPAIR DETAILS

### Recommended Parts

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*SIDE MIRROR MOUNTING - RH	Distorted	938.00 FS	*938.00 FS
2	1		*SIDE MIRROR COVER - RH	Repair	136.00 FS	*- FS
3	1		*SIDE MIRROR GLASS - RH	Cracked	1,553.00 FS	*1,553.00 FS
4	1		*SUNDRIES	* Check	200.00 FS	*- FS

F=Franchise part. S=SpcNett.

<b>Total Parts (S\$)</b>	<b>2,827.00</b>	<b>2,491.00</b>
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Report was unsubmitted during this print-out.
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## Recommended Miscellaneous Items

There are no new miscellaneous items selected.

## Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
<u>Labour Items</u>				
1	TO REMOVE AND REINSTALL RHS FRONT DOOR PANEL TRIM. TO REMOVE AND RENEW RHS WING MIRROR ASSY	New	350.00	350.00
2	TO RESPRAY RHS WING MIRROR COVER	New	500.00	150.00
3	TO CARRY OUT DIAGNOSTIC CHECK	New	192.00	192.00
Gross Labour Cost (S\$)			<b>1,042.00</b>	<b>692.00</b>

Report was unsubmitted during this print-out.

< END OF ESTIMATES >