ASS. REC. BY: REF: CS/CT12001018B/Ugf3

ASSIGNMENT

From: Date: 23.9.2020

Estimated Cost:

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

To Inspect Vehicle No: SKU 26K

at Workshop m/s Rico 60

of

Insured:

Policy No. QMHCSNW0000181/2000

Claims No. SNM20D2034550C02

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: @160k.

IDAC Accident Rport: 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 mp"

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SKU 26K Yr Regn: 1/09

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

Truck / Trailer or CA7

Make: Audi R8 c.c 4163

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

Sp.Reading 73578 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WUAZZZ4229N000422

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: 235/35ZR19

R: 295/30ZR19

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

TOYO / YOKO or

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.	19/9/20	D.O.I.	23/9/20

Survey held at

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

Rear O/S.

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

Date / Time	Action / Instruction
	dep 20k.
	LTA @ 26284
	exp 30-11-2028
17/11/20	Repairer John said PRS already ask independent surveyor to survey
	submit
	bumper S521, reinforcement-2224
	bumper part No: 420 807 303 A
	13-18/e
18/11/20	submit PRS.

Date/Time, File Pass to? 1) 18/11 to PRS

☐ : Preli. Report

☐ : Final Report

Date/Time, File Return to? 2)

Days Of Repair: 6

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

Report Format : NER-PRS

Lump Sum / E.B.I: ($)

Survey Fee:

Transportation: S + RS SI

Photos

Others

TOTAL

record purpose !

Rico 60 Auto Services Pte Ltd . Blk 8 , Kaki Bukit Avenue 4 , #02-24
Premier @ Kaki Bukit Singapore 415875 , Email: claims@rico60.com
Tel: 6286 6060 , FAX: 6286 7060

VECHICLE NUM:	SKU 26 K
MAKE & MODEL:	AUDI R8
MILEAGE:	
TYRE:	
CHASSIS NUM:	

Not Allowed
23/9/20

ATTN:

NO.	DESCRIPTION - PARTS	QTY	PRICE
1	REAR CENTER PANEL garnish	1	
2	BOOTLID SPOILER	1	
3	BOOTLID SPOILER STAND (L+R)	2	
4	BOOTLID SPOILER MOTOR	1	
5	TAIL LAMP PANEL (L+R)	2	
6	REAR GRILLE (RH)	1	
7	REAR GRILLE GARNISH FIRST ROW (RH)	1	
8	REAR GRILLE GARNISH SECOND ROW (RH)	1	
9	REAR GRILLE GARNISH THIRD ROW (RH)	1	
10	REAR GRILLE GARNISH FORTH ROW (RH)	1	
11	REAR BUMPER	1	
12	REAR BUMPER RETAINER (L+R)	2	
13	REAR BUMPER REINFORCEMENT BAR	1	
14	REAR BUMPER BRACKET (L+R)	2	
15	REAR BUMPER SPONGE	1	
16	REAR BUMPER REVERSE SENSOR SET	4	
17	REAR BUMPER LOWER DIFFUSOR	1	
18	REAR BUMPER UNDERCOVER	1	
19	REAR FENDER (L+R)	2	
20	REAR FENDER INNER TRIM (L+R)	2	
21	REAR FENDER COWLING (L+R)	2	
22	END PANEL	1	
23	EXHAUST PIPE (L+R)	2	
24	EXHAUST BOX (L+R)	2	
25	EXHAUST BOX CONNECTOR	1	
26	EXHAUST GASKET SET	2	
27	EXHAUST BRACKET SET (L+R)	4	
28	EXHAUST HEAT SHIELD SET	2	
29	EXHAUST CHROME TIP SET (L+R)	4	
	SUBTOTAL		$ -
	LESS 10%		$ -
	PARTS TOTAL		$ -

	SPECIAL NETT	QTY	PRICE
1	REