

ASS. REC. BY:

Rasm

REF:

CC3/AIG 20005045/RVF3

6682

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To Inspect Vehicle No: SJJ 318Mat Workshop m/s Premiumof 201, Mercedes R5Insured: AIGPolicy No. 1800067098

Claims No. \_\_\_\_\_

Sum Insured: \_\_\_\_\_ Excess: 1000

(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: 154K

IDAC Accident Report: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: 3 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:

SJJ 318MYr Regn: 2018 / JUN

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

Truck / Trailer or \_\_\_\_\_

Make: Audi Q5 Sport 2.0 TFSI 1984Colour: BLACK

A/C: Insured / Std / NI / NA

Sp. Reading: 40874

T/Radio: Insured / Std / NI / NA

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

C/No: WAN 222F483 2121246Gen. Cond: Good / FA / Poor / BurntSteering: Order / Jammed / Leaked / Burnt orBrake: Order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 235/55R19

R: \_\_\_\_\_

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

TOYO / YOKO or \_\_\_\_\_

Front

Rear

R/Bal. 6 mmR/Bal. 6 mmL/Bal. 6 mmL/Bal. 6 mmD.O.A. 30/03/2020D.O.A. 06/04/2020Survey held at Premium

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

FRT o/s

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

Date / Time	Action / Instruction
8/4/20	Revert via merimen
9/4/20	Reve approved from Victor via merimen
9/4/20	Informed Terrence c/A ex \$1000 by email
24/6/20	Final fig \$9622.16 confirmed by email (Red 15,589.84, 629)

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2) 13/8/20-Typist

Days Of Repair: 3Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech. Invs (\$)☐ : Weekend (\$)

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Rep. Format: MerimenLump Sum / FRT: \$9622.16

## 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	31/03/2020 14:26
Date Of Accident	30/03/2020 18:55
Exact Location Of Accident	SERANGOON CENTRAL / SERANGOON AVE 1 JUNCTION
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJJ318M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN AIK NA
NRIC No	SXXXX668Z
Email Address	AIKNA1970@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91866063
Alternative Phone No	OFFICE-91866063

### Vehicle Particulars

Manufacturer	AUDI
Model	Q5 SPORT 2.0 TFSI QU
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	1800067098
Cover Note Number	

### Driver

Name of Driver	TAN AIK NA
NRIC No	SXXXX668Z
Date Of Birth	29/06/1979
Occupation	INDOOR
Date Of Driving Pass	30/09/1989
Driving Experience	30 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91866063
Fax Number	
Contact Number	OFFICE-91866063
EMail Address	AIKNA1970@GMAIL.COM

Address	152 THOMSON GREEN
Postcode	575002
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)	2
Passenger 1	NAME: : ADRIAN CHEONG GENDER: : MALE

#### 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 & ACCIDENT STATEMENT

#### 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	SLK4384R
Vehicle Make/Model/Colour	MAZDA 3 / GREY
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	FRANCIS REXON
NRIC/Passport Number	GXXXX871N
Contact Number	98295746
Address	BLK 272 C JURONG WEST ST 24 #10-12
Postcode	643272
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

## Sketch Plan

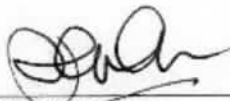
### SKETCH PLAN

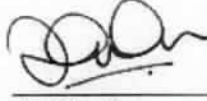
#### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the 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:

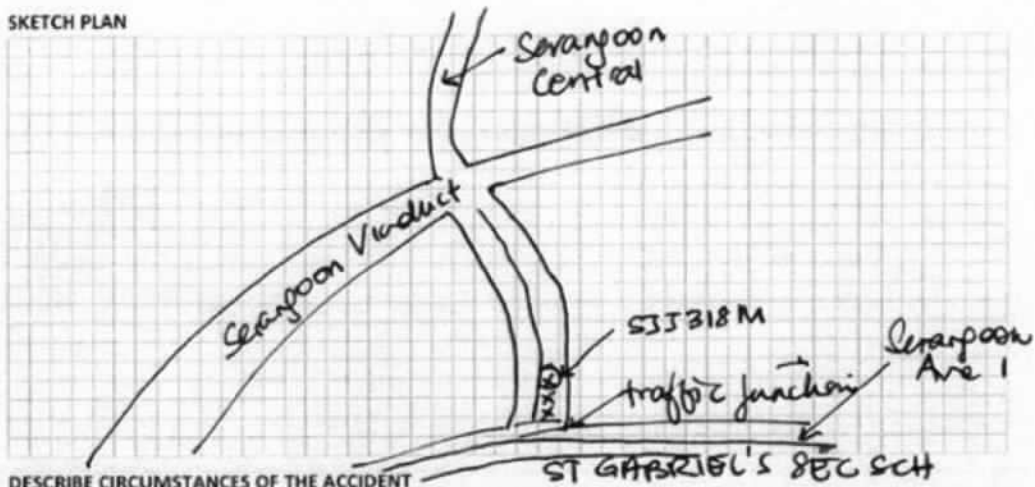
  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

