

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	10/02/2020 13:41
Date Of Accident	09/02/2020 13:10
Exact Location Of Accident	LIANG SEAH STREET
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKJ5859Z
Insured/Policyholder	
Name Of Registered Owner	MYTNIK-GONTA VADIM ANDREIVICH
Passport No/FIN	GXXXX965M
Email Address	VMYTNIK81@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81892622
Alternative Phone No	OFFICE-81892622

Vehicle Particulars

Manufacturer	AUDI
Model	Q7 2.0 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	2100481218-03
Cover Note Number	

Driver

Name of Driver	ANASTASIA MINIKA-GONIA
Passport No/FIN	GXXXX064R
Date Of Birth	29/10/1982
Occupation	INDOOR
Date Of Driving Pass	15/08/2014
Driving Experience	5 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97152546
Fax Number	
Contact Number	
Email Address	SHTU4KA82@HOTMAIL.COM

Address	59 COVE WAY #04-13
Postcode	098309
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLIDED INTO PROPERTY
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

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

Details of Police Action

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

Circumstances of Accident

REVERSE PARKING AND HIT THE METAL POLE STICKING OUT OF THE PARKED CONTAINER. THE POLE WAS OUTSIDE THE CONTAINER PARKING SPACE. THE PARKING SENSOR DID NOT ALERT/BEEP. AND THE POLE WASN'T CLEARLY VISIBLE THROUGH THE BACK CAMERA AND TURNING OUR HEAD BACK TO LOOK

Attachment(s)

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

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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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: 10/02/20

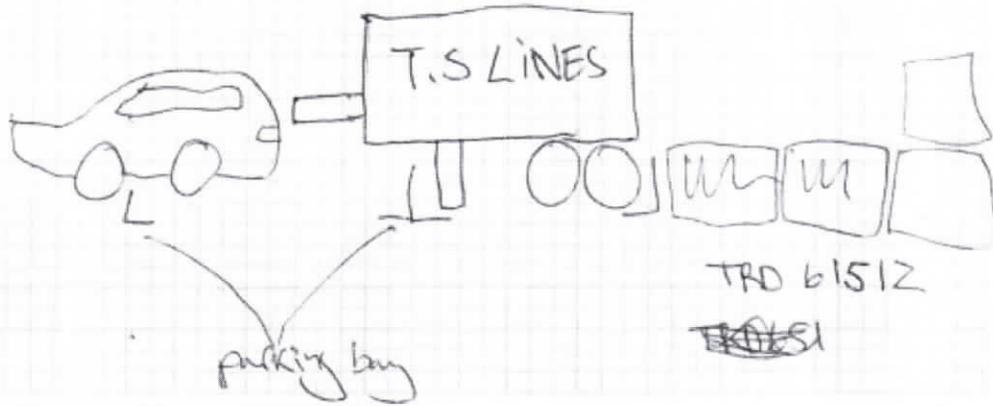
Driver's Signature
(If driver is not the policyholder)
Date & Time: 10/02/20

Reporting Centre Personnel's Signature
Name: Lim Bee Seng
NRIC/FIN No: S6522626M



Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Reverse parking & hit the metal pole sticking out of the parked container. The pole was outside the container parking space.

The parking sensor did not alert/ beep. And the pole wasn't clearly visible though, the back camera & turning our head back to look.

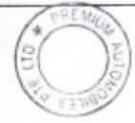
DECLARATION

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

Policyholder's Signature
 Date & Time:
 10/2/2020

DRIVER'S Signature
 (If driver is not the policyholder)
 Date & Time:
 10/2/2020

Reporting Centre Personnel's Signature
 Name: Lim Kee Seng
 NRIC/FIN No.: 688888888888



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Exact Location Of Accident	LIANG SEAH STREET
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKJ5859Z
Insured/Policyholder	
Name Of Registered Owner	MYTNIK-GONTA VADIM ANDREIVICH
Passport No/FIN	GXXXX965M
Email Address	VMYTNIK81@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81892622
Alternative Phone No	OFFICE-81892622

Vehicle Particulars

Manufacturer	AUDI
Model	Q7 2.0 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	2100481218-03
Cover Note Number	

Driver

Name of Driver	MITNIKA-GONTA ANASTASIJA
Passport No/FIN	GXXXX064R
Date Of Birth	29/10/1982
Occupation	INDOOR
Date Of Driving Pass	15/08/2014
Driving Experience	5 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97152546
Fax Number	
Contact Number	
E-Mail Address	SHTU4KA82@HOTMAIL.COM

Address	59 COVE WAY #04-13
Postcode	098309
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLIDED INTO PROPERTY
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

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

Details of Police Action

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

Circumstances of Accident

REVERSE PARKING AND HIT THE METAL POLE STICKING OUT OF THE PARKED CONTAINER. THE POLE WAS OUTSIDE THE CONTAINER PARKING SPACE. THE PARKING SENSOR DID NOT ALERT/BEEP. AND THE POLE WASN'T CLEARLY VISIBLE THROUGH THE BACK CAMERA AND TURNING OUR HEAD BACK TO LOOK

Attachment(s)

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

Number of Attachments: 0

Upload Attachments

Maximum File Size: 10MB

Maximum Number of Attachments: 10

Was there any other information?

If Yes, please provide details.

Details of the Accident:

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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:
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 - (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.
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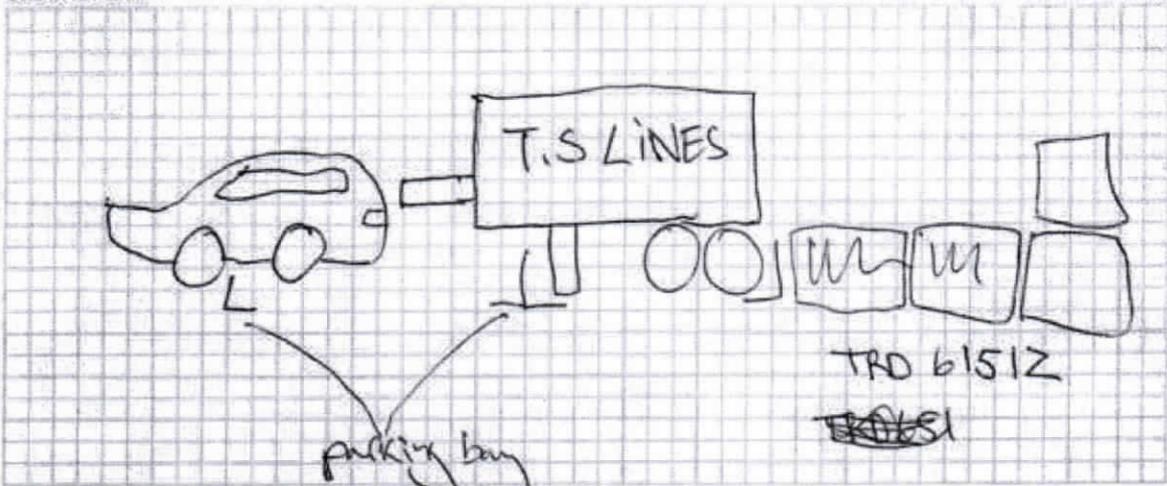
 Policyholder's Signature
 Date & Time:
 10/02/20

 Driver's Signature
 (If driver is not the policyholder)
 Date & Time:
 10/02/20

 Reporting Centre Personnel's Signature
 Name: LIM SEE SENG
 NRIC/FIN No.: S15527691M



SKETCH PLAN



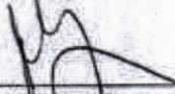
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Reverse parking & hit the metal pole sticking out of the parked container. The pole was outside the container parking space.

The parking sensor did not alert/beep. And the pole wasn't clearly visible though, he bawk came & turning our head back to look.

DECLARATION

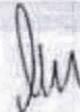
I/We declare the foregoing particulars are true in every respect.


Policyholder's Signature

Date & Time:
10/2/2020


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

Date & Time:
10/2/2020


Reporting Centre Personnel's Signature

Name: Lim Kee Seng
NRIC/FIN No.: 4833364M



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MPA120018155 Vehicle Registration No: SKJ 5859 Z
Name(as shown in NRIC) : Mytnik - GONTA Vadim Andreivich NRIC/FIN/Passport No : L5339965M
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 59 Cove Way #104-13 Singapore(098309)
Contact (Tel) : Mobile No.: 8189 2622
Email Address : vmytnik81@gmail.com
Date of Accident : 9/2/2020 Time of Accident : 13:10
Place of Accident : Liang Seah Street
Insurance Company: A14

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

To amend driver's name

Multiple horizontal lines for providing additional information or amendments.



Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Lim Lee Seng
NRIC/FIN No.:
Date:



AIG Asia Pacific Insurance Pte. Ltd
AIG Building
78 Shenton Way
#07-16

MOTOR ACCIDENT INTERVIEW FORM

NAME : ANASTASISA MITNIKA - GONTIA
VEHICLE NUMBER : SK15859J
DATE/ TIME OF ACCIDENT : 9/2/2020 1.10 pm
PLACE OF ACCIDENT : LIANG SEAH STREET
THIRD PARTY VEHICLE (IF ANY) :

WHERE DID YOU START YOUR JOURNEY AND WHERE WAS THE INTENDED DESTINATION BEFORE THE ACCIDENT?

Started at home address sa coenway & was parking to pick up my daughter from her lessons.

DID YOU DRINK ANY ALCOHOLIC DRINKS BEFORE YOU DRIVE ON THE DAY OF THE ACCIDENT? IF YES, DID THE TRAFFIC POLICE CONDUCT ANY BREATHE-ANALYSER TEST ON YOU? IF YES, WHAT WAS THE RESULTS?

NO

WHAT IS THE TYPE OF COLLISION AND THE EXTENSIVENESS OF THE DAMAGES TO ALL VEHICLES INVOLVED?

Reversed into a container parked on the road which was not clearly marked. Back rear window shattered & fell out dent & scratches on the back of the car.

WERE YOU OR YOUR PASSENGER/S INJURED? IF INJURED, WHICH HOSPITAL? WERE YOU TAKEN TO THE TRAFFIC POLICE FOR INVESTIGATION?

NO

NAME: ANASTASISA MITNIKA - GONTIA

I AFFIRMED THE ABOVE INFORMATION IS GIVEN TO MY BEST KNOWLEDGE

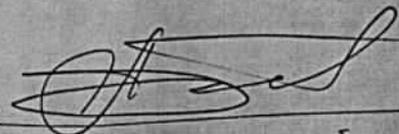
UNDERTAKING

I, ANASTASIA MITNIKA - GONTA (NRIC No. G5359064R), hereby confirm that the Singapore Accident Statement lodged by me on 14/2/2020 at 1500 hours pertaining to the accident involving motor car Reg. No: SK58591, in which I was the driver are true and accurate to the best of my knowledge, information and belief.

I acknowledge that my insurers are not liable under the contract of insurance if there is a breach of policy terms and conditions.

In the event that an unrelated/unreported third party property or injury claim arises or there is evidence emerges that there is a breach of policy terms and conditions, I irrevocably undertake to absolve my insurer from all liability under the contract of insurance and I undertake to re-pay any sums paid by my insurers pursuant to the contract of insurance upon receipt of written demand by my insurers.

Signature

: 

Name of Insured / Driver

: ANASTASIA MITNIKA - GONTA

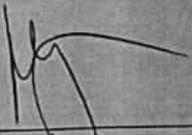
Nric No.

: G5359064R

Date

: 14/2/2020

Signature

: 

Name of Policyholder

: VADIA MITNIK - GONTA

Nric No.

: G5339965M

Date

: 14/2/2020

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 : 28910

Telefax

Estimate : Accident Repairs
Workshop : Ubi Road 1
Contact No : 6366 2323
Fax No : 6841 1183
Reference : PA/OD/0154/2020/NS
Date : 11-Feb-20

Vehicle IN workshop. Kindly arrange for survey.

AIG Asia Pacific Insurance Pte Ltd

78 Shenton Way

#07-16 AIG Building

Singapore 079120

Attn: Mr. Adrian Ling - Motor Claims Dept

Tel: 6841 0055 - Fax: 6256 4315

Owner's Name : Mr Mytnik-Gonta Vadim Andreivich
Address : 59 Cove Way
#04-13
Singapore 098309
Telephone : (HP)+65 81892622
Type of Claim : Own Damage Claims
Policy No. : 2100481218-03
Vehicle No : **SKJ 5859 Z**
Model Code : Audi Q7 2.0 TFSI QU
Model / Year : 30/8/2016
Engine No : CYR 012909
Chassis No : WAUZZZ4M0GD060343
Mileage : 47927
Date In : 10-Feb-20
Estimated By : Johnny Boo / Allan Wu
Accident Date : 9-Feb-20
Place of Accident : Liang Seah Street

Premium Automobiles

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

Telefax

Estimated Labour Charges for Accident Vehicle. SKJ 5859 Z

S/n	Nature of Jobs	Estimated Charges	Surveyor's Recommendations
1	To tow from scene of accident.	S/N \$ 280.00 /	X
2	To remove and transfer rear lid's convenience lock system, wire harness for tail lights and rear wiper assy.	S/N \$ 480.00 /	✓
3	To renew rear windscreen.	S/N \$ 480.00 /	✓
4	To install solar film for rear windscreen.	S/N \$ 400.00 /	✓
5	To dismantle and renew rear lid. Re-organise rear crash management components. Reinstall all parts removed. <i>500 600</i>	\$ 1,350.00 \$	<i>600</i> ✓
6	To respray rear lid, hinges and rear lid top spoiler. <i>600</i>	\$ 2,550.00	<i>600</i> ✓
7	To carry out diagnostic check.	S/N \$ 192.00 /	✓
TOTAL LABOUR CHARGES		: \$ 5,732.00	

Premium Automobiles

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

Telefax

Material List for Accident Vehicle Regn No. SKJ 5859 Z

S/N	Parts Description	Damaged Parts & Prices	
		S/Nett	Remarks
1	REAR LID / 00	\$ 4,516.00	3612.80
2	REAR LID ATTACHMENT PARTS X N/A	\$ 146.00	
3	REAR LID HINGE - LH / RH X N/A	2 \$ 290.00	
4	REAR LID DRIVE-UNIT - LH / RH X N/A	2 \$ 3,414.00	
5	TAILGATE CLOSING AID MOTOR X N/A	\$ 855.00	
6	REAR LID LOCK X N/A	\$ 239.00	
7	BONNET COVER CAP ANTI THEFT GUARD X N/A	\$ 14.00	
8	REAR LID BOWDEN CABLE X N/A	\$ 52.00	
9	FLAP LOCK COVER CAP X N/A	\$ 12.00	
10	REAR LID LOCK STRIKER X N/A	\$ 81.00	
11	REAR LID GAS FILLED STRUT X N/A	2 \$ 224.00	
12	REAR LID HINGE COVER - LH / RH X N/A	2 \$ 42.00	
13	REAR LID FLAP GASKET X N/A	\$ 275.00	
14	REAR LID COVER X N/A	\$ 156.00	
15	LID LOCK PUSH BUTTON X N/A	\$ 1,267.00	
16	PACKING ADHESIVE / PK	\$ 18.00	14.34
17	AUDI EMBLEM / PK	\$ 117.00	93.50
18	Q7 INSCRIPTION / PK	\$ 90.00	71.76
19	TFSI INSCRIPTION / PK	\$ 90.00	71.76
20	QUATTRO INSCRIPTION / PK	\$ 90.00	71.76
SUB TOTAL SPARE PARTS		: \$ 11,988.00	

Premium Automobiles

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

Telefax

Material List for Accident Vehicle Regn No. SKJ 5859 Z

S/N	Parts Description	Damaged Parts & Prices		Remarks
		S/Nett		
21	REAR SPOILER - LH/RH - MC	2	\$ 436.00	348
22	REAR WINDSCREEN - DR		\$ 1,105.00	884
23	PRIMER - MC		\$ 19.00	14.80
24	REAR LID SPOILER X N/A		\$ 2,147.00	
25	FOAM STRIPS SET X N/A		\$ 130.00	
26	SPOILER FIXING SET X N/A		\$ 59.00	
27	WIPER ARM - CM		\$ 93.00	74
28	WIPER BLADE X N/A		\$ 26.00	
29	WIPER MOTOR - DR		\$ 433.00	346.40
30	WIPER CAP - CM		\$ 18.00	14.32
31	WATER JET - ? X N/A		\$ 31.00	
32	BEARING BUSHES SET X N/A		\$ 48.00	
33	LED TAIL LIGHT - LH / RH X N/A	2	\$ 3,612.00	
34	LED LICENSE PLATE LIGHT X N/A	2	\$ 108.00	
35	ADDITIONAL BRAKE LIGHT X N/A		\$ 221.00	
36	REAR LID TRIM PANEL - CM		\$ 1,164.00	931.20
37	REAR LID TRIM PANEL - LH/RH - CM		\$ 260.00	208
38	SIDE GATE TRIM - RH X N/A		\$ 130.00	
39	BOOT COVER DRIVE UNIT X N/A		\$ 1,476.00	
40	REAR WINDSCREEN SEALANT - MC S/N		\$ 200.00	200
41	REAR NO PLATE X N/A S/N		\$ 40.00	
42	SUNDRIES - ? X N/A		\$ 300.00	
TOTAL SPARE PARTS			\$ 24,044.00	
TOTAL LABOUR CHARGES			\$ 5,732.00	
GRAND TOTAL			\$ 29,776.00	30,056

All charges are not inclusive of GST.

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

Premium Automobiles

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

Telefax

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


12/2/2020
Steve (LKK) 00 - Not Authn (Rover)
11/2/20, 2:30 pm
4 chys
P/P
By DL by
EXCESS - ?

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

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:

Johnny Boo
Body Repair Manager

Allan Wu
Claims Consultant

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 : 28910

Telefax

Estimate : Accident Repairs
Workshop : Ubi Road 1
Contact No : 6366 2323
Fax No : 6841 1183
Reference : PA/OD/0154/2020/NS
Date : 11-Feb-20

Vehicle IN workshop. Kindly arrange for survey.

AIG Asia Pacific Insurance Pte Ltd

78 Shenton Way
#07-16 AIG Building
Singapore 079120

Hi Steve

4 days - ok - jb - 16 Mar 20

Attn: Mr. Adrian Ling - Motor Claims Dept

Tel: 6841 0055 - Fax: 6256 4315

Owner's Name : Mr Mytnik-Gonta Vadim Andreivich
Address : 59 Cove Way
#04-13
Singapore 098309
Telephone : (HP)+65 81892622
Type of Claim : Own Damage Claims
Policy No. : 2100481218-03
Vehicle No : **SKJ 5859 Z**
Model Code : Audi Q7 2.0 TFSI QU
Model / Year : 30/8/2016
Engine No : CYR 012909
Chassis No : WAUZZZ4M0GD060343
Mileage : 47927
Date In : 10-Feb-20
Estimated By : Johnny Boo / Allan Wu
Accident Date : 9-Feb-20
Place of Accident : Liang Seah Street

Premium Automobiles

55 Ubi Road 1, Singapore 408699

Tel : 6366 2323 Fax : 6841 1183

Telefax

Estimated Labour Charges for Accident Vehicle. SKJ 5859 Z

S/n	Nature of Jobs		Estimated Charges	Surveyor's Recommendations
1	To tow from scene of accident.	S/N \$	280.00	\$ 280.00
2	To remove and transfer rear lid's convenience lock system, wire harness for tail lights and rear wiper assy.	S/N \$	480.00	\$ 480.00
3	To renew rear windscreen.	S/N \$	480.00	\$ 480.00
4	To install solar film for rear windscreen.	S/N \$	400.00	\$ 400.00
5	To dismantle and renew rear lid. Re-organise rear crash management components. Reinstall all parts removed.	\$	1,350.00	\$ 600.00
6	To respray rear lid, hinges and rear lid top spoiler.	\$	2,550.00	\$ 600.00
7	Added labour charge - see attached	\$	280.00	\$ 280.00
8	To carry out diagnostic check.	S/N \$	192.00	\$ 192.00
TOTAL LABOUR CHARGES		:	\$ 6,012.00	\$ 3,312.00

Premium Automobiles

55 Ubi Road 1, Singapore 408699

Tel : 6366 2323 Fax : 6841 1183

Telefax

Material List for Accident Vehicle Regn No. SKJ 5859 Z

S/N	Parts Description	Damaged Parts & Prices	
		S/Nett	Remarks
1	REAR LID	\$ 4,516.00	\$ 3,612.80
2	REAR LID ATTACHMENT PARTS	\$ 146.00	
3	REAR LID HINGE - LH / RH	2 \$ 290.00	
4	REAR LID DRIVE UNIT - LH / RH	2 \$ 3,414.00	
5	TAILGATE CLOSING AID MOTOR	\$ 855.00	
6	REAR LID LOCK	\$ 239.00	
7	BONNET COVER CAP ANTI THEFT GUARD	\$ 14.00	
8	REAR LID BOWDEN CABLE	\$ 52.00	
9	FLAP LOCK COVER CAP	\$ 12.00	
10	REAR LID LOCK STRIKER	\$ 81.00	
11	REAR LID GAS FILLED STRUT	2 \$ 224.00	
12	REAR LID HINGE COVER - LH / RH	2 \$ 42.00	
13	REAR LID FLAP GASKET	\$ 275.00	
14	REAR LID COVER	\$ 156.00	
15	LID LOCK PUSH BUTTON	\$ 1,267.00	
16	PACKING ADHESIVE	\$ 18.00	\$ 14.24
17	AUDI EMBLEM	\$ 117.00	\$ 93.20
18	Q7 INSCRIPTION	\$ 90.00	\$ 71.76
19	TFSI INSCRIPTION	\$ 90.00	\$ 71.76
20	QUATTRO INSCRIPTION	\$ 90.00	\$ 71.76
SUB TOTAL SPARE PARTS		: \$ 11,988.00	\$ 3,935.52

Premium Automobiles

55 Ubi Road 1, Singapore 408699

Tel : 6366 2323 Fax : 6841 1183

Telefax

Material List for Accident Vehicle Regn No. SKJ 5859 Z

S/N	Parts Description	c/f	Damaged Parts & Prices		Remarks
			S/Nett		
					\$ 3,935.52
21	REAR SPOILER - LH / RH	2	\$	436.00	\$ 348.00
22	REAR WINDSCREEN		\$	1,105.00	\$ 884.00
23	PRIMER		\$	19.00	\$ 14.80
24	REAR LID SPOILER		\$	2,147.00	
25	FOAM STRIPS SET		\$	130.00	
26	SPOILER FIXING SET		\$	59.00	
27	WIPER ARM		\$	93.00	\$ 74.00
28	WIPER BLADE		\$	26.00	
29	WIPER MOTOR		\$	433.00	\$ 346.40
30	WIPER CAP		\$	18.00	\$ 14.32
31	WATER JET		\$	31.00	
32	BEARING BUSHES SET		\$	48.00	
33	LED TAIL LIGHT - LH / RH	2	\$	3,612.00	
34	LED LICENSE PLATE LIGHT	2	\$	108.00	
35	ADDITIONAL BRAKE LIGHT		\$	221.00	
36	REAR LID TRIM PANEL		\$	1,164.00	\$ 931.20
37	REAR LID TRIM PANEL - LH / RH	2	\$	260.00	\$ 208.00
38	SIDE GATE TRIM - RH		\$	130.00	
39	BOOT COVER DRIVE UNIT		\$	1,476.00	
40	REAR WINDSCREEN SEALANT	S/N	\$	200.00	\$ 200.00
41	REAR NO PLATE	S/N	\$	40.00	
42	SUNDRIES		\$	300.00	
TOTAL SPARE PARTS			\$	24,044.00	\$ 6,956.24
TOTAL LABOUR CHARGES			\$	6,012.00	\$ 3,312.00
GRAND TOTAL			\$	30,056.00	\$ 10,268.24

All charges are not inclusive of GST.

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

Spare parts are Special Nett.

Premium Automobiles Pte Ltd

55 Ubi Road 1, Singapore 408699

Tel : (65) 6366 2323 Fax : (65) 6841 1183

Supplementary Estimate 1

GST Reg No. 19-9902271-W

AIG Asia Pacific Insurance Pte Ltd 78 Shenton Way #07-16 AIG Building Singapore 079120 Attn: Mr. Adrian Ling - Motor Claims Dept Tel: 6841 0055 - Fax: 6256 4315	Estimate No. Date Service Advisor Pages Regn No Model No	PA/OD/0154/2020/NS 11-Feb-20 Glory Tan 1 of 1 SKJ 5859 Z Audi Q7 2.0 TFSI QU
--	---	---

Quantity	Description		Unit Price	Amount
<u>Labours</u>				
1	To carry out vacuum to clean up the rear storage compartment.	S/N	\$ 280.00	\$ 280.00
TOTAL			\$ -	\$ 280.00

item 7

For Premium Automobiles Pte Ltd

Authorised Signature

Premium Automobiles

55 Ubi Road 1, Singapore 408699

Tel : 6366 2323 Fax : 6841 1183

Telefax

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

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

Veron Chen (LKKAuto)

From: Veron Chen (LKKAuto)
Sent: Tuesday, 17 March 2020 8:53 AM
To: Boo seng yak; Steve Chen (LKK Auto); SUR; Carrine Leong; Chang Chee Sing; jiyee.yap@premiumauto.com.sg
Subject: RE: FINAL REVISION - SKJ5859Z - OD AIG - SURVEYED 11 FEB 20

Dear Mr Boo,

Confirm repair cost of \$10,268.24 before excess \$1000 and GST @ 4 days of repairs.

Kindly send us invoice and discharge voucher for us to close file.

Best Regards,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email :sur@lkkauto.com | fax: 6256-4315

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

From: Boo seng yak <boojohnny@gmail.com>
Sent: Monday, 16 March 2020 4:05 PM
To: Steve Chen (LKK Auto) <SteveChen@lkkauto.com>; Veron Chen (LKKAuto) <veronchen@lkkauto.com>; SUR <sur@lkkauto.com>; Carrine Leong <carrine.leong@premiumauto.com.sg>; Chang Chee Sing <claims@premiumauto.com.sg>; jiyee.yap@premiumauto.com.sg
Subject: FINAL REVISION - SKJ5859Z - OD AIG - SURVEYED 11 FEB 20

Hi Steve and all,

Revised estimate and B4 paint photographs is attached.

Please confirm repair cost of \$10,268.24 @ 4 days of repairs.

Your early closure is well appreciated.

Best regards - jb