

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: _____ days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SME130C Yr Regn: 2018 / July.

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

Truck / Trailer or

Make: Audi A3 c.c. 999

Colour: Black A/C: Insured / Std / NI / NA

Sp.Reading: 16006 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WAU2Z28V8J1070243

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / 8/Rim / STD A/Rim or

Tyre Size: F: 205/55R16

R: 205/55R16

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

TOYO / YOKO or

Front

Rear

R/Bal. 06 mm R/Bal. 06 mm

L/Bal. 06 mm L/Bal. 06 mm

D.O.A. _____ D.O.I. 14/04/20

Survey held at Premium.

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

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

Date / Time	Action / Instruction
	<u>00 ALG</u>
	PART BY PART \$23561.28, 8DAYS(red:14107.72;37%)
	<u>MV: 871C</u>
	<u>PV: 44.31C</u>
	<u>Nett: 42.71C</u>

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

3 * PS. SI

Photos

Others

TOTAL

Add Fee: ☐ Site Insp (\$

☐ Interview (\$

☐ Tech. Insp (\$

☐ Weekend (\$

Report Format: _____

Lump Sum / L.P.D. **PART BY PART \$23561.28**

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 03/04/2020 15:18
Date Of Accident 02/04/2020 09:45
Exact Location Of Accident CTE TOWARDS CITY JUST BEFORE BRADDELL ROAD EXIT
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SME130C
Insured/Policyholder
Name Of Registered Owner CHEONG HUI TING ELIZABETH (ZHANG HUITING)
NRIC No SXXXX421I
Email Address CHEONG.ELIZABETH@GMAIL.COM
Mobile Phone No (LOCAL) +65-96881203
Alternative Phone No OFFICE-96881203

Vehicle Particulars

Manufacturer AUDI
Model A3 SEDAN 1.0 TFSI S TRONIC
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 1800086489-01
Cover Note Number

Driver

Name of Driver CHEONG HUI TING ELIZABETH (ZHANG HUITING)
NRIC No SXXXX421I
Date Of Birth 13/07/1987
Occupation INDOOR
Date Of Driving Pass 20/06/2006
Driving Experience 13 YEARS AND 9 MONTHS
Gender FEMALE
Mobile Number (LOCAL) +65-96881203
Fax Number
Contact Number OFFICE-96881203
EMail Address CHEONG.ELIZABETH@GMAIL.COM

Address	260A LORONG CHUAN
Postcode	556757
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	CHAIN COLLISION
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	3
Was any body injured in the Accident?	YES
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?	YES
If Yes, Please state which Police Station	
Police Station Name	SERANGOON NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 50 SERANGOON AVE 2 #01-02 , POSTCODE: 556129 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4880999 - FAX NO: 64883561
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ACCIDENT REPORT

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	SMJ1849E
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)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMA706M
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.
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.

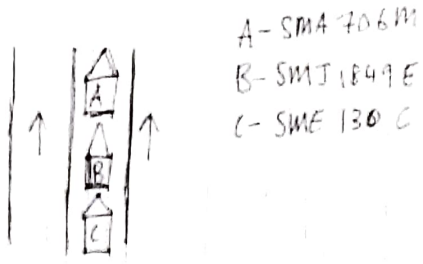
Policyholder's Signature
Date & Time

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

Reporting Centre Personnel's Signature
Name
NRIC/IN No

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to accident report

DECLARATION

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

Policyholder's Signature *[Signature]*
Date & Time 3/4/2010 10 Am

Driver's Signature *[Signature]*
(If driver is not the policyholder)
Date & Time


Reporting Centre Personnel's Signature
Name
NRIC/FIN No

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S87204211

Holder:

CHIONG HUI TING
ELIZABETH
(ZHANG HUITING)

Birth Date: 13 Jul 1967

Issue Date: 20 Jun 2006

1001426679K

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

Class 3 Motor Cars $\leq$ 3000kg with $\leq$ 7 passengers, exclusive of the driver; and other motor vehicles $\leq$ 2500kg **20 Jun 2006**

NP 428A

Licence No: S87204211



CERTIFICATE OF INSURANCE

AUDI AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : CHEONG HUI TING ELIZABETH (ZHANG HUITING)
Period of Insurance : 25 Jul 2019 To 24 Jul 2020
Engine No. : CHZ468675
Chassis No. : WAUZZZ8V8J1070243

Vehicle No. : SME130C
Policy No. : 1800086489-01
Endorsement No. :
Issued Date : 20 Jun 2019

ABOUT THE COVER

Make/Model : AUDI A3 Sedan 1.0 TFSI S tronic
Engine Capacity/Tonnage : 999.00 CC
Driver Restriction : NA
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2018
Insuring with COE/PAF : Yes

Person or Classes of Persons Entitled to Drive*

- a) The Policyholder
b) Any other person who is driving on the Policyholder's order or with his/her permission
This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition

You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience

Age Condition : All Age Condition

Limitation as to use*

Use only for social, domestic and pleasure purposes and for the Policyholder's business
This Policy does not cover use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade

Loss of Use 1800cc - 2000cc Optional

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings

EXCESS

Section 1

Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

CHEONG HUI TING ELIZABETH (ZHANG HUITING) - \$600 (Own Damage)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

1 Audi Customer Service Center Add: 55 Ubi Road 1 Singapore 408699 63662323

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, you may refer to AIG website www.aig.com.sg or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: DBS BANK LTD

I/We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1969 (Malaysia)

0504125216

PREMIUM LEASING - CW

281 ALEXANDRA ROAD AUDI CUSTOMER SERVICE CENTRE

SINGAPORE 159938

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE

SSP00000

1002322020/AC

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 : 35035

Telefax

Estimate	:	Accident Repairs
Workshop	:	Ubi Road 1
Contact No	:	6366 2323
Fax No	:	6841 1183
Reference	:	PA/OD/0362/2020/NS
Date	:	6-Apr-20