  
Reporting Centre Personnel's Signature  
Name: WONG LEO KONG SEW HONG  
NRIC/FIN No.: C2987145X



# Sketch Plan #2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At about 6.55 pm on 30 Mar 2020, I was travelling on Serangoon Central road and had stopped at the traffic junction of Serangoon Central and Serangoon Ave 1, intending to make a U-turn. I was stopped behind 2 cars at the traffic junction - a white car was the first car, and Merda SLK 4384 R driven by Francis Neron (G 537 887 IN). When the light turned green, all 3 cars started moving. Suddenly the white car in front stopped. When I saw that, I braked, but unfortunately couldn't brake in time and hit SLK 4384 R at the rear bumper.

There were 2 persons in SLK 4384 R. Francis Neron G 537 887 IN was the driver, and Shaly Joseph S 907 9353 E was the front seat passenger. Both emerged from the car and did not look hurt. I asked if they were ok, and they both responded that they were well.

## DECLARATION

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



Policyholder's Signature

Date & Time:



Driver's Signature

(If driver is not the policyholder)

Date & Time:



Reporting Centre Personnel's Signature

Name: 

NRIC/FIN No.: 62987143X

Accident Photo





# Premium Automobiles

55 Ubi Road 1, Singapore 408699

Tel : 6366 2323 Fax : 6841 1183

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

**WIP : 34880**

## Telefax

Estimate	:	Accident Repairs
Workshop	:	Ubi Road 1
Contact No	:	6366 2323
Fax No	:	6841 1183
Reference	:	PA/OD/0355/2020/NS
Date	:	2-Apr-20

**Vehicle NOT IN workshop. Kindly arrange for survey.**

## AIG Asia Pacific Insurance Pte Ltd

78 Shenton Way

#07-16 AIG Building

Singapore 079120

**Attn: Mr. Adrian Ling - Motor Claims Dept**

**Tel: 6841 0055 - Fax: 6256 4315**

Owner's Name	:	Ms Tan Aik Na
Address	:	152 Thomson Green Singapore 575002
Telephone	:	HP +65 91866063
Type of Claim	:	Own Damage Claim
Policy No.	:	1800067098
Vehicle No	:	<b>SJJ 318 M</b>
Model Code	:	Audi Q5 Sport 2.0 TFSI qu
Model / Year	:	Jun-18
Engine No	:	DAX 030318
Chassis No	:	WAUZZZF8J2121246
Mileage	:	-
Date In	:	-
Estimated By	:	Johnny Boo / Allan Wu
Accident Date	:	30-Mar-20
Place of Accident	:	Serangoon Central / Serangoon Ave 1 Junction



# Premium Automobiles

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

Telefax

## Estimated Labour Charges for Accident Vehicle. SJJ 318 M

S/N	Nature of Jobs	Estimated Charges	Surveyor's Recommendations
1	To remove, check and reinstall front wire harness for headlights, horns, outside temperature sensor, headlight washer assy and front parking aid.	S/N \$ 480.00 ✓	
2	To dismantle and renew front bumper and rhs headlight. Re-organise crash management components. Reinstall all parts removed.	\$ 1,600.00 ✓	<del>500</del> 500
3	To respray front bumper, front bumper lower spoiler and both front wheel arch trims.	\$ 3,000.00 ✓	<del>500</del> 1500
4	To carry out diagnostic check.	S/N \$ 192.00 ✓	
<b>TOTAL LABOUR CHARGES</b>		<b>: \$ 5,272.00</b>	

# Premium Automobiles

55 Ubi Road 1, Singapore 408699

Tel : 6366 2323 Fax : 6841 1183

Telefax

## Material List for Accident Vehicle Regn No. SJJ 318 M

S/N	Parts Description	Damage Parts & Prices	
		S/Nett	Remarks
1	FRONT BUMPER <i>de/</i>	\$ 2,445.00	1956
2	FRONT BUMPER FIXING PARTS <i>? X suc</i>	\$ 254.00	
3	FRONT BUMPER SECURING STRIP - RH <i>? X suc</i>	\$ 35.00	
4	FRONT BUMPER CLOSING ELEMENT - RH <i>? X suc</i>	\$ 105.00	
5	FRONT BUMPER GRILLE - CENTRE <i>X suc</i>	\$ 134.00	
6	FRONT BUMPER FRONT SPOILER <i>X ca/</i>	\$ 709.00	567.20
7	FRONT BUMPER UNDERRUN BAR <i>X suc</i>	\$ 447.00	
8	FRONT BUMPER CLOSING ELEMENT <i>X suc</i>	\$ 161.00	
9	RADIATOR GRILLE <i>ca/</i>	\$ 3,327.00	2661.60
10	QUATTRO INSCRIPTION <i>ca/</i>	\$ 90.00	71.76
11	RADIATOR GRILLE STRIKER PLATE <i>? X suc</i>	\$ 230.00	
12	FRONT BUMPER AIR GUIDE GRILLE - RH <i>? X suc</i>	\$ 537.00	429.60
13	FRONT BUMPER END CAP - RH <i>X suc</i>	\$ 86.00	
14	FRONT BUMPER CARRIER <i>? X suc</i>	\$ 857.00	
15	FRONT BUMPER FOAM FILLER PIECE <i>? ca/</i>	\$ 269.00	215.20
16	FOAM FILLER PIECE COVER <i>? X suc</i>	\$ 120.00	
17	FRONT BUMPER GUIDE SECTION - RH <i>? X suc</i>	\$ 36.00	
18	CAUTION SIGN STICKER <i>X nn</i>	NEC \$ 13.00	
19	AIRCON STICKER <i>X nn</i>	NEC \$ 18.00	
20	HORN - RH HIGH TONE <i>X nn</i>	\$ 184.00	
SUB TOTAL SPARE PARTS CHARGES		: \$ 10,057.00	

# Premium Automobiles

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

Telefax

## Material List for Accident Vehicle Regn No. SJJ 318 M

S/N	Parts Description		Damage Parts & Prices	
			S/Nett	Remarks
21	FRONT PARKING AID SENSOR - INNER / OUTER ? Xsu	2		TBC
22	FRONT PARKING AID SEAL RING ? Xsu	4	\$	14.00
23	WHEEL HOUSING LINER - RH Xsu		\$	248.00
24	WHEEL HOUSING LINER ATTACHMENT PARTS - FRONT Xsu		\$	36.00
25	WHEEL SPOILER ? Xsu		\$	146.00
26	FRONT WHEEL COVER - LH / RH ? NE /	2	\$	1,190.00 952
27	HEADLIGHT MOUNTING - RH ? Xsu		\$	112.00
28	LED HEADLIGHT - RH ? Xsu		\$	7,462.00
29	LIFT CYLINDER - RH Xsu		\$	132.00
30	RADIATOR AIR GUIDE - RH Xsu		\$	53.00
31	RADIATOR AIR GUIDE - CENTRE Xsu		\$	40.00
32	RADIATOR AIR GUIDE - UPPER / LOWER Xsu	2	\$	90.00
33	FRONT NO PLATE bt /	S/N	\$	60.00 /
34	SUNDRIES ? NE /		\$	300.00 36.80
TOTAL SPARE PARTS CHARGES		:	\$	19,940.00
TOTAL LABOUR CHARGES		:	\$	5,272.00
GRAND TOTAL		:	\$	25,212.00

All charges are not inclusive of GST.

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

# Premium Automobiles

55 Ubi Road 1, Singapore 408699

Tel : 6366 2323 Fax : 6841 1183

## Telefax

Name

: Rasul - Hp 90010068

Surveyed Date

: 06/04/2020 @ 1535

Authorised Date

:

Excess Cost

:

3 days

Liability

:

Remarks

:

EXCESS: TBA

REVERS

Resurvey before paint

## 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