

ASS. REC. BY:

REF: CS/CT19017939/kgf3 Special Instruction:

Surveyor: Adnan

## ASSIGNMENT (Office)

From (Person): Tan Kah Loong of CT1 Date/Time: 11.10.19 9.54a.m

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SLL 4846U Insured: SJN 6977A

at Workshop m/s Premium Chuan Ho Auto Tel: 6768 9828 6456 1436

of 55 Ubi road 1

Policy No: DMPCSN3028391900

Claim No: SNM190704742

Sum Insured:

Excess:

Make of Veh:

D.O.A. 7.10.2019

(Client's Record)

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time: 11.10.2019 10.00a.m

Person Contacted: Troy

Vehicle IN/OUT

Date/Time Action/Instruction (✓) Estimate

SLL 4846U - X

SJN 6977A - X

\* The vehicle hire out from Premium Automobiles to Chuan Ho Auto for repair. Surveyor change to Kenneth instead Adnan.

27/11 83-30 54024 to email &amp; confirm (Ref 027933, 40%).

REF: CT1

ASS. REG. BY:

## ASSIGNMENT

From:

Date:

25.10.2019

Estimated Cost:

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

To Inspect Vehicle No: SLL 4846 U

at Workshop m/s Chuan HO

of 160 Sin Ming Drive #07-09 Parkway

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.

Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

03 days

Res.: Yes or No

Lum Sum:

1.31 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Date / Time

Action / Instruction

RECEIVED 27 NOV 2019

Date/Time, File Pass to?

1) 24/10/2019

Date/Time, File Return to?

2)

Rep. Form:

Lump Sum / U.S. / C

MER-TP

4083.30

Veh No:

SLL 4846 U

Yr Regn:

02 17

Type: M. Car

M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Audi A5 1.8 TFSI c.c.

1984

Colour

M. Grey

A/C: Insured / Std / NI / NA

Sp. Reading

38478

T/Radio: Insured / Std / NI / NA

Eng/No:

WAUZZZ8F5XHA000914

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

R:

255/35ZR19

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

TOYO / YOKO or

Continental

Front

Rear

R/Bal.

6

mm

R/Bal.

7

mm

L/Bal.

6

mm

L/Bal.

7

mm

D.O.A.

7/10/19

D.O.I.

25/10/19

Survey held at

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

Rear N/S

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

Days Of Repair: 3

Resurvey No. of Trip: 2

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

TOTAL

Add Fee:

Site Insp (\$)

Interview (\$)

Tech. Invs (\$)

Weekend (\$)

# ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV  
 To Inspect Vehicle No: \_\_\_\_\_  
 at Workshop m/s \_\_\_\_\_  
 of \_\_\_\_\_  
 Insured: \_\_\_\_\_  
 Policy No: \_\_\_\_\_  
 Claims No: \_\_\_\_\_  
 Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
 (Client's Record)  
 Make of Veh: \_\_\_\_\_

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

Bal. or Market Value: \_\_\_\_\_  
 IDAC Accident Rpt: \_\_\_\_\_ Consistent? : Yes or No  
 GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No  
 Est. Repairs: \_\_\_\_\_ days Res.: Yes or No  
 Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: SLL9846U Yr Reg: 2017 / Feb.  
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or

Make: Audi A5. Lape c.c. 1984  
 Colour: Grey A/C: Insured / Std / NI / NA  
 Sp. Reading: 3781 T/Radio: Insured / Std / NI / NA

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

C/No: WAW222FSXHA006914

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: 255/35R19

R: 255/35R19

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

Front

Rear

R/Bal. ob mm

R/Bal. ob mm

L/Bal. ob mm

L/Bal. ob mm

D.O.A.

D.O.I. 11/10/19

Survey held at

Premium

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

Rees N/S.

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

Date / Time Action / Instruction

TP Chirn.

MV :

PV :

Nett :

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Report Format:

Lump Sum / U/C is

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

: Site Insp. (\$

☐

: Interview (\$

☐

: Tech. Insp. (\$

☐

: Wheel sp. (\$

Survey Fee:

Transportation:

\$ - \$ - \$

Phone:

Other:

NOT L

## Summer Lee (LKK Auto)

---

**From:** Tan Kah Leong <KahLeong.Tan@sg.cntaiping.com>  
**Sent:** Friday, 11 October, 2019 9:54 AM  
**To:** Claims; assignments  
**Subject:** RE: OUR REF: SNM19D204742-SJN6977A-TKL- ACCIDENT BETWEEN SLL 4846 U AND YOUR INSURED SJN 6977 A ON 07/10/2019

### WITHOUT PREJUDICE

Dear Sirs,

We refer to your email dated 10.10.2019.

We will be assigning M/s LKK Auto Consultants to survey your client's vehicle on a without prejudice basis.

Aside to LKK,

Please refer to the attachment & proceed to survey the third party vehicle.

Thank you.

Regards

**Tan Kah Leong**  
Assistant Executive  
Claims Department

**China Taiping Insurance (Singapore) Pte. Ltd.**  
3 Anson Road #15-00 Springleaf Tower Singapore 079909  
DID: (65) 6389 6193 | F: (65) 6222 1033

**W:** [www.sg.cntaiping.com](http://www.sg.cntaiping.com) | **FB:** [www.facebook.com/chinataipingsg/](https://www.facebook.com/chinataipingsg/)

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---

**From:** Claims [mailto:claims@premiumauto.com.sg]  
**Sent:** Friday, October 11, 2019 9:48 AM  
**To:** Tan Kah Leong <KahLeong.Tan@sg.cntaiping.com>  
**Cc:** 'Claims' <claims@premiumauto.com.sg>  
**Subject:** FW: OUR REF: SNM19D204742-SJN6977A-TKL- ACCIDENT BETWEEN SLL 4846 U AND YOUR INSURED SJN 6977 A ON 07/10/2019

Dear Kah Leong,

As spoken through a phone call just now. Resend the email to you.

Thanks

Best Regards,  
**TRoy Goh**  
Claims Advisor

Premium Automobiles Pte Ltd (Reg 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](mailto:claims@premiumauto.com.sg) w. [www.audi.com.sg](http://www.audi.com.sg)

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



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

**Sent:** Thursday, 10 October 2019 7:02 PM

**To:** 'Tan Kah Leong'

**Cc:** 'Claims'

**Subject:** RE: OUR REF: SNM19D204742-SJN6977A-TKL- ACCIDENT BETWEEN SLL 4846 U AND YOUR INSURED SJN 6977 A ON 07/10/2019

Dear Kah Leong,

Would like to assign to **Henry Ng** to conduct with the survey.

Thanks

Best Regards,

**TRoy Goh**

Claims Advisor

Premium Automobiles Pte Ltd (Reg 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](mailto:claims@premiumauto.com.sg) w. [www.audi.com.sg](http://www.audi.com.sg)

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**From:** Tan Kah Leong [<mailto:KahLeong.Tan@sg.cntaiping.com>]

**Sent:** Thursday, 10 October 2019 8:44 AM

**To:** [claims@premiumauto.com.sg](mailto:claims@premiumauto.com.sg)

**Subject:** RE: OUR REF: SNM19D204742-SJN6977A-TKL- ACCIDENT BETWEEN SLL 4846 U AND YOUR INSURED SJN 6977 A ON 07/10/2019

Without Prejudice

Dear Sirs,

Please see attached and let us know if you agree with SJE.

Thank you.

Regards

**Tan Kah Leong**  
Assistant Executive  
Claims Department

**China Taiping Insurance (Singapore) Pte. Ltd.**  
3 Anson Road #15-00 Springleaf Tower Singapore 079909  
DID: (65) 6389 6193 | F: (65) 6222 1033

**W:** [www.sg.cntaiping.com](http://www.sg.cntaiping.com) | **FB:** [www.facebook.com/chinataipingsg/](https://www.facebook.com/chinataipingsg/)

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**From:** Claims Dept of CTI

**Sent:** Wednesday, October 9, 2019 4:12 PM

**To:** Tan Kah Leong <[KahLeong.Tan@sg.cntaiping.com](mailto:KahLeong.Tan@sg.cntaiping.com)>; Alfred Toh <[alfred.toh@sg.cntaiping.com](mailto:alfred.toh@sg.cntaiping.com)>; Chee So Chow <[sochow.chee@sg.cntaiping.com](mailto:sochow.chee@sg.cntaiping.com)>; Irene Tay <[irene.tay@sg.cntaiping.com](mailto:irene.tay@sg.cntaiping.com)>; [claims@premiumauto.com.sg](mailto:claims@premiumauto.com.sg)

**Subject:** OUR REF: SNM19D204742-SJN6977A-TKL- ACCIDENT BETWEEN SLL 4846 U AND YOUR INSURED SJN 6977 A ON 07/10/2019

Dear Irene,

Please assist to conduct PRS for SLL4846U.

Note : officer in charge – Kah Leong 63896193.

Regards,

Claims Department

**China Taiping Insurance (Singapore) Pte. Ltd.**  
3 Anson Road #15-00 Springleaf Tower Singapore 079909  
T: (65) 63896116 | F: (65) 62247175

**W:** [www.sg.cntaiping.com](http://www.sg.cntaiping.com) | **FB:** [www.facebook.com/chinataipingsg/](https://www.facebook.com/chinataipingsg/) | **WeChat:** 太平獅城 Taiping SG



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**From:** Claims [mailto:claims@premiumauto.com.sg]  
**Sent:** Tuesday, 8 October, 2019 6:39 PM  
**To:** Claims Dept of CTI <claimsdept@sg.cntaiping.com>  
**Cc:** 'Claims' <claims@premiumauto.com.sg>  
**Subject:** ACCIDENT BETWEEN SLL 4846 U AND YOUR INSURED SJN 6977 A ON 07/10/2019

Dear all,

Kindly assist liability clearance for above mention case. We propose 100% direct settlement in our client's favour

Please advise who is the officer in-charge shall we liaise with. To avoid dispute during finalisation we propose LOU/R at \$100/180 per day.

Attached is the GIA report for your reference and We will send you the estimate once ready.

Kindly arrange survey on 11/10/2019, 10AM. Owner waiting.

Thanks

Best Regards,  
TRoy Goh  
Claims Advisor

Premium Automobiles Pte Ltd (Reg 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  
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**CHUAN HO AUTO SERVICE**  
**SIN MING AUTO CITY**  
**160 SIN MING DRIVE #07-09**  
**SINGAPORE 575722**

*Not Notified*  
*Repairing Bumper*  
*3 days*

8408330

Vehicle & Document Information

Date: 17/10/2019

Vehicle No: SLL 4846 U

Make/Model: AUDI A5

**ESTIMATE : SLL 4846 U**

S/N	Description	Qty	Repairer's Est	Revised Est
1	REAR BUMPER	1	\$ 2,128.00	\$ <i>Bulin</i> 2,128.00 ✓
2	REAR BUMPER SILVER MOULDING	1	\$ 434.00	\$ <i>cm</i> 434.00 ✓
3	REAR BUMPER REFLECTOR LH	1	\$ 55.00	\$ <i>cm</i> 55.00 ✓
4	REAR EXHAUST TIP SET <i>455.00</i>	1	\$ 550.00	\$ <i>Del</i> 550.00 ✓
5	REAR BUMPER BRACKET LH	1	\$ 65.00	\$ <i>cm</i> 65.00 ✓
6	REAR REINFORCEMENT BAR	1	\$ 850.00	\$ <i>r</i> 850.00 X
7	REAR BUMPER DIFFUSER	1	\$ 600.00	\$ <i>cm</i> 600.00 ✓
8	REAR BUMPER SENSOR SEAL LH	1	\$ 15.00	\$ <i>rm</i> 15.00 X
9	REAR BUMPER SENSOR LH	1	\$ 210.00	\$ <i>rm</i> 210.00 X
			<b>Total :</b>	\$ 4,907.00
			<b>-10%</b>	\$ 490.70
			<b>Parts Total :</b>	\$ 4,416.30

1	ANTIRUST PROOFING, GALVANISING SPOT WIELD	\$ <i>(Bill)</i> 300.00 X
1	TO CHECK LIGHTING, WIRING & FUSES	\$ <i>200</i> 300.00
1	LABOUR TO DISMANTLE, REPAIR, REPLACE PARTS AND ALIGN	\$ <i>300</i> 800.00
1	TO PUTTY, PRIMER, SPRAY PAINT REAR BUMPER, REAR DIFFUSER AND END PANEL	\$ <i>400</i> 1,000.00

<b>Labour Total :</b>	\$ 2,400.00
<b>Parts Total :</b>	\$ 4,416.30
<b>Total :</b>	\$ 6,816.30
<b>-20%</b>	\$ 1,363.26
<b>Grand Total :</b>	\$ 5,453.04
<b>Lump Sum :</b>	\$ 5,400.00

CHUAN HO AUTO SERVICE



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
- Supplier warranty must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer:  
 Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

## 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	08/10/2019 09:03
Date Of Accident	07/10/2019 17:40
Exact Location Of Accident	AONG COMMONWEALTH AVE WEST TOWARDS CLEMENTI
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL4846U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN HAN BOON
NRIC No	S8208975F
Email Address	BOONSTER996@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-81250640
Alternative Phone No	OTHERS-81250640

### Vehicle Particulars

Manufacturer	AUDI
Model	A5 DESIGN 2.0 TFSI S TRONIC
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	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV-2018-00001782-01
Cover Note Number	

### Driver

Name of Driver	TAN HAN BOON
NRIC No	S8208975F
Date Of Birth	24/03/1982
Occupation	INDOOR
Date Of Driving Pass	03/07/2003
Driving Experience	16 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81250640
Fax Number	
Contact Number	OTHERS-81250640
EEmail Address	BOONSTER996@HOTMAIL.COM

Address	BLK 454 CLEMENTI AVE 3 #22-550
Postcode	120454
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	WET

#### 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

KINDLY REFER TO SKETCH PLAN.

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJN6977A
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KHAIRANI BIN HAJI PAUZAN
NRIC/Passport Number	S0216526J
Contact Number	93898043
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN


IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
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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)

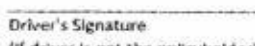
I understand, acknowledge, agree and consent that:

- (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: 08/01/19  
0925 hr

GIA/PA Sketch Plan Form V3

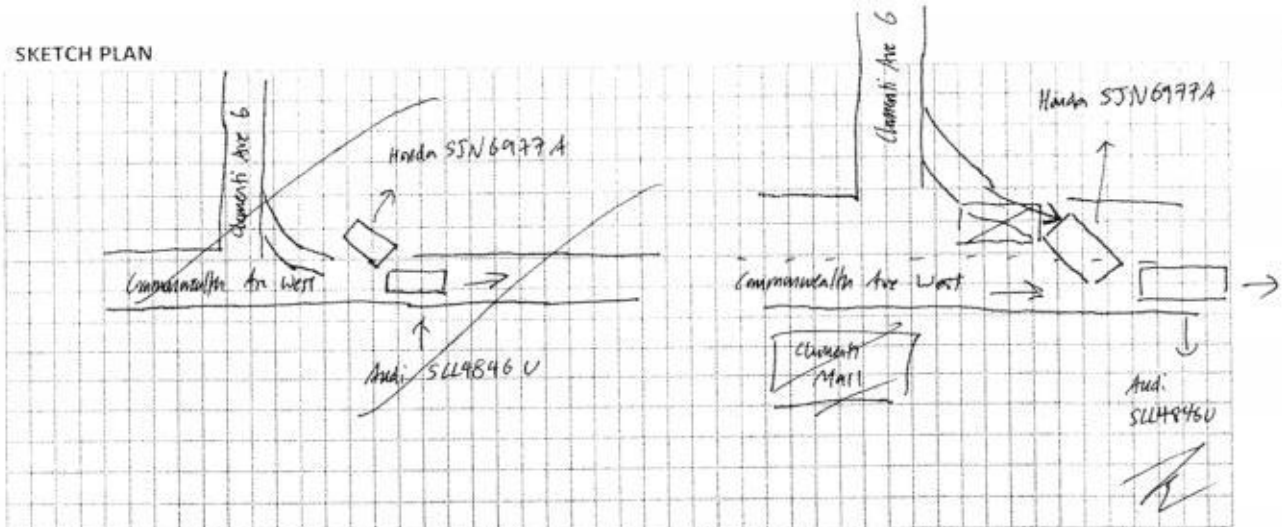
  
Driver's Signature  
(If driver is not the policyholder)

Date & Time:

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

# Sketch Plan Pg. 2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Commonwealth Ave West towards the direction of Clementi. I had just passed the junction connecting Commonwealth Ave West to Clementi Ave 6. Date and time was 071019, at 1742 hrs. Weather was clear though it had only just stopped raining. I was in lane 1.

I was driving straight in my lane. Due to traffic the car in front of me stopped and I similarly stopped too prepared to stop. A white Honda SSN 6977A which was entering from a side road (from Clementi Ave 6) onto the main road (Commonwealth Ave West) hit me from behind. Its ~~front~~ front bumper made contact with my rear left bumper.

The Honda's front bumper was damaged while my rear bumper and my left exhaust pipes were damaged. It should also be noted that the Honda was attempting to do a 2-lane filter at the time of incident.

No one was injured. Photos were taken and contact details exchanged.

<b>Important:</b> You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame from the day of the occurrence.		- Reporting Only
		- Claim OD
		- Claim TP
	✓	- Claim OD/ TP at other workshop

## DECLARATION

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

Policyholder's signature  
 Date & Time 081019  
 0705 hrs

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

Reporting Centre Personnel's Signature  
 Name:  
 Nric/Fin No.

## 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	08/10/2019 09:03
Date Of Accident	07/10/2019 17:40
Exact Location Of Accident	AONG COMMONWEALTH AVE WEST TOWARDS CLEMENTI
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL4846U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN HAN BOON
NRIC No	S8208975F
Email Address	BOONSTER996@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-81250640
Alternative Phone No	OTHERS-81250640

### Vehicle Particulars

Manufacturer	AUDI
Model	A5 DESIGN 2.0 TFSI S TRONIC
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	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV-2018-00001782-01
Cover Note Number	

### Driver

Name of Driver	TAN HAN BOON
NRIC No	S8208975F
Date Of Birth	24/03/1982
Occupation	INDOOR
Date Of Driving Pass	03/07/2003
Driving Experience	16 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81250640
Fax Number	
Contact Number	OTHERS-81250640
Email Address	BOONSTER996@HOTMAIL.COM

Address	BLK 454 CLEMENTI AVE 3 #22-550
Postcode	120454
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	WET

#### 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

KINDLY REFER TO SKETCH PLAN.

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJN6977A
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KHAIRANI BIN HAJI PAUZAN
NRIC/Passport Number	S0216526J
Contact Number	93898043
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
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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:

08/10/19

0925 hr

Driver's Signature

(If driver is not the policyholder)

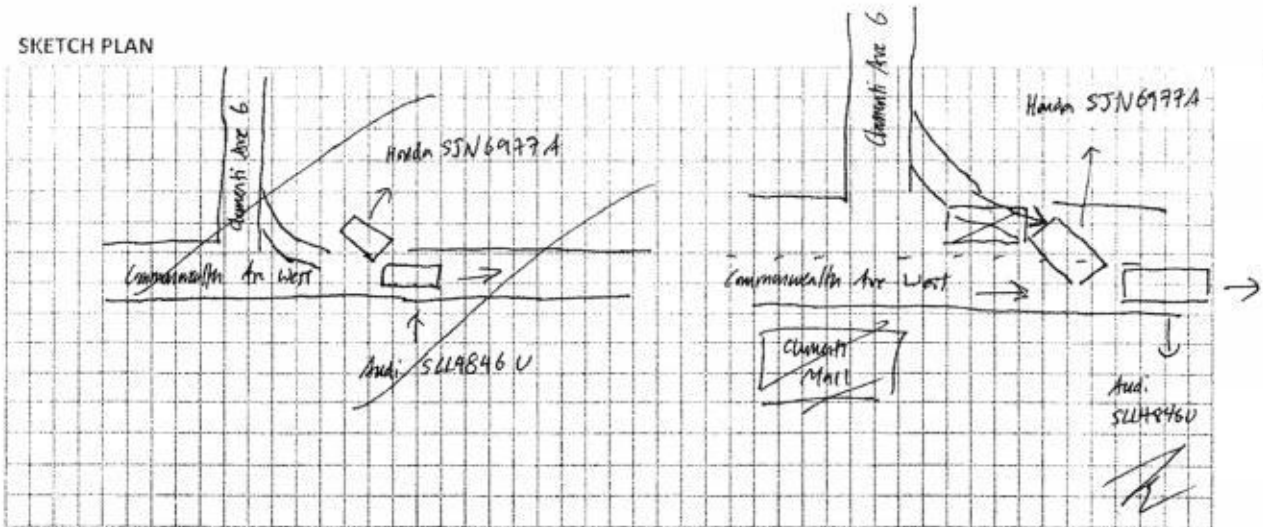
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Commonwealth Ave West towards the direction of Clarendon. I had just passed the junction connecting Commonwealth Ave West to Clarendon Ave 6. Time Date and Time was 071019, at 1742 hrs. Weather was clear though it had only just stopped raining. I was in lane 1.

I was driving straight in my lane. Due to traffic the car in front of me stopped and I similarly stopped too prepared to stop. A white Honda SSN 6977A which was entering from a side road (from Clarendon Ave 6) onto the main road (Commonwealth Ave West) hit me from behind. Its ~~front~~ <sup>left</sup> front bumper made contact with my rear left bumper. The Honda's front bumper was damaged while my rear bumper and my left exhaust pipes were damaged. It should also be noted that the Honda was attempting to do a 2-lane filter at the time of incident.

No one was injured. Photos were taken and contact details exchanged.

**Important:**  
You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame from the day of the occurrence.

	- Reporting Only
	- Claim OD
	- Claim TP
✓	- Claim OD/ TP at other workshop

DECLARATION

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

Policyholder's signature  
Date & Time 081019  
0905 hrs

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

Reporting Centre Personnel's Signature  
Name:  
Nric/Fin No.

## CERTIFICATE OF INSURANCE

Please call +65-6322-2072 for FWD Emergency Assistance  
if Your Car breaks down or is involved in an accident.

All accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

**POLICY NUMBER: PNPV2018-00001782-01 (Comprehensive - Classic Plan)**

Car plate number: SL14846U

Your name (As the policyholder): Tan Han Boon

Coverage start date: 27/02/2019

Coverage end date: 26/02/2020

Covered geographical area: Singapore, West Malaysia and Southern Thailand

Who is insured to drive:

a) You; and

b) Anyone with a valid driving license who You give permission to drive Your Car.

Important things to know:


Your Policy comprises this Certificate of Insurance, the Contract, the Car Insurance Summary and any endorsements attached by Us. These documents should be read together as one. You must make sure that any person You give permission to drive Your Car understands Your duties under this Policy and complies with its conditions.

Your Policy is only valid if Your Car is being used for non-commercial activities in accordance with Your contract.

Finance company: DBS Bank Ltd

We confirm that this Policy complies with the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189).

Issued on: 21/01/2019

  
Abhishek Bhatia  
Chief Executive Officer  
FWD Singapore Pte Ltd

Please immediately inform us at +65-6320-8888  
or email us at [contact.sg@fwd.com](mailto:contact.sg@fwd.com) if any details  
in this Certificate of Insurance need to be changed.

## YOUR CLASSIC CAR INSURANCE SUMMARY

Please call +65-6322-2072 for FWD Emergency Assistance  
if Your Car breaks down or is involved in an accident.

All accidents must be reported within 24 hours or the next working day of the incident  
regardless of whether it will lead to a claim.

POLICY NUMBER : PNPV2018-00001782-01

## About this policy


Premium paid : S\$1,196.38 Coverage start date : 27/02/2019  
(Inclusive of GST) Coverage end date : 26/02/2020  
Who is insured to drive: : You and any Authorised Driver  
Policy Type : CLASSIC

## About you (As the policyholder)

Your name : Tan Han Boon  
Address : 454 Clementi Avenue 3 22-550 Clementi Heights Singapore 120454  
Email : boomster996@hotmail.com  
NRIC/FIN : S8208975F Date of birth : 24/03/1982  
Marital status : Single Gender : Male  
Current no claims discount : 20% Mobile Number : 81250640  
Years of driving experience : Three or more Certificate of merit : Yes

## About your car

Car make and model : AUDI A5 2.0  
Year of first registration : 2017  
Car plate number : SL14846U  
Issued on: : 21/01/2019

  
**Abhishek Bhatia**  
Chief Executive Officer  
FWD Singapore Pte Ltd.

Please refer to contract for specific terms, conditions  
and exclusions of this policy.

Please immediately inform us at +65 6322 2072  
or email us to [contact@fwd.com.sg](mailto:contact@fwd.com.sg) if any details in  
this Car Insurance Summary need to be changed.

FWD Singapore Pte. Ltd. 6 Tembus Road, #04-05 Suntec Tower 4, Singapore 389067. Tel: (65) 6322 0888. Company Registration No: 200121171K. [www.fwd.com.sg](http://www.fwd.com.sg)  
Copyright © 2019 FWD Singapore Pte. Ltd. All Rights Reserved.



## CERTIFICATE OF INSURANCE

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if Your Car breaks down or is involved in an accident.

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**POLICY NUMBER: PNPV2018-00001782-01 (Comprehensive - Classic Plan)**

Car plate number: SLL4846U

Your name (As the policyholder): Tan Han Boon

Coverage start date: 27/02/2019

Coverage end date: 26/02/2020

Covered geographical area: Singapore, West Malaysia and Southern Thailand

Who is insured to drive:

(a) You; and

(b) Anyone with a valid driving license who You give permission to drive Your Car.

Important things to know:

Your Policy comprises this Certificate of Insurance, the Contract, the Car Insurance Summary and any Endorsements attached by Us. These documents should be read together as one. You must make sure that any person You give permission to drive Your Car understands Your duties under this Policy and complies with its conditions.

Your Policy is only valid if Your Car is being used for non-commercial activities in accordance with Your contract.

Finance company: DBS Bank Ltd

We confirm that this Policy complies with the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189).

Issued on: 21/01/2019

**Abhishek Bhatia**  
Chief Executive Officer  
FWD Singapore Pte Ltd

Please immediately inform us at +65-6820-8888  
or email us at [contact.sg@fwd.com](mailto:contact.sg@fwd.com) if any details  
in this Certificate of Insurance need to be changed.

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580  
Phone: +65 6224 0010 Fax: +65 6224 0030  
Operating Hours: Monday to Friday 9am to 5pm  
GST Registration No: M400017735

**Third Party Insurer Enquiry**

Our Ref No: GR-19-165746  
Date of Request: 08/10/2019

Your Ref No: Online Purchase

Premium Automobiles Pte Ltd  
55 Ubi Road 1  
Singapore 408699

Dear Sir/Madam,

Enquiry Date 08/10/2019  
Enquiry By Tony Foong Chin Fong  
TP Vehicle No. SJN6977A  
Accident Date 07/10/2019

**Enquiry Result**

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SJN6977A	China Taiping Insurance (Singapore) Pte. Ltd.	17/04/2019-16/04/2020	6389 6111

Thank You.

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

This is a computer generated document and requires no signature.

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580  
Phone: +65 6224 0010 Fax: +65 6224 0030  
Operating Hours: Monday to Friday 9am to 5pm  
GST Registration No: M400017735

**TAX INVOICE**

Our Ref No: GR-19-165746  
Date of Request: 08/10/2019

Your Ref No: Online Purchase

Premium Automobiles Pte Ltd  
55 Ubi Road 1  
Singapore 408699

Dear Sir/Madam,

Enquiry Date 08/10/2019  
Enquiry By Tony Foong Chin Fong  
TP Vehicle No. SJN6977A  
Accident Date 07/10/2019

DESCRIPTION	AMOUNT (S\$)
TP Insurer Enquiry	1.87
GST Amount	0.13
Total Amount Due (GST Inclusive)	2.00

Thank You.