Vehicle NOT IN workshop. Please 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	:	Dr Cheong Hui Ting Elizabeth (zhang Huiting)
Address	:	260A Lorong Chuan Singapore 556757
Telephone	:	HP +65 96881203
Type of Claim	:	Own Damage Claims
Policy No.	:	1800086489-01
Vehicle No	:	SME 130 C
Model Code	:	Audi A3 Sedan 1.0 TFSI 8V
Model / Year	:	Jul-18
Engine No	:	CHZ 468675
Chassis No	:	WAUZZZ8V8J1070243
Mileage	:	-
Date In	:	-
Estimated By	:	Johnny Boo / Allan Wu
Accident Date	:	2-Apr-20
Place of Accident	:	CTE Towards City Just Before Braddell Road Exit

Premium Automobiles

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

Telefax

Estimated Labour Charges for Accident Vehicle SME 130 C

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.	S/N \$ 360.00	✓
2 To dismantle and renew front bumper, bonnet, both front fenders and both headlight. Re-organise crash management components. Reinstall all parts removed.	\$ 4,200.00	Part of 2 1000 + 250 Fender = 1250.
3 To respray front bumper, bonnet, hinges and both front fenders. ✓✓	\$ 4,000.00	2200
4 To carry out diagnostic check.	S/N \$ 192.00	✓
TOTAL LABOUR CHARGES	: <u>\$ 8,752.00</u>	

Premium Automobiles

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

Telefax

Material List for Accident Vehicle Regn No. SME 130 C

S/N	Parts Description	Damage Parts & Prices		Remarks
		S/NETT		
1	FRONT BUMPER <i>Dislod</i>	\$	1,894.00	✓
2	FRONT BUMPER FIXING PARTS <i>new</i>	\$	176.00	+
3	FRONT BUMPER GUIDE SECTION - LH / RH <i>new</i>	2 \$	72.00	+
4	FRONT BUMPER GRILLE - CENTRE <i>new</i>	\$	151.00	✓
5	FRONT BUMPER CLOSING ELEMENT - LOWER CENTRE <i>new</i>	\$	505.00	+
6	FRONT BUMPER CLOSING ELEMENT - LH / RH <i>new</i>	2 \$	560.00	+
7	FRONT BUMPER COVER TRIM - LH / RH ?	2 \$	306.00	?
8	WHEEL HOUSING LINER ADAPTER - LH / RH <i>new</i>	2 \$	72.00	+
9	RADIATOR GRILLE <i>new</i>	\$	1,338.00	✓
10	RADIATOR GRILLE CLOSING ELEMENT ?	\$	180.00	?
11	FRONT BUMPER AIR GUIDE GRILLE - LH / RH <i>new</i>	2 \$	354.00	✓
12	FRONT BUMPER SIDE REINFORCEMENT BEAM ?	\$	681.00	?
13	FRONT BUMPER FOAM FILLER PIECE ?	\$	178.00	?
14	FOAM FILLER PIECE COVER ?	\$	115.00	?
15	AIRCON STICKER <i>new</i>	NEC \$	7.00	✓
16	CAUTION SIGN STICKER <i>new</i>	NEC \$	13.00	✓
17	SIGNAL HORN RETAINER - LH HIGH TONE ?	\$	188.00	?
18	SIGNAL HORN RETAINER - RH LOW TONE ?	\$	188.00	?
19	BONNET <i>Buckled</i>	\$	2,988.00	✓
20	BONNET ATTACHMENT PARTS ?	\$	155.00	?
SUB TOTAL SPARE PARTS CHARGES		:	<u>\$ 10,121.00</u>	

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Telefax

Material List for Accident Vehicle Regn No. SME 130 C

S/N	Parts Description	Damage Parts & Prices		Remarks
		S/NETT		
21	BONNET LID HINGE - LH / RH ?	2	\$ 116.00	?
22	BONNET EDGE PROTECTION ME		\$ 26.00	✓
23	BONNET STRIKER - LH / RH ME	2	\$ 208.00	✓
24	BONNET GAS FILLED STRUT ME		\$ 112.00	✓
25	BONNET CATCH HOOK		\$ 84.00	✓
26	BONNET CATCH HOOK		\$ 60.00	✓
27	BONNET LID LOCK	2	\$ 403.00	✓
28	BONNET BOWDEN CABLE - CENTRE ME		\$ 54.00	✓
29	FRONT FENDER - LH / RH Regis	2	\$ 1,604.00	✓
30	FRONT FENDER ATTACHMENT PARTS ME		\$ 68.00	✓
31	LED HEADLIGHT - LH / RH ?	2	\$ 10,386.00	?
32	LIFT CYLINDER - LH / RH ME	2	\$ 268.00	✓
33	LIFT CYLINDER HOSE ME		\$ 64.00	✓
34	RADIATOR AIR GUIDE - LH / RH ME	2	\$ 46.00	✓
35	RADIATOR AIR GUIDE - UPPER CENTRE ME		\$ 12.00	✓
36	FRONT NO PLATE Det'd	S/N	\$ 60.00	✓
37	SUNDRIES ?		\$ 400.00	?

TOTAL SPARE PARTS CHARGES

: \$ 24,092.00

TOTAL LABOUR CHARGES

: \$ 8,752.00

GRAND TOTAL

: \$ 32,844.00

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 : Adrian G
Surveyed Date : 14/04/20
Authorised Date :
Excess Cost :
Liability :
Remarks : Not Authorised, 06 Days

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