

CC3/AIG20008857/T1qf3

ASSIGNED BY: TanphieREF: ALG

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. 1900190251Claims No. 3546343210SGSum Insured: _____ Excess: 1600

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
N/S	O/S
<input type="checkbox"/>	<input checked="" type="checkbox"/>

Bal. or Market Value: \$220k

IDAC Accident Rpt: _____ 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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SMP7942YYr Regn: 2019, OctType: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Audi A6c.c. 1984Colour: Grey

A/C: Insured / Std / NI / NA

Sp. Reading: 9430

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: W44 ZZZ F23KW 123109

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / SRim / STD A/Rim or

Tyre Size: F: 245/45R19R: ~

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

TOYO / YOKO or

Continental

Front

Rear

R/Bal. 07 mmR/Bal. 7 mmL/Bal. 7 mmL/Bal. 7 mm

D.O.A. _____

D.O.I. 21/8/20Survey held at Premium Benz

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

24/08/20@3.07pm revert to Victor via Merimen.

24/08/20@3.29pm Victor informed C/A via Merimen.

24/08/20@4.25pm Informed Tony C/A & ex:\$1600 by email.

27/08/20@3.58pm 2nd revert to Victor via Merimen. (supplementary \$773/-)

28/08/20@11.08am Victor informed can proceed at \$7508.60 via Merimen.

28/08/20@4.16pm Informed Raymond that supplementary approval thru email.

19/11/20@10.02am confirmed with Jia Yee final fig \$5486.32, 6 days (Red \$17795.68, 76%)

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 6Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S + RS. \$

Photos

Others

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Fee Form: MER-ODFee Sum: 5394.32

02/12/20@4.51pm Re-confirmed with Jia Yee final fig \$5394.32, 6 days (Red \$17887.68, 77%)

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 : 46147

Telefax

Estimate : Accident Repairs
Workshop : Ubi Road 1
Contact No : 6366 2323
Fax No : 6841 1183
Reference : PA/OD/0586/2020/NS
Date : 20-Aug-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 : Ns Tan Seok Chin
Address : 957 Bukit Timah Road
#04-16
Singapore 589653
Telephone : HP +65 96384462
Type of Claim : Own Damage Claims
Policy No. : 1900190251
Vehicle No : **SMP 7942 Y**
Model Code : Audi A6 Design 2.0 TFSI S
Model / Year : 16/10/2019
Engine No : DLH 054572
Chassis No : WAUZZZF23KN123109
Mileage : 9431
Date In : 20-Aug-20
Estimated By : Johnny Boo / Allan Wu
Accident Date : 19-Aug-20
Place of Accident : NUH

Premium Automobiles

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

Telefax

Material List for Accident Vehicle Regn No. SMP 7942 Y

S/N	Parts Description	Damaged Parts & Prices		Remarks
		S/Nett		
1	FRONT BUMPER CLOSING ELEMENT - LOWER	\$	208.00	ut ✓
2	ENGINE UNDERSHIELD	\$	628.00	X
3	FRONT WISHBONE LINK - RH	\$	533.00	?
4	FRONT SUSPENSION GUIDE - RH	\$	932.00	?
5	FRONT GUIDE - RH UPPER	\$	333.00	?
6	REAR GUIDE - RH UPPER	\$	333.00	?
7	WHEEL BEARING HOUSING - RH	\$	894.00	?
8	SWIVEL JOINT	\$	191.00	?
9	WHEEL HUB	\$	465.00	?
10	DOUBLE ANGLED BALL BEARING	\$	239.00	?
11	SUSPENSION FORKS - RH	\$	356.00	?
12	COUPLING ROD	\$	127.00	?
13	FRONT ANTI-ROLL BAR	\$	490.00	?
14	SHOCK ABSORBER BEARING - RH	\$	131.00	?
15	TIE ROD END - RH	\$	195.00	?
16	TRACK ROD	\$	124.00	?
17	WISHBONE - LOWER	\$	868.00	?
18	WISHBONE - UPPER FRONT	\$	384.00	?
19	FRONT WISHBONE - RH	\$	587.00	?
20	REAR WISHBONE - RH	\$	292.00	?
21	REAR TRACK ROD - RH	\$	197.00	?
22	WHEEL BEARING HOUSING - RH	\$	971.00	?
23	WHEELHUB	\$	667.00	?
24	STONE CHIP GUARD - RH	\$	44.00	X
25	ALUMINIUM RIM - RH	2 \$	2,534.00	old ✓
26	RADIAL TYRE	2 \$	2,454.00	punctured ✓ 90%
27	SUNDRIES	\$	300.00	?
TOTAL SPARE PARTS		:	\$ 15,477.00	
TOTAL LABOUR CHARGES		:	\$ 7,032.00	
GRAND TOTAL		:	\$ 22,509.00	

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

Estimated Labour Charges for Accident Vehicle, SMP 7942 Y

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 remove and renew rhs front wheel suspension assy. To inspect for further damages.	S/N \$ 1,800.00	? photo.
3	To remove and renew rhs rear wheel suspension assy. To inspect further for damages.	S/N \$ 1,800.00	? photo.
4	To dismantle and reinstall front bumper. To renew front bumper lower closing element and noise insulation. Re-organise crash management components. Reinstall all parts removed.	\$ 1,200.00	500.
5	To respray front bumper.	\$ 1,000.00	X
6	To renew rhs front rim with tyre and rhs rear rim with tyre. To carry out pre and post wheel alignment test.	S/N \$ 560.00	✓
7	To carry out diagnostic check.	S/N \$ 192.00	✓
SUB TOTAL LABOUR CHARGES		: \$ 7,032.00	

Premium Automobiles

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

Telefax

Name : Taufik 97495719 / 67418434
Surveyed Date : 21/8/20 @ 1215 pm
Authorised Date : Repair, not Authorised
Excess Cost : Ex: to be advise
Liability :
Remarks : 3 days
Resurvey new parts
Taufik @ Iskandar

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

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	20/08/2020 15:56
Date Of Accident	19/08/2020 11:00
Exact Location Of Accident	NUH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMP7942Y
Insured/Policyholder	
Name Of Registered Owner	TAN SEOK CHIN
NRIC No	SXXXX672D
Email Address	JOYCET482@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96384462
Alternative Phone No	OFFICE-96384462
Vehicle Particulars	
Manufacturer	AUDI
Model	A6 DESIGN 2.0TFSI S
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	1900190251
Cover Note Number	
Driver	
Name of Driver	TAN SEOK CHIN
NRIC No	SXXXX672D
Date Of Birth	22/04/1971
Occupation	INDOOR
Date Of Driving Pass	12/05/1997
Driving Experience	23 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96384462
Fax Number	
Contact Number	OFFICE-96384462
E Mail Address	JOYCET482@GMAIL.COM

Address	957 BUKIT TIMAH ROAD #04-16
Postcode	589653
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	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

VEHICLE VEERED OFF TO THE RIGHT SIDE OF THE ROAD CAUSING AN IMPACT OF THE RIGHT SIDE OF THE WHEEL TO THE ROAD KERB

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

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 agent(s) 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; and
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time 9

Driver's Signature

(If driver is not the policyholder)

Date & Time

Reporting Centre Personnel's Signature

Name Tay Keng

NRIC/FIN No

U20240



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

right

Vehicle ~~was~~ veered off to the side of the road causing
in impact of the right side of the wheel to
the road kerb.

DECLARATION

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

Policyholder

Signature

Date & Time

20/08/2020
1:30pm

Driver's Signature

(If driver is not the policyholder)

Date & Time

Reporting Centre Personnel's Signature

Name

Tony Fong

NRIC/FIN No

62040147A