

CC3/AIG 19018688/T1+f3

ASS. REC. BY:

Tayfma

REF:

AIC

## 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:

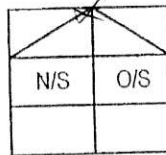
400 300

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

130K

~~120K~~ \$115K

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

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SMN3121L

Yr Regn:

2019, July.

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

Truck / Trailer or

Make:

Modi A3 Sportback

c.c 999

Colour:

Grey

A/C: Insured / Std / NI / NA

Sp. Reading:

3398

T/Radio: Insured / Std / NI / NA

Eng/No:

WAV 777 8V6 (A09917)

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

205/55R16

R:

2

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

TOYO / YOKO or

Front

R/Bal.

6

mm

Rear

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

D.O.I.

22/10/190/050

Survey held at

Premium Alexander

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

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

Date / Time

Action / Instruction

SMN 3121L - X

23/10/2019 @ 10:16 seek mandate via merimen

23/10/2019 @ 13:52 mandate approval by Victor Koh

23/10/2019 @ 2:57pm email to premium authorise repair excess \$300-

Part by part \$2836.48 (Red: 375152 :50%)

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair:

3

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

Rep. Form:

Lump Sum / L.B. / C

2836.48

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

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

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

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

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

Attn: Mithoo Singh, Aashweenjeet Kaur

Date: 23 Oct 2019

## Preliminary Advice

Vehicle No	: SMN3121L	Accident Date	: 17/10/2019
Make	: AUDI A3	Policy No.	: 1900141723
Assignment Date	: 22/10/2019	Excess	: S\$300.00
Date of Inspection	: 22/10/2019	Est. Duration of Repair	: 3.00
Inspection At	: PREMIUM AUTOMOBILES PTE LTD (UBI) 55 UBI ROAD 1 SINGAPORE 408699		

## Point of Impact / General Description of Damages

The vehicle sustained impact / damages front portion and parts claimed are consistent to the accident.

Repairer's Estimate (Gross)	:S\$	6,588.00
Revised Amount	:S\$	2,963.00
Check Items (Estimated)	:S\$	520.00
Total	:S\$	3,483.00
Lump Sum Repair	:S\$	

## Total Loss Consideration

New for Old Value	:S\$	
Pre-Accident Value	:S\$	130,000.00
COE / PARF Rebate	:S\$	44,557.00
Salvage Value	:S\$	
Margin for Repair	:S\$	85,443.00

## Remarks

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

**Shiau Chan (LKKAUTO)**

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**From:** glory.tan@premiumauto.com.sg  
**Sent:** Wednesday, 13 November 2019 2:11 PM  
**To:** SUR  
**Cc:** allan.wu@premiumauto.com.sg; 'Claims'  
**Subject:** Check item photos for SMN 3121 L  
**Attachments:** WhatsApp Image 2019-11-13 at 11.12.27 AM (1).jpeg; WhatsApp Image 2019-11-13 at 11.12.27 AM.jpeg

Hi all,

Please refer to the attached for check item photos for SMN 3121 L.

Check item in marked estimate,

3. Radiator grille closing element.

*photos already save in Taufik's folder*

Thank you.

Best Regard,  
Glory Tan  
Bodyworks Department

**Premium Automobiles Pte Ltd** (Reg No 199902271W)

55 Ubi Road 1 Road Singapore 408699

p. +65 6388 2323 f. +65 6841 1183

e. [glory.tan@premiumauto.com.sg](mailto:glory.tan@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

> Back to OneMotoring

### Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Singapore NRIC
Owner ID:	647J
<b>Vehicle Details</b>	
Vehicle No.:	SMN3121L
Vehicle to be Exported:	No
Intended Deregistration Date:	23 Oct 2019
Vehicle Make:	AUDI
Vehicle Model:	A3 SPORTBACK 1.0 TFSI S TRONIC (LED)
Primary Colour:	Grey
Manufacturing Year:	2019
Engine No.:	CHZC31243
Chassis No.:	WAUZZZ8V6KA099127
Maximum Power Output:	85.0 kW (113 bhp)
Open Market Value:	\$21,551.00
Original Registration Date:	31 Jul 2019
First Registration Date:	31 Jul 2019
Transfer Count:	0
Actual ARF Paid:	\$22,172.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	30 Jul 2029
PARF Rebate Amount:	\$16,629.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	30 Jul 2029
COE Category:	E - Open - all except motorcycle
COE Period(Years):	10
QP Paid:	\$36,901.00
COE Rebate Amount:	\$27,928.00
<b>Total Rebate Amount:</b>	<b>\$44,557.00</b>

The information contained herein is correct as at 23 Oct 2019

OK

> Back to OneMotoring

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The information contained herein is correct as at 23 Oct 2019

OK

## View Received Message

This mail is associated with :

**\*SMN3121L (6456786724SG)**  
OD  
Oct 17 2019 3:50PM  
[TAN ANNE MRS ANNE PANG]  
Premium Automobiles Pte Ltd

[Reply](#)[Reply All](#)[Mark as Unread](#)[Print Message](#)[Delete Message](#)[Forward](#)

**From** AIG Asia Pacific Insurance Pte. Ltd. (AIG\_SG), sent on 23/10/2019 13:52 PM.

**To** LKK\_HQ

**Subject** Alert - Adj Mandate Approved (S\$2963.00) - SMN3121L - Claim Handler: Mithoo Singh, Aashweenjeet Kaur

Approved:2963.00:Re-inspection to be done for damage check and supplementary items / labour.

### DOCUMENTS SUMMARY

There are no documents.

## Denise Tay (LKKAuto)

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**From:** Denise Tay (LKKAuto)  
**Sent:** Wednesday, 23 October 2019 2:57 PM  
**To:** claims@premiumauto.com.sg; SUR; assignments  
**Subject:** RE: OD CLAIMS FOR SMN 3121 L

Dear Sir,

As instructed by our client, please proceed to repair the insured vehicle **SMN3121L (Excess \$ 300/-)**.

If there are any check items or supplementary items please inform our office's Assignment Team at Tel: 6741 8434 to arrange our surveyor for inspection.

All supplementary items and unconfirm items are subjected to further approval from insurance company before completion of the repair.

\*Our client reserve their right **not to pay** if there is no valid approval obtained before repair.

Best Regards,

Denise Tay | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: [denisetay@lkkauto.com](mailto:denisetay@lkkauto.com) | fax: 6256-4315

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

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**From:** Denise Tay (LKKAuto) <[denisetay@lkkauto.com](mailto:denisetay@lkkauto.com)>  
**Sent:** Wednesday, 23 October 2019 9:52 AM  
**To:** claims@premiumauto.com.sg; SUR <[sur@lkkauto.com](mailto:sur@lkkauto.com)>; assignments <[assignments@lkkauto.com](mailto:assignments@lkkauto.com)>  
**Subject:** RE: OD CLAIMS FOR SMN 3121 L

Dear Ezuwan,

Driving license please

Best Regards,

Denise Tay | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: [sur@lkkauto.com](mailto:sur@lkkauto.com) | fax: 6256-4315

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

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**From:** Claims <[claims@premiumauto.com.sg](mailto:claims@premiumauto.com.sg)>  
**Sent:** Tuesday, 22 October 2019 6:02 PM  
**To:** SUR <[sur@lkkauto.com](mailto:sur@lkkauto.com)>; assignments <[assignments@lkkauto.com](mailto:assignments@lkkauto.com)>  
**Cc:** [claims@premiumauto.com.sg](mailto:claims@premiumauto.com.sg)  
**Subject:** RE: OD CLAIMS FOR SMN 3121 L

## 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	17/10/2019 18:52
Date Of Accident	17/10/2019 15:50
Exact Location Of Accident	BUKIT MERAH ROAD NEAR ABC MARKET
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMN3121L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN ANNE MRS ANNE PANG
NRIC No	S7441647J
Email Address	APANGSTER@GMAIL.COM
Mobile Phone No	(LOCAL) +65-88787685
Alternative Phone No	OFFICE-88787685

### Vehicle Particulars

Manufacturer	AUDI
Model	A3 SB 1.0 TFSI
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1900141723
Cover Note Number	

### Driver

Name of Driver	TAN ANNE MRS ANNE PANG
NRIC No	S7441647J
Date Of Birth	20/12/1974
Occupation	INDOOR
Date Of Driving Pass	26/12/1998
Driving Experience	20 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-88787685
Fax Number	
Contact Number	OFFICE-88787685
Email Address	APANGSTER@GMAIL.COM



Address	108 JALAN HANG JEBAT #02-21
Postcode	139529
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	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

I HIT THE CAR INFRONT OF ONE ALONG BT. MERAH NEAR ABC MARKET.

#### 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	SLT4480Z
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

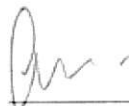
### SKETCH PLAN

#### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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.
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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:

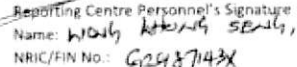
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

17/10/19

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

  
Reporting Centre Personnel's Signature  
Name: Wahy Kurnia Satrio, Gung  
NRIC/FIN No.: G2487143X