This is a computer generated document and requires no signature.

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For GIARMC Official use:

Date:

☒ GIRO ☐ Cash ☐ Cheque



# Premium Automobiles

55 Ubi Road 1, Singapore 408699

Tel: 6366 2323 Fax: 6841 1183

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

WIP : 15242

## Telefax

Estimate : Accident Repairs  
Workshop : Ubi Road 1  
Contact No : 6366 2323  
Fax No : 6841 1183  
Reference : PA/TP/1222/2019/NS  
Date : 10-Oct-19

Vehicle NOT IN workshop. Kindly arrange for survey.

Your insured veh no. : **SJN 6977 A**

## China Taiping Insurance (SG) Pte Ltd

105 Cecil Street

#19-00 The Octagon

Singapore 069534

Attn: Ms Angie - Motor Claims Dept/Windscreen

Tel: 6389 6541 - Fax: 6224 7175

Owner's Name : Mr Tan Boon Han  
Address : Blk 454 Clementi Avenue 3  
#22-550  
Singapore 120454  
Telephone : (HP) +65 81250640  
Type of Claim : Third Party Claims  
Policy No. : PNPV-2018-00001782-01  
Vehicle No : **SLL 4846 U**  
Model Code : Audi A5 Coupe 2.0 TFSI S Tronic  
Model / Year : Feb-17  
Engine No : CVK 023619  
Chassis No : WAUZZZF5XHA006914  
Mileage : -  
Date In : -  
Estimated By : Johnny Boo / Allan Wu  
Accident Date : 7-Oct-19  
Place of Accident : Along Commonwealth Ave West Towards Clementi

## Premium Automobiles

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

Telefax

### Estimated Labour Charges for Accident Vehicle. SLL 4846 U

S/N	Nature of Jobs	Estimated Charges	Surveyor's Recommendations
1	To remove and transfer rear parking aid and rear lid kick sensor. Check function and renew according to damage.	S/N \$ 360.00 ✓	
2	To dismantle and renew rear bumper. Re-organise rear crash management components. Reinstall all parts removed.	\$ <del>1,200.00</del> 800.	
3	To respray rear bumper.	\$ <del>1,000.00</del> 800.	
4	To remove and renew both rear exhaust silencer. To align to position.	S/N \$ <del>480.00</del> 200	
5	To carry out diagnostic checks.	S/N \$ 192.00 ✓	
TOTAL LABOUR CHARGES		: <u>\$ 3,232.00</u>	

# Premium Automobiles

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

## Telefax

### Material List for Accident Vehicle Regn No. SLL 4846 U

S/N	Parts Description	Damage Parts & Prices	
		S/Nett	Remarks
1	REAR BUMPER <i>Del</i>	\$ 2,607.00	✓
2	REAR BUMPER FIXING PARTS <i>new</i>	\$ 150.00	+
3	REAR BUMPER SECURING STRIP ?	\$ 203.00	?
4	REAR BUMPER SPOILER <i>Del</i>	\$ 746.00	✓
5	REAR BUMPER TRIM	\$ 305.00	+
6	REAR BUMPER ALUMINIUM TRIM - CENTRE <i>new</i>	\$ 528.00	+
7	REAR BUMPER ALUMINIUM TRIM - LH / RH	2 \$ 528.00	+
8	REAR BUMPER TRIM - LH / RH <i>new</i>	2 \$ 74.00	+
9	REAR LIGHT REFLECTOR - LH / RH <i>LH cancelled</i>	2 \$ 76.00	38
10	REAR BUMPER CARRIER ?	\$ 819.00	?
11	REAR BUMPER SEAL <i>new</i>	2 \$ 25.00	+
12	REAR BUMPER GUIDE SECTION - LH / RH <i>new</i>	2 \$ 40.00	+
13	REAR BUMPER SIDE RETAINER - LH / RH	2 \$ 80.00	+
14	AERIAL RETAINER - LH <i>2</i>	\$ 23.00	+
15	TELEPHONE AERIAL <i>new</i>	\$ 164.00	+
16	BOOT LID CONTROL UNIT	\$ 381.00	+
17	REAR PARKING AID SENSOR - INNER / OUTER <i>new</i>	2 \$ 462.00	+
18	REAR PARKING AID SEAL RING <i>new</i>	4 \$ 12.00	+
19	REAR SILENCER - LH <i>Rg</i>	\$ 813.00	+
20	REAR SILENCER DUAL CLIP <i>2</i>	\$ 45.00	+
21	REAR SILENCER - RH <i>2</i>	\$ 813.00	+
22	REAR SILENCER DIAL CLIP <i>2</i>	\$ 45.00	+
23	EXHAUST SILENCER BRACKET	2 \$ 76.00	+
24	SUNDRIES ?	\$ 400.00	?
TOTAL SPARE PARTS		: \$ 9,415.00	
TOTAL LABOUR CHARGES		: \$ 3,232.00	
GRAND TOTAL		: <u>\$ 12,647.00</u>	

All charges are not inclusive of GST.

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

# Premium Automobiles

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

## Telefax

Name : Adnan Ling  
Surveyed Date : 11/10/19  
Authorised Date :  
Excess Cost :  
Liability :  
Remarks : Not authorised, 03 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



**Racing Technik Exhaust Specialist.**

51 Ubi Ave 1 #01-02 Paya Ubi Industrial Park Tel: 6844 4644 Fax: 6844 4244

W: [www.rtes.com.sg](http://www.rtes.com.sg) E: [sales@rtes.com.sg](mailto:sales@rtes.com.sg)

No.: SLL 4846U  
Model.: Audi A5

Date: 09/10/2019

**Quotation**

S/NO	JOB DESCRIPTION	Qty	Amt	REMARKS
1	Renew Rear Left Twin Pipe	1	\$ 200.00	
2				
3				
4				
5				
6				
7				
8				
TOTAL			\$ 200.00	

PLEASE MAKE CHEQUE PAYABLE TO "RACING TECHNIK EXHAUST SPECIALIST"

**RACING TECHNIK EXHAUST SPECIALIST**

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

### CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	10 Oct 2019		15 Oct 2019 17:13 <a href="#">Edit Adj Rpt</a>	<b>S\$4,083.30</b> <a href="#">Edit Estimates</a>	<b>S\$4,083.30</b> <a href="#">View Rpt</a>		<b>Pending for Survey Report</b> <a href="#">Cancel Case</a>

Main	Reference	Claim Details	Documents	<a href="#">Show All</a>
------	-----------	---------------	-----------	--------------------------

#### CLAIM SUBFOLDER DETAILS [Created by insurer]

Insured:	-, Co. Reg. No.: -		
Main Claimant:	TAN HAN BOON, ID: S8208975F		
Vehicle Reg. No.:	SLL4846U	Date of Loss:	07/10/2019 17:00 - :59 [31 Months and 10 Days From LTA Reg Date (Man Yr)]
Claim Type:	TP / SNM19D204742-SJN6977A-TKL	Policy/Cover Note No.:	DMPCSN3028391900 (Comprehensive)
Vehicle Reg. No. (Insured):	SJN6977A	Policy No. (Claimant):	PNPV-2018-00001782-01
		Excess:	S\$500.00
Repairer:	Chuan Ho Auto Service (HQ) Blk 11 # 01-85, Sector B Sin Ming Ind Estate, S75655 Sin Ming - Tel: 6456 1436		
Handling Insurer:	China Taiping Insurance (Singapore) Pte. Ltd. (HQ) - Tel: 6389 6111 ... [Handled by Tan Kah Leong - 63896193]		
Claimant's Insurer:	FWD Singapore Pte. Ltd. (HQ) - Tel: 6727 5700		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by KENNETH KONG] ... [Final Rpt due 24/10/2019]		

#### ASSOCIATED MAIL RECEIVED [View All](#) [Compose Case Mail](#)

There are no mail for this case.

#### ALL ASSOCIATED TASKS [View All](#) [Search Tasks](#) [Create New Task](#) [Complete](#)

Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									





## Claim Documents

**\*SLL4846U (SNM19D204742-SJN6977A-TKL)**  
**[SJN6977A]**  
**TP**  
**TAN HAN BOON**  
**Oct 7 2019 5:00PM**  
**[-]**  
**Chuan Ho Auto Service**

<a href="#">Upload Documents</a> <a href="#">Upload Photos</a> <a href="#">Compose New Letter</a>			<b>View</b> <a href="#">View in Browser</a>	
<b>Video</b>			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	ETHOZ Protect Pte Ltd (Bukit Batok)	Thumbnail	Print
1	08/10/19 09:45	<b>Video - Accident</b> [Linked Accident Report Documents]	Load MP4	
<b>Photos/Images</b>			3 per page	<input checked="" type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
1	27/11/19 09:37	<b>General View</b>	Load JPG	<input checked="" type="checkbox"/>
2	27/11/19 09:37	<b>General View</b>	Load JPG	<input checked="" type="checkbox"/>
3	27/11/19 09:37	<b>General View</b>	Load JPG	<input checked="" type="checkbox"/>
4	27/11/19 09:37	<b>General View</b>	Load JPG	<input checked="" type="checkbox"/>
5	27/11/19 09:37	<b>General View</b>	Load JPG	<input checked="" type="checkbox"/>
6	27/11/19 09:37	<b>General View</b>	Load JPG	<input checked="" type="checkbox"/>
7	27/11/19 09:37	<b>General View</b>	Load JPG	<input checked="" type="checkbox"/>
8	27/11/19 09:37	<b>General View</b>	Load JPG	<input checked="" type="checkbox"/>
9	27/11/19 09:37	<b>General View</b>	Load JPG	<input checked="" type="checkbox"/>
10	27/11/19 09:37	<b>General View</b>	Load JPG	<input checked="" type="checkbox"/>
11	27/11/19 09:37	<b>Odometer Reading</b>	Load JPG	<input checked="" type="checkbox"/>
12	27/11/19 09:37	<b>Chassis Number</b>	Load JPG	<input checked="" type="checkbox"/>
13	27/11/19 09:41	<b>Reinspection Photo</b>	Load JPG	<input checked="" type="checkbox"/>
14	27/11/19 09:41	<b>Reinspection Photo</b>	Load JPG	<input checked="" type="checkbox"/>
15	27/11/19 09:41	<b>Reinspection Photo</b>	Load JPG	<input checked="" type="checkbox"/>
16	27/11/19 09:41	<b>Reinspection Photo</b>	Load JPG	<input checked="" type="checkbox"/>
17	27/11/19 09:41	<b>Reinspection Photo</b>	Load JPG	<input checked="" type="checkbox"/>
18	27/11/19 09:46	<b>Before paint photo</b>	Load JPG	<input checked="" type="checkbox"/>
19	27/11/19 09:46	<b>Before paint photo</b>	Load JPG	<input checked="" type="checkbox"/>
20	27/11/19 09:46	<b>Before paint photo</b>	Load JPG	<input checked="" type="checkbox"/>

## Linked Accident Report Documents

			<b>View</b> <a href="#">View in Browser</a>	
<b>Video</b>			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	ETHOZ Protect Pte Ltd (Bukit Batok)	Thumbnail	Print
1	08/10/19 09:45	<b>Video - Accident</b>	Load MP4	
<b>Assessment Reports</b>			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	ETHOZ Protect Pte Ltd (Bukit Batok)	Thumbnail	Print
1	08/10/19 10:03	<b>Accident Statement</b>	Load HTM	
<b>Photos/Images</b>			3 per page	<input checked="" type="checkbox"/>
No	Finalized On	ETHOZ Protect Pte Ltd (Bukit Batok)	Thumbnail	Print
1	08/10/19 09:47	<b>Accident Photo</b>	Load JPG	<input checked="" type="checkbox"/>
2	08/10/19 09:47	<b>Accident Photo</b>	Load JPG	<input checked="" type="checkbox"/>
3	08/10/19 09:47	<b>Accident Photo</b>	Load JPG	<input checked="" type="checkbox"/>
4	08/10/19 09:47	<b>Accident Photo</b>	Load JPG	<input checked="" type="checkbox"/>

## Documents Checklist

DOCUMENTS CHECKLIST

ResetSavePrint

There are no document checklists configured.

Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)

Show Remarks To:

☐ Handling Insurer

Note: Remarks are private unless you show it to other parties.

## 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

Our File No: CS/CTI19017939/KQF3S2  
Date: 29/11/2019

## REFERENCE

Handling Insurer: China Taiping Insurance (Singapore) Pte. Ltd. Policy No: DMPCSN3028391900  
Claimant Vehicle No: SLL4846U Insured Vehicle No: SJN6977A  
Date of Loss: 07/10/2019 Nature of Claim: TP Claim No: SNM19D204742-SJN6977A-TKL

## DESCRIPTION &amp; IDENTIFICATION OF VEHICLE

Reg No: SLL4846U Engine No: CVK023619  
Make & Model: AUDI A5, 2.0 TFSI MU (A) Chassis No: WAUZZZF5XHA006914  
Reg. Date: 27/02/2017 (Man. Year: 2016) Odometer: 38478 km  
Colour: Metallic Grey  
Engine Capacity: 1984 cc  
Market Value/New Car Price: N/A  
Sum Insured (S\$): Market Value/New Car Price

## CONDITION OF VEHICLE AT THE TIME OF SURVEY

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

## CONDITION OF TYRES

Front Tyre Size: 255/35 ZR19 Rear Tyre Size: 255/35 ZR19  
Front Left Side: Continental 6 mm Rear Left Side: Continental 7 mm  
Front Right Side: Continental 6 mm Rear Right Side: Continental 7 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	4,416.30	3,363.30	1,053.00	23.84
Miscellaneous Items	0.00	0.00	0.00	
Labour	2,400.00	720.00	1,680.00	70.00
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
<b>Nett Amount (S\$)</b>	<b>6,816.30</b>	<b>4,083.30</b>	<b>2,733.00</b>	<b>40.10</b>

## INSPECTION

Date of Assignment: 15/10/2019  
Date Inspected: 25/10/2019 Inspected At: Chuan Ho Auto Service  
160 Sin Ming Drive #07-09 Autobay  
Singapore 575721  
Estimated Period of Repair: 3.0 days

Adjuster: KENNETH KONG

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 DETAILS

### Reference

<b>Part Source:</b>	MRM-SG	Version: 1.0 (Last Synchronised: 29 Nov 2019)
<b>Parts:</b>	M1-COUPE	AUDI A5 2.0 TFSI MU (A) (Catalogue:Merimen Singapore 1.0)
<b>Labour:</b>	Repairer's	(Price-denominated Standard List)
<b>Print Code:</b>	(Unsubmitted, no print-code for SLL4846U)	
<b>Validity:</b>	These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page	
<b>Further Info:</b>	Items/values not in reference catalogue are prefixed with an asterisk *.	

### Recommended Parts

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*REAR BUMPER	Buckled / Dented	2,128.00 FL	*2,128.00 FL
2	1		*REAR BUMPER SILVER MOULDING	Cracked	434.00 FL	*434.00 FL
3	1		*REAR BUMPER REFLECTOR LH	Cracked	55.00 FL	*55.00 FL
4	1		*SET REAR EXHAUST TIP	Dented	550.00 FL	*455.00 FL
5	1		*REAR BUMPER BRACKET LH	Cracked	65.00 FL	*65.00 FL
6	1		*REAR REINFORCEMENT BAR	Repair	850.00 FL	*- FL
7	1		*REAR BUMPER DIFFUSER	Cracked	600.00 FL	*600.00 FL
8	1		*REAR BUMPER SENSOR SEAL LH	Not Necessary	15.00 FL	*- FL
9	1		*REAR BUMPER SENSOR LH	Serviceable	210.00 FL	*- FL
					<b>Sub Total (S\$)</b>	<b>4,907.00</b>
					<b>- List Item Discount on L Items 10.00/10.00% (S\$)</b>	<b>490.70</b>
					<b>Total Parts (S\$)</b>	<b>4,416.30</b>
						<b>3,737.00</b>
						<b>3,363.30</b>

F=Franchise part, L=ListItemDisc.

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
<u>Labour Items</u>				
1	ANTI RUST PROOFING, GALVANISING SPOT WELD.	New	300.00	0.00
2	TO CHECK LIGHTING, WIRING & FUSES.	New	300.00	20.00
3	LABOUR TO DISMANTLE, REPAIR, REPLACE PARTS AND ALIGN.	New	800.00	300.00
4	TO PUTTY, PRIMER, SPRAY PAINT REAR BUMPER, REAR DIFFUSER AND END PANEL.	New	1,000.00	400.00
Gross Labour Cost (\$\$)			2,400.00	720.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >