

REF: CS3/AIG/19012341/Tlv-13-1
 ASSIGNMENT (Office)
 From (Person): Lee Ming Yao of AIG Date/Time: 18/10/2019
 Estimated Cost: Bill for:
 OD: TP WS/TP RES/OD RES/EVA/INV/MV/CS
 To: Insured Vehicle No: SJJ 7659H Insured: SDG 7999M
 at Workshop with: AMA Autocare Tel: 8778 3636
 of: 36 Jln Guan Rd East # 01-36
 Policy No: 2100188868 Claim No: 278758524286
 Sum Insured: Excess:
 Make of Veh: D.O.A. 6/6/2019
 (Client's Record)
 CA / REV / REP. / REV 24 HRS
 Date/Time: 4pm @ 12/7/19 Person Contacted: Melvin Vehicle: IN/OUT

| Date/Time | Action/Instruction | Initials (X) |
|-----------|--|--------------|
| | SJJ 7659H - X | |
| | SDG 7999M - X | |
| | Dismantle: 16/7/2019 | |
| | After repair: 30/8/2019 | |
| 30/10/19 | Submit LS \$ 8000 (Real 6700, 45%), 7 days | |

Taufik,

RECEIVED 30 OCT 2019

Pls check parts prices & see my remarks.

23/10/2019

15/8300, 7 days

190

PRS

ASSIGNMENT

From

Date

24/7/19

Estimated Cost

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

To inspect Vehicle No:

SJJ 76594

at Workshop with

AMA Automotive

of

36 Joh Guan Rd East #03-36

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 Report

Consistent? : Yes or No

GIA / PR Seen

Consistent? : Yes or No

Est. Repairs

6

days

Res.

Yes or No

Lum Sum

%

3 Val.

Yes or No

CA / REV / REP. / 24 HRS

up

Date

Person Contacted

Vehicle: IN / OUT

Veh No

55576594

Regd

2013, Jan

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

Truck / Trailer or

Make:

Audi A4

c.c

1700

Colour

Black

ACC

Insured / Std / NI / NA

Tpi Reading

152466

TtRadio

Insured / Std / NI / NA

EngNo

CtNo

WAM 2278 KSDA052710

Gen. Cond: ☒ Good / Fair / Poor / BurntSteering: ☒ Inorder / Jammed / Leaked / Burnt orBrake: ☒ Inorder / Jammed / Leaked / Burnt orMod: ☒ Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

245/40R18

R:

BS / DUN / ☒ NOVA / 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

27/2/19

Survey held at

AMA

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

Frt & Rear

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

Date / Time

Action / Instruction

Date/Time: File Photo (s)?

☐

: Preli. Report

ii

☐

: Final Report

Date/Time: File Document (s)?

iii

Date/Time: File Photo (s)?

Date/Time: File Document (s)?

DNR.

Days Of Repair:

6

Resurvey No. of Trip:

2

Add Fee:

☐

Site Imp

15

☐

Interview

15

☐

Tie In

15

☐

Tie In

15

Survey Fee

Transportation

1 x PR

1000

1000

1000

1000

180

11

191

Nivitha (LKK Auto)

From: Lee, Ming-Yao <MingYao.Lee@aig.com>
Sent: Friday, 18 October 2019 11:58 AM
To: assignments; Admin-D (LKKAuto)
Subject: Our Ref : 2787585242SG-003 | Request of Paper Adjustment on SJJ7659H DOA 06/06/2019
Attachments: 2787585242SG - TP Survey Report.pdf

Hi Team,

Referring above mentioned case where PRS was conducted by Mr. Taufikh of your team.

We wish to request to conduct paper adjustment on the said vehicle. Attached survey report for your kind reference.

Kindly acknowledge receipt of this appointment.

Regards,
Lee Ming Yao, George
AIG
Complex Claims Examiner
Claims | AIG Asia Pacific Insurance Pte. Ltd.

78 Shenton Way #08-16 Singapore 079120

Tel +(65) 6419 1769

Ming-Yao.Lee@AIG.com | www.aig.sg

IMPORTANT NOTICE:

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PHOTOCOPY

**AMA AUTOCARE PTE LTD**

36 Toh Guan Road East #01-36 Enterprise Hub Singapore 608580
 Email: AMACARE@GMAIL.COM
 (201) 7333-7091

PROFORMA INVOICE

No.: AAC0419
 Date: 17/07/2019
 Terms: C.O.D.

| BILLING DETAILS | |
|-----------------|--|
| NAME | GURDAVE SINGH S/O JEET SINGH |
| VEHICLE NUMBER | SJ17556H |
| MAKE & MODEL | AUDI A4 |
| NRIC/FIN | S7520815D |
| ADDRESS | BLK285B TOH GUAN ROAD #03-102 SINGAPORE 602285 |
| DRIVER | GURDAVE SINGH S/O JEET SINGH |
| TEL | 90224874 |
| EMAIL | |

| S/N | DATE | CODE | DESCRIPTION | AMOUNT (\$) |
|---|------|------|--|-------------|
| 1 | | 1001 | Lump Sum Repair Cost: To supply and replace parts, labour charges for repair, panel beating, welding and respray painting. | \$14,900.00 |
| | | DISB | DISBURSEMENT CHARGES | |
| 2 | | 1008 | Surveyor Fee Charges Only | \$550.00 |
| 3 | | 1009 | Rental Car Charges Only | \$1,980.00 |
| (Period: 22/07/2019 to 01/08/2019. 11 days x \$180 per day) | | | | |
| TOTAL AMOUNT (\$) | | | | \$17,430.00 |

Cheque Payment should be crossed and issued in favour of

AMA AUTOCARE PTE LTD

No Receipt will be issued.

Thank you for your patronage.



NIE CHUN YAN

Soon Huat Autoserv Pte Ltd

48 Toh Guan Road East #01-136

Enterprise Hub

Singapore 608586

Phone Number: 8402-5982, 9770-5782

| | | | | | |
|---|--------------|--------|---------------|-----------------------------|--------|
| Customer: | AMA | ① | Date: | 7/24/2019 1:16 PM | |
| Company: | | | VIN | | |
| License No: | SJJ7659H | | Technician: | AL HONG | |
| Odometer: | | | Order No.: | | |
| VEHICLE ALIGNMENT REPORT | | | | | |
| AUDI, A4 [8K], 2009-2015, (1BA) Normal Suspension | | | | | |
| Primary Angles | | | Initial | Specifications Min. Max. | Final |
| Front | Caster | Left | 4°13' | — — | 4°26' |
| | | Right | 4°43' | — — | 4°53' |
| | Camber | Left | -1°21' | -1°06' -0°20' | -1°33' |
| | | Right | -4°58' | -1°06' -0°20' | -1°30' |
| | Toe | Left | 2.7 | 0.5mm 1.5mm | 2.9 |
| | | Right | 18.0 | 0.5mm 1.5mm | 20.5 |
| Total | | 20.7 | 1.0 3.0 | 23.4 | |
| Rear | Camber | Left | -1°31' | -1°45' -0°55' | -1°30' |
| | | Right | -1°56' | -1°45' -0°55' | -1°54' |
| | Toe | Left | 1.5 | 0.5mm 1.5mm | 0.7 |
| | | Right | 0.2 | 0.5mm 1.5mm | 1.2 |
| | | Total | 1.7 | 1.0 3.0 | 1.9 |
| | Thrust Angle | | -0°06' | -0°10' 0°10' | 0°02' |
| Secondary Angles | | | Initial | Specifications Min. Max. | Final |
| SAI | Left | 5°03' | — — | 5°03' | |
| | Right | 4°49' | — — | 4°49' | |
| Included Angle | Left | 3°42' | — — | 3°30' | |
| | Right | -0°09' | — — | 3°19' | |
| Toe Out On Turns | Left | -2°00' | 1°19' 2°19' | -2°00' | |
| | Right | -1°45' | 1°19' 2°19' | -1°45' | |
| Maximum Turns | Left | — | 37°36' 41°06' | — | |
| | Right | — | 37°36' 41°06' | — | |
| Toe Curve Change | Left | — | — — | — | |
| | Right | — | — — | — | |
| Setback | Front | 0mm | — — | -6mm | |
| | Rear | -2mm | — — | -7mm | |
| Track Width Diff. | | 9mm | | 23mm | |
| Wheel Base Diff. | | 2mm | | 1mm | |
| Front Ride Height | Left | — | — — | — | |
| | Right | — | — — | — | |
| Rear Ride Height | Left | — | — — | — | |
| | Right | — | — — | — | |
| Frame Angle | | | | — | |

Thank You For Your Business

Soon Huat Autoserv Pte Ltd

48 Toh Guan Road East #01-136

Enterprise Hub

Singapore 608586

Phone Number: 8402-5982, 9770-5782

| | | | | | | |
|---|--------------|-------|--------------------------|----------------|--------|--------|
| Customer: AMA | | | Date: 7/26/2019 12:16 PM | | | |
| Company: | | | VIN | | | |
| License No: SJJ7659H | | | Technician: AL HONG | | | |
| Odometer: | | | Order No.: | | | |
| VEHICLE ALIGNMENT REPORT | | | | | | |
| AUDI, A4 [8K], 2009-2015, (1BA) Normal Suspension | | | | | | |
| Primary Angles | | | Initial | Specifications | | Final |
| | | | | Min. | Max. | |
| Front | Caster | Left | 4°06' | --- | --- | 4°06' |
| | | Right | 4°40' | --- | --- | 4°39' |
| | Camber | Left | -1°24' | -1°06' | -0°20' | -1°28' |
| | | Right | -1°18' | -1°06' | -0°20' | -1°19' |
| | Toe | Left | 2.7 | 0.5mm | 1.5mm | 0.9 |
| | | Right | 5.5 | 0.5mm | 1.5mm | 0.9 |
| Total | | 8.2 | 1.0 | 3.0 | 1.8 | |
| Rear | Camber | Left | -1°31' | -1°45' | -0°55' | -1°32' |
| | | Right | -1°48' | -1°45' | -0°55' | -1°31' |
| | Toe | Left | 1.4 | 0.5mm | 1.5mm | 0.9 |
| | | Right | 0.6 | 0.5mm | 1.5mm | 1.0 |
| | | Total | 2.0 | 1.0 | 3.0 | 1.9 |
| | Thrust Angle | | -0°04' | -0°10' | 0°10' | 0°00' |
| Secondary Angles | | | Initial | Specifications | | Final |
| | | | | Min. | Max. | |
| SAI | Left | | 5°03' | --- | --- | 5°03' |
| | Right | | 4°54' | --- | --- | 4°54' |
| Included Angle | Left | | 3°39' | --- | --- | 3°35' |
| | Right | | 3°36' | --- | --- | 3°35' |
| Toe Out On Turns | Left | | 0°36' | 1°19' | 2°19' | 0°36' |
| | Right | | 0°26' | 1°19' | 2°19' | 0°26' |
| Maximum Turns | Left | | --- | 37°36' | 41°06' | --- |
| | Right | | --- | 37°36' | 41°06' | --- |
| Toe Curve Change | Left | | --- | --- | --- | --- |
| | Right | | --- | --- | --- | --- |
| Setback | Front | | -5mm | --- | --- | -4mm |
| | Rear | | -5mm | --- | --- | -5mm |
| Track Width Diff. | | | 20mm | | | 20mm |
| Wheel Base Diff. | | | 0mm | | | 1mm |
| Front Ride Height | Left | | --- | --- | --- | --- |
| | Right | | --- | --- | --- | --- |
| Rear Ride Height | Left | | --- | --- | --- | --- |
| | Right | | --- | --- | --- | --- |
| Frame Angle | | | | | | --- |

Thank You For Your Business

Can: 419

S K AUTO CONSULTANTS

PHOTOCOPY

Invoice

Bill To: GURDAVE SINGH S/O JEET SINGH
C/o AMA Autocare Pte Ltd
Enterprise Hub #01-36
36 Toh Guan Road East
Singapore 608580

| | |
|-------------|---------------|
| Invoice No: | 2019279 |
| Date: | 28/08/2019 |
| Our Ref | TP/019/0279SK |

| Description | Amount (\$\$) |
|--|---------------|
| PARTICULARS | |
| Vehicle Registration No : SJJ 7659 H | 550.00 |
| Date of Accident : 06/06/2019 | |
| Date of Inspection : 24/07/2019 | |
| SERVICES: | |
| Assessment with report (inclusive of transport charges and photographs etc) | |
| Total | 550.00 |
| Balance Due | 550.00 |

We would appreciate your cheque crossed and made payable to:
S K AUTO CONSULTANTS



Authorized Signature

S K AUTO CONSULTANTS

AUTOMOBILE ASSESSMENT REPORT

Page No. 1

Our Reference: TP/019/02795K
Your Reference: TBA

Date: 28/08/2019

TO: GURDAVE SINGH S/O JEET SINGH
C/o AMA Autocare Pte Ltd
Enterprise Hub #01-36
36 Toh Guan Road East
Singapore 608580

Assessment of Vehicle No : SJJ 7659 H
Date of Accident : 06/06/2019
Date of Inspection : 24/07/2019

We have carried out a physical assessment of SJJ 7659 H at AMA Autocare Pte Ltd according to your instructions on 24/07/2019 and are pleased to submit our report as follows;

1.VEHICLE PARTICULARS

| | | |
|----------------------|---|-------------------|
| Registration No. | : | SJJ 7659 H |
| Make & Model | : | AUDI A4 |
| Year of Registration | : | 25/01/2013 |
| Engine Capacity (cc) | : | 1799 |
| Chassis No. | : | WAUZZZ8K8DA052710 |
| Engine No. | : | CJE011019 |
| Colour | : | BLACK |
| Mileage (km) | : | 156466 |

2.VEHICLE CONDITION

| | | |
|---------------|---|-------------|
| Body Paint: | : | Good |
| Steering | : | Serviceable |
| Foot Brake | : | Serviceable |
| Parking Brake | : | Serviceable |

3.TYRE PARTICULARS & CONDITION

Front

| | | |
|--------------|---|--------------------------|
| RH Make/Size | : | YOKOHAMA 245/40R18 - 80% |
| LH Make/Size | : | YOKOHAMA 245/40R18 - 80% |

Rear

| | | |
|--------------|---|--------------------------|
| RH Make/Size | : | YOKOHAMA 245/40R18 - 80% |
| LH Make/Size | : | YOKOHAMA 245/40R18 - 80% |

Note: % denotes the remaining percentage of the tyre

S K AUTO CONSULTANTS

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Page No. 2

Our Reference TP/019/0279SK
Vehicle No. SJJ 7659 H

4. DESCRIPTION OF DAMAGE

At the time of inspection observed that this vehicle had sustained damages to the RHS Front portion and undercarriage

Please see attached schedule for details.



Estimated Amount : S\$18,613.54
Adjusted Amount : S\$14,900/-
Estimated Repair Days : 10 days

Pursuant to your instruction, we have **NOT AUTHORIZED** repair.

The assessment was conducted on a "**Without Prejudice**" basis.

If we are not notified of anything to the contrary within **14 Days** from the date hereof, this report shall be treated as correct.

Disclaimer

This report is intended for the exclusive use of the addressee solely in relation to the loss occurrence in which the assessed vehicle is involved. No liability or responsibility whatsoever shall be held by **S K AUTO CONSULTANTS** for any reliance on this report by any third party.

S K AUTO CONSULTANTS

Page No. 3

Our Reference TP/019/02795K

Vehicle No. SJJ 7659 H

| QTY | DESCRIPTION | CONDITION | REPAIRER'S ESTIMATE(\$\$) | OUR ASSESSMENT(\$\$) |
|------|--------------------------------------|---------------|------------------------------|-------------------------|
| | PARTS (LIST ITEMS) | | | |
| 1 | Front bumper | Deformed/Crk. | 1419.00 | 1419.00 |
| 1 | Front bumper RHS side retainer | Damaged | 142.00 | 142.00 |
| 1 | Front bumper RHS fog lamp | Damaged | 482.00 | 482.00 |
| 1 | Front bumper RHS fog lamp cover | Missing | 192.00 | 192.00 X DL |
| 1 | Front bumper reinforcement | Bent | 621.00 | 621.00 X SVL |
| 1 | Front bumper lower cover | Torn | 520.00 | 520.00 |
| 1 | Front bumper foglamp inner frame | Cracked | 180.00 | 180.00 |
| 1 | RHS Front fender | Distorted | 1210.00 | 1210.00 |
| 1 | RHS Front fender inner splash shield | Torn/Deformed | 245.50 | 245.50 |
| 1 | Front radiator grille | Damaged | 825.00 | 825.00 } 1040 |
| 1 | Front radiator grille chrome | Cracked | 320.00 | 320.00 |
| 1 | Front radiator grille inner garnish | Cracked | 480.00 | 480.00 X NS |
| 1 | RHS Headlamp | Grazed | 2308.00 | 2308.00 |
| 1 | RHS Headlamp ballast | Damaged | 775.00 | 775.00 X SVL |
| 1 | RHS Headlamp control unit | Damaged | 690.00 | 690.00 X SVL |
| 1 | RHS Headlamp bracket | Cracked | 61.80 | 61.80 |
| 1 | Front support panel | Bent | 936.50 | 936.50 X Δ SVL |
| 1 | Air con condensor inlet pipe | Bent | 178.00 | 178.00 X SVL |
| 1 | RHS Front shock absorber | Damaged | 592.50 | 592.50 X Δ SVL |
| 1 | RHS Front knuckle arm | Damaged | 410.00 | 410.00 X Δ SVL |
| 1 | RHS Front upper control arm | Damaged | 298.00 | 298.00 X Δ SVL |
| 1 | RHS Front lower control arm | Damaged | 298.00 | 298.00 |
| 1 | RHS Front tie rod | Damaged | 172.00 | 172.00 X Δ SVL |
| 1 | Bonnet *dented at side (right edge) | Dented * | 1879.00 | 1879.00 RX |
| | | | 15235.30 | 15235.30 |
| | | less 5% | 761.77 | 761.77 |
| | | | 14473.54 | 14473.54 |
| | SPECIAL NETT ITEMS | | | |
| 1set | RHS Front fender inner shield clips | Necessary | 60.00 | 40.00 30 |
| 1 | RHS Front sports rim | Grazed/Dmg. | 1280.00 | 1280.00 900 |
| | TOTAL PARTS | | 15813.54 | 15793.54 930 |

8011.30-
7610.73

S K AUTO CONSULTANTS

Page No. 4

Our Reference TP/019/02795K


Vehicle No. SJJ 7659 H

| S/N | DESCRIPTION | REPAIRER'S ESTIMATE (S\$) | OUR ASSESSMENT (S\$) |
|-----|--|---------------------------|------------------------|
| | LABOUR | | |
| 1 | To remove the affected parts & fittings to commence repairs; replace damaged parts and components | 1200.00 | 1000.00 ⁷⁰⁰ |
| 2 | To supply paint materials, expandable items & putty, respray paint on parts replaced and repaired areas i.e (RHS Front door) | 1200.00 | 1000.00 ⁷⁰⁰ |
| 3 | To remove and re-fix wiring and check all electrical components and focus headlamp beam | 180.00 | 150.00 ⁴⁰ |
| 4 | To remove and replace RHS front undercarriage parts | 300.00 | 250.00 ¹⁵⁰ |
| 5 | To clear fault code with diagnostic computer and reset to specification (post repair scan) | 350.00 | 300.00 ²⁰⁰ |
| 6 | To provide anti-rust treatment on affected areas | 150.00 | 120.00 ³⁰ |
| | Labour Total | 3380.00 | 2820.00 |
| | Total (Parts & Labour) | 19193.54 | 18613.54 |

Note: (For Lump Sum Repair)

The workshop has agreed to undertake the repair on a Lump Sum Basis, and/or the use of ex stock/reconditioned parts whichever is possible (having taken into consideration to repair instead of replacement).

The final adjusted Lump Sum contract amount is S\$14,900/-


JOHN LOW
Motor Surveyor

1820
10360.73
4/5 of 8300
7 days #

REPAIR DETAILS

Recommended Parts

| No. | Qty | Part No. | Particulars | Condition | Repairer's | Amount |
|-------------------|-----|----------|--------------------------------------|-----------|------------|--------|
| 1 | 1 | | *FRT BUMPER | Dented | 0.00 F | *.F |
| 2 | 1 | | *SET FRT BUMPER CLIPS | Necessary | 0.00 F | *.F |
| 3 | 1 | | *FRT BUMPER BRACKET | Dented | 0.00 F | *.F |
| 4 | 2 | | *FRT BUMPER SIDE RETAINER | Crumpled | 0.00 F | *.F |
| 5 | 1 | | *FRT BUMPER REINFORCEMENT | Dented | 0.00 F | *.F |
| 6 | 1 | | *FRT BUMPER GRILLE LOWER | Cut | 0.00 F | *.F |
| 7 | 1 | | *FRT RH BUMPER FOG LAMP | Crumpled | 0.00 F | *.F |
| 8 | 1 | | *FRT GRILLE INNER BASE GARNISH | Cut | 0.00 F | *.F |
| 9 | 1 | | *FRT GRILLE CHROME MOULDING | Crumpled | 0.00 F | *.F |
| 10 | 1 | | *FRT SUPPORT PANEL TOP GARNISH COVER | Crumpled | 0.00 F | *.F |
| 11 | 1 | | *FRT RH HEADLAMP ASSY | Crumpled | 0.00 F | *.F |
| 12 | 1 | | *BONNET | Repair | 0.00 F | *.F |
| 13 | 1 | | *FRT RH FENDER | Crumpled | 0.00 F | *.F |
| 14 | 1 | | *FRT RH FENDER INNER PANEL | Repair | 0.00 F | *.F |
| 15 | 1 | | *FRT RH FENDER INNER SHIELD | Cut | 0.00 F | *.F |
| 16 | 1 | | *FRT RH WHEEL RIM | Scratched | 0.00 F | *.F |
| 17 | 1 | | *FRT RH HEADLAMP BRACKET | Crumpled | 0.00 F | *.F |
| 18 | 1 | | *FRT BUMPER LOWER UNDERCOVER | Crumpled | 0.00 F | *.F |
| Total Parts (S\$) | | | | | 0.00 | 0.00 |

F=Franchise part.

Report was unsubmitted during this print-out.

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 | 06/06/2019 12:22 |
| Date Of Accident | 06/06/2019 21:55 |
| Exact Location Of Accident | CARPARK BLK 285A/285B |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|--|---|
| Vehicle Registration Number | SJJ7659H |
| Insured/Policyholder | |
| Name Of Registered Owner | GURDAVE SINGH S/O JEET SINGH |
| NRIC No | S7520815D |
| Email Address | GURDAVE1407@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-90224874 |
| Alternative Phone No | OFFICE-90224874 |
| Vehicle Particulars | |
| Manufacturer | AUDI |
| Model | A4-1.8 TFSI (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? | NO |
| If No, Please state action to be taken | THIRD PARTY |
| Vehicle Category | PRIVATE CAR |
| Insurance Company | |
| Name of Insurance Company | GREAT EASTERN GENERAL INSURANCE LIMITED |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 2019-V0106701-VDP |
| Cover Note Number | |
| Driver | |
| Name of Driver | GURDAVE SINGH S/O JEET SINGH |
| NRIC No | S7520815D |
| Date Of Birth | 14/07/1975 |
| Occupation | INDOOR |
| Date Of Driving Pass | 10/07/2007 |
| Driving Experience | 11 YEARS AND 10 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-90224874 |
| Fax Number | |
| Contact Number | OFFICE-90224874 |
| Email Address | GURDAVE1407@GMAIL.COM |

| | |
|---|-----------------------------------|
| Address | BLK 285B TOH GUAN ROAD #03-102 |
| Postcode | 602285 |
| 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 ON COLLISION |
| Weather Conditions | RAINING |
| 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

PLEASE REFER TO THE SKETCH PLAN, THANK YOU

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 | SDG7999M |
| Vehicle Make/Model/Colour | MERCEDES - RED COLOUR |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | GAO YANG |
| NRIC/Passport Number | G8007118W |
| Contact Number | |
| 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 repeal 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.

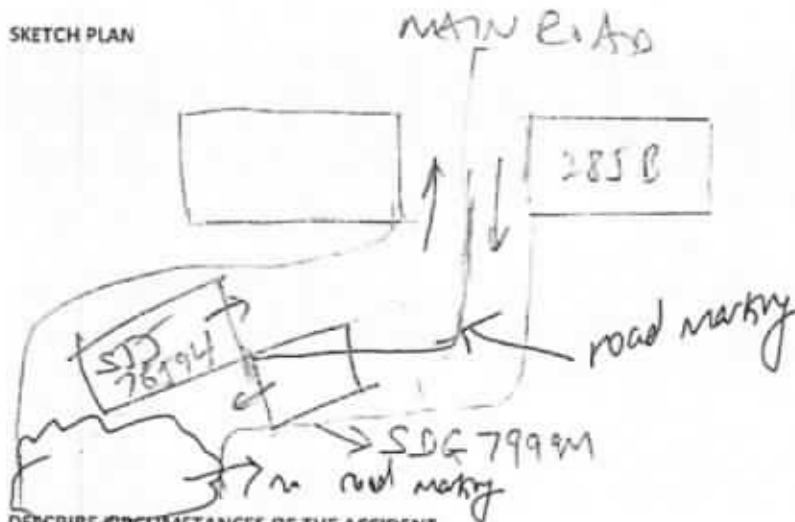
Policyholder's Signature
Date & Time:

8/6/19 11:30am

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

ON 6/6/19 AT ABT 9:55pm as I was leaving my car park and negotiating a bend behind BLKT 282A/285B, my car and another approaching car met with a head on collision. The other car no is SDG 7999M and the driver headlight were not on plus it was drizzling & at nite. He was also not in his lane, plz see photo as there are markings there. For my car, I was just entering into the bend area & before that there is no the markings at all. No injured but my car is badly damaged. plz see photos.

DECLARATION

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

Policyholder's Signature

Date & Time:

8/6/19

Driver's Signature

(if driver is 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 | 07/06/2019 15:58 |
| Date Of Accident | 06/06/2019 21:55 |
| Exact Location Of Accident | NEAR BLK 285C TOH GUAN ROAD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-----------------------------|
| Vehicle Registration Number | SDG7999M |
| Insured/Policyholder | |
| Name Of Registered Owner | SEET GAEK KEE |
| Work Permit No | S0049636G |
| Email Address | TG@GLOBALAUTOSPECIALIST.COM |
| Mobile Phone No | (LOCAL) +65-91477675 |
| Alternative Phone No | Others-91477675 |

Vehicle Particulars

| | |
|--|---------------|
| Manufacturer | MERCEDES-BENZ |
| Model | E250 |
| Exact Purpose for which vehicle was being used at time of accident | PRIVATE USE |

Are you claiming under your own insurance policy for repair to your vehicle? NO

If No, Please state action to be taken THIRD PARTY

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 | 2100188868-09 |
| Cover Note Number | |

Driver

| | |
|----------------------|------------|
| Name of Driver | GAO YANG |
| Passport No/FIN | G8007118W |
| Date Of Birth | 08/04/1986 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 30/11/2009 |

| | |
|---|---|
| Driving Experience | 9 YEARS AND 6 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-91415555 |
| Fax Number | |
| Contact Number | |
| EMail Address | NOEMAIL |
| Address | C/O 48 TOH GUAN EAST #06-99 ENTERPRISE HUB |
| Postcode | 608586 |
| Was driver an employee of the Insured's Company | YES |
| If No, Relationship of the Driver with the Insured | |
| Vehicle Registration Number of Driver's Own Vehicle | - - - |
| Insurance Company of Driver's Own Vehicle | - - - |

General Information of the Accident

| | |
|--------------------|------------|
| Type Of Accident | 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? | |
| 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

PLEASE REFER TO SKETCH PLAN AND 1 PASSENGER.

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 | SJJ7659H |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |

Vehicle Category

PRIVATE CAR

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.
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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.
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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:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 07-06-19
15:56HJ

Reporting Centre Personnel's Signature
Name: 001 Kwab Choo
NRIC/FIN N: 38840583A

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

VEHICLE NO: SDX 7999M
PLACE OF ACCIDENT: NEAR BLK 285C TOH GUAN RD
DATE: 06.06.19 TIME: 2155 HRS
3RD PARTY VEHICLE NO: SJJ 7659M
3RD PARTY DRIVER: GURDAVE SINGH S/O JABT SINGH 275208/5D

I WAS DRIVING ALONG TOH GUAN RD NEAR BLK 285C WHEN A CAR, SJJ 7659M COMING FROM OPPOSITE DIRECTION, DROVE INTO MY PATH AND HIT THE RIGHT FRONT OF MY CAR.

DECLARATION

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

Policyholder's Signature
Date & Time:

Driver's Signature: [Signature]
(If driver is not the policyholder)
Date & Time: 03-06-19

Reporting Centre Personnel's Signature
Name: **Poh Kwee Choo**
NRIC/TIN No.: **S8840583A**

Accident Photo



Accident Photo



Accident Photo



CHASSIS NUMBER




**LKK Auto Consultants Pte Ltd**

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

TEL: 6256 3561 FAX: 6256 4315

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

| Affiliated to Federation Internationale Des Experts En Automobile | | | | |
|---|--|---------------------------------|---|--|
| AIG ASIA PACIFIC INSURANCE PTE LTD | | Ref : CS3/AIG19012391/T1vf3e2-1 | | |
| 78 SHENTON WAY #08-16 CHARTIS BUILDING SINGAPORE 079120 ATTN : LEE MING YAO | | Date : 31-10-2019 |  | |
| | | Code : AIG | | |
| 1. Policy Particulars :- THIRD PARTY CLAIM | | | | |
| Insured Veh. | SDG 7999M | Veh. Inspected | SJJ 7659H | |
| Policy No. | 2100188868 | Coverage (\$) | 0.00 | |
| Claim No. | 2787585242SG | Excess (\$) | 0.00 | |
| Assign From | LEE MING YAO | Assign Date | 18/10/2019 | |
| 2. Vehicle Particulars & Condition | | | | |
| Make & Model | AUDI A4 | c.c | 1798 | |
| Engine No. | HIDDEN | Year of Reg. | 2013 | |
| Chassis No. | WAUZZZ8K8DA052710 | Colour | BLACK | |
| Odometer | 156466 | Steering | IN ORDER | |
| Brakes | IN ORDER | Modification | SPORTS RIM | |
| General | GOOD | | | |
| 3. Conditions of Tyres | | | | |
| | Size | Make | Balance | |
| R/H Front Tyre | 245/40 R18 | YOKOHAMA | 6 mm | |
| L/H Front Tyre | 245/40 R18 | YOKOHAMA | 6 mm | |
| R/H Rear Tyre | 245/40 R18 | YOKOHAMA | 6 mm | |
| L/H Rear Tyre | 245/40 R18 | YOKOHAMA | 6 mm | |
| 4. Description of Damages | | | | |
| THE VEHICLE SUSTAINED DAMAGES AT THE FRONT O/S PORTION. DAMAGES SEE DETAILS. | | | | |
| 5. General Information | | | | |
| Accident Date | 06/06/2019 | Inspection Date | 24/07/2019 | |
| Survey held at | AMA AUTOMOTIVE PTE. LTD. 36 TOH GUAN ROAD EAST #03-36 SINGAPORE 608580 | | | |
| 5a. Remarks | | | | |
| A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS. | | | | |
| 5b. Estimate Days of Repair | | | | |
| ESTIMATED NORMAL PERIOD FOR REPAIR: | | 7 Working Days | | |



LKK Auto Consultants Pte Ltd

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TEL: 6256 3561 FAX: 6256 4315

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

Page No.:1 of 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SJJ 7659H

| Qty | Description of Parts | Condition | Estimate By Workshop (\$) | Our Adjusted (\$) |
|-----------------------------|--|----------------------|---------------------------|-------------------|
| REPLACEMENT OF PARTS | | | | |
| 1 | FRONT BUMPER | DEFORMED / CRACKED | 1,419.00 | 1,419.00 |
| 1 | FRONT BUMPER RHS SIDE RETAINER | DAMAGED | 142.00 | 142.00 |
| 1 | FRONT BUMPER RHS FOG LAMP | DAMAGED | 482.00 | 482.00 |
| 1 | FRONT BUMPER RHS FOG LAMP COVER | SERVICEABLE | 192.00 | - |
| 1 | FRONT BUMPER REINFORCEMENT | SERVICEABLE | 621.00 | - |
| 1 | FRONT BUMPER LOWER COVER | TORN | 520.00 | 520.00 |
| 1 | FRONT BUMPER FOGLAMP INNER FRAME | CRACKED | 180.00 | 180.00 |
| 1 | RHS FRONT FENDER | DISTORTED | 1,210.00 | 1,210.00 |
| 1 | RHS FRONT FENDER INNER SPLASH SHIELD | TORN / DEFORMED | 245.50 | 245.50 |
| 1 | FRONT RADIATOR GRILLE) | DAMAGED | 825.00 | 1,040.00 |
| 1 | FRONT RADIATOR GRILLE CHROME) | CRACKED | 320.00 | - |
| 1 | FRONT RADIATOR GRILLE INNER GARNISH | NO SUCH PARTS | 480.00 | - |
| 1 | RHS HEADLAMP | GRAZED | 2,308.00 | 2,308.00 |
| 1 | RHS HEADLAMP BALLAST | SERVICEABLE | 775.00 | - |
| 1 | RHS HEADLAMP CONTROL UNIT | SERVICEABLE | 690.00 | - |
| 1 | RHS HEADLAMP BRACKET | CRACKED | 61.80 | 61.80 |
| 1 | FRONT SUPPORT PANEL | SERVICEABLE | 936.50 | - |
| 1 | AIR CON CONDENSOR INLET PIPE | SERVICEABLE | 178.00 | - |
| 1 | RHS FRONT SHOCK ABSORBER | SERVICEABLE | 592.50 | - |
| 1 | RHS FRONT KNUCKLE ARM | SERVICEABLE | 410.00 | - |
| 1 | RHS FRONT UPPER CONTROL ARM | SERVICEABLE | 298.00 | - |
| 1 | RHS FRONT LOWER CONTROL ARM | DAMAGED | 298.00 | 298.00 |
| 1 | RHS FRONT TIE ROD | SERVICEABLE | 172.00 | - |
| 1 | BONNET * DENTED AT SIDE (RIGHT EDGE) | TO REPAIR SEE LABOUR | 1,879.00 | - |
| | LESS 5% DISCOUNT | | -761.77 | -395.32 |
| | | | 14,473.53 | 7,510.98 |
| SPECIAL NETT ITEMS | | | | |
| 1 | SET RHS FRONT FENDER INNER SHIELD CLIPS (SN) | NECESSARY | 60.00 | 30.00 |

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Page No.:2 of 2

| Qty | Description of Parts | Condition | Estimate By Workshop (\$) | Our Adjusted (\$) |
|---|---|------------------|---------------------------|-------------------|
| 1 | RHS FRONT SPORTS RIM (SN) | GRAZED / DAMAGED | 1,280.00 | 900.00 |
| | | | 1,340.00 | 930.00 |
| | LABOUR | | | |
| | TO REMOVE THE AFFECTED PARTS & FITTINGS TO COMMENCE REPAIRS; REPLACE DAMAGED PARTS AND COMPONENTS. INCLUSIVE OF THE REPAIR OF BONNET * DENTED AT SIDE (RIGHT EDGE). | | 1,200.00 | 700.00 |
| | TO SUPPLY PAINT MATERIALS, EXPANDABLE ITEMS & PUTTY, RESPRAY PAINT ON PARTS REPLACED AND REPAIRED AREAS I.E (RHS FRONT DOOR) | | 1,200.00 | 700.00 |
| | TO REMOVE AND RE-FIX WIRING AND CHECK ALL ELECTRICAL COMPONENTS AND FOCUS HEADLAMP BEAM. | | 180.00 | 40.00 |
| | TO REMOVE AND REPLACE RHS FRONT UNDERCARRIAGE PARTS. | | 300.00 | 150.00 |
| | TO CLEAR FAULT CODE WITH DIAGNOSTIC COMPUTER AND RESET TO SPECIFICATION (POST REPAIR SCAN) | | 350.00 | 200.00 |
| | TO PROVIDE ANTI-RUST TREATMENT ON AFFECTED AREAS. | | 150.00 | 30.00 |
| | | | 3,380.00 | 1,820.00 |
| GRAND TOTAL | | | 19,193.53 | 10,260.98 |
| RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) | | | | 8,200.00 |

Report Ref No. CS3/AIG19012391/T1vf3e2-1

MOHAMAD TAUFIKH

M.MATAI, AMSAE-A

Automotive Assessor

ADRIAN LING WAI PING

B.Eng,AMSOE,AMIRTE,AMSAE-A,M.MATAI

Licensed Appraiser

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No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.