ASS. REC. BY: | REF: CS/ICS 20008935/Avf3

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 Rport: _____ 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: SFQ8T. Yr Regn: 2018 / June

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

Truck / Trailer or _____

Make: Audi Q7 c.c 1984

Colour White. A/C: Insured / Std / NI / NA

Sp.Reading 23537. T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WAUZZZ4M0JD042853

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: 295/35R22

R: 295/35R22

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

TOYO / YOKO or Continental

Front		Rear	
R/Bal.	06 mm	R/Bal.	06 mm
L/Bal.	06 mm	L/Bal.	06 mm
D.O.A.	18/8/20	D.O.I.	27/08/20

*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
	T.P ECICS.
	MV :
	PV :
	Nett :

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) 24/12/20-Typist

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 3

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Inve ($ _____)

☐ : Weekend ($ _____)

Survey Fee: _____

Transportation: _____

__$ + RS__SI

Photos _____

Others _____

TOTAL _____

Report Format : Merimen

~~Lump Sum~~ / I.B.I: @ $6082.10

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 21/08/2020 11:00

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 witholding 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	19/08/2020 15:16
Date Of Accident	18/08/2020 14:45
Exact Location Of Accident	KAMPONG ARANG RD HDB CARPARK
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SFQ8T
Insured/Policyholder	
Name Of Registered Owner	CHOO QUEE YANN
NRIC No	SXXXX961F
Email Address	STEVENKOO@PRIMEEXPRESS.COM.SG
Mobile Phone No	(LOCAL) +65-98551898
Alternative Phone No	OFFICE-63446818
Vehicle Particulars	
Manufacturer	AUDI
Model	Q7 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?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5101401179-02
Cover Note Number	
Driver	
Name of Driver	CHOO QUEE YANN
NRIC No	SXXXX961F
Date Of Birth	16/04/1961
Occupation	INDOOR
Date Of Driving Pass	01/02/2002
Driving Experience	18 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98551898
Fax Number	
Contact Number	OFFICE-63446818
EMail Address	STEVENKOO@PRIMEEXPRESS.COM.SG

Address	5 TANJONG RHU ROAD #22-03
Postcode	436882
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	0

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

MY CAR WAS PARKED INSIDE A CAR PARK LOT. THE OTHER CAR REVERSED AND KNOCKED IN THE FRONT LEFT BUMPER CAUSING DAMAGE

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	SJW1828H
Vehicle Make/Model/Colour	BMW 525
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	VINCENT TAN
NRIC/Passport Number	
Contact Number	96363457
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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

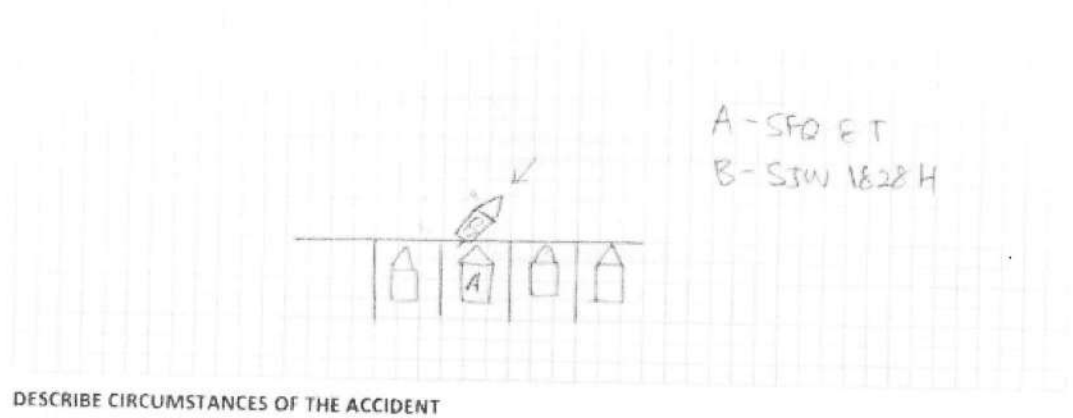
(ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time: 19.8.20 13.45

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My Car was Parked Inside A Car Park Lot.
The other Car revised and knocked in the Front left bumper
Causing damage

DECLARATION

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

Policyholder's Signature
Date & Time: 19/8/23
13:45

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

Reporting Centre Personnel's Signature
Name: Rawang Tan.
NRIC/FIN No.:

Accident Photo

Accident Photo

Accident Photo

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 : 46039

Telefax

Estimate	:	Accident Repairs
Workshop	:	Ubi Road 1
Contact No	:	6366 2323
Fax No	:	6841 1183
Reference	:	PA/TP/0588/2020/NS
Date	:	21-Aug-20

Vehicle NOT IN workshop. Kindly arrange for survey.

Your insured vehicle no : SJW 1828 H

ECICS Limited
7 Temasek Boulevard
#10-01 Suntec Tower One
Singapore 038987

Attn: Motor Claims Dept
Tel: 63374779 - Fax: 63389267

Owner's Name	:	Ms Choo Quee Yann
Address	:	5 Tanjong Rhu Road #22-03 Singapore 436882
Telephone	:	HP +65 98551898
Type of Claim	:	Third Party Claims
Policy No.	:	5101401179-02
Vehicle No	:	**SFQ 8 T**
Model Code	:	Audi Q7 2.0 TFSI QU
Model / Year	:	Jun-18
Engine No	:	CYR 063552
Chassis No	:	WAUZZZ4M0JD042853
Mileage	:	-
Date In	:	-
Estimated By	:	Johnny Boo / Allan Wu
Accident Date	:	18-Aug-20
Place of Accident	:	Kampong Arang Rd HDB Carpark

Premium Automobiles

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

Telefax

Estimated Labour Charges for Accident Vehicle. SFQ 8 T

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 transfer lhs headlight control unit and power module.	S/N	$	450.00	✗
3	To dismantle and renew front bumper and lhs headlight. Re-organise crash management components. Reinstall all parts removed.		$	1,350.00	900
4	To respray front bumper.		$	1,350.00	900
5	To carry out diagnostic check.	S/N	$	192.00	✓
	TOTAL LABOUR CHARGES		:	**$3,822.00**	

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Material List for Accident Vehicle Regn No. SFQ 8 T

S/N	Parts Description		Damaged Parts & Prices S/Nett	Remarks
1	FRONT BUMPER Repair damaged	$	2,434.00	2434
2	FRONT BUMPER FIXING PARTS New	$	442.00	
3	FRONT BUMPER AIR GUIDE - LH ? nn	$	66.00	
4	FRONT BUMPER END CAP - LH New	$	35.00	
5	FRONT BUMPER CLOSING ELEMENT - UPPER CENTRE New	$	273.00	
6	FRONT BUMPER GRILLE - LOWER CENTRE New	$	203.00	
7	FRONT BUMPER UNDERRUN BAR Not New	$	797.00	
8	FRONT BUMPER CLOSING ELEMENT - LOWER CENTRE Not New	$	208.00	
9	FRONT SPOILER - LH Behind	$	137.00	137
10	FRONT SPOILER - LH OUTER ? nn	$	43.00	
11	RADIATOR GRILLE	$	2,445.00	
12	RADIATOR GRILLE COVER Not New	$	72.00	
13	RADIATOR GRILLE INNER COVER	$	61.00	
14	FRONT BUMPER AIR GUIDE GRILLE - LH Behind	$	294.00	293.50
15	FRONT BUMPER END CAP - LH New damaged	$	33.00	32.60
16	RADIATOR GRILLE SPOILER - LH New	$	57.00	
17	FRONT BUMPER CARRIER	$	858.00	
18	FRONT BUMPER FOAM FILLER PIECE	$	170.00	
19	FRONT BUMPER SUPPORT - LH / RH Not New	2 $	72.00	
20	FRONT BUMPER GUIDE SECTION - LH	$	44.00	
	SUB TOTAL SPARE PARTS CHARGES	:	**$ 8,744.00**	

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Telefax

Material List for Accident Vehicle Regn No. SFQ 8 T

S/N	Parts Description			Damaged Parts & Prices S/Nett	Remarks
21	FRONT PARKING AID SENSOR - INNER / OUTER	2		TBC	
22	HEADLIGHT MOUNTING - LH		$	117.00	
23	LED HEADLIGHT - LH		$	9,813.00	
24	LIFT CYLINDER - LH		$	196.00	
25	WHEEL HOUSING LINER - LH		$	237.00	
26	REAR WHEEL HOUSING LINER - LH		$	237.00	
27	FRONT WHEEL COVER - LH / RH	2	$	654.00	653
28	FRONT NO PLATE	S/N	$	60.00	60
29	SUNDRIES nn		$	300.00	

TOTAL SPARE PARTS CHARGES	:	**$20,358.00**
TOTAL LABOUR CHARGES	:	**$ 3,822.00**
GRAND TOTAL	:	**$24,180.00**

All charges are not inclusive of GST.
Legend : Remarks (OK) = Approved, Remarks (X) = Not approved
Spare parts are Special Nett.

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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:

Telefax

Name	:	Adrian Ling
Surveyed Date	:	27/08/20
Authorised Date	:	
Excess Cost	:	
Liability	:	
Remarks	:	Not Authorised, 03 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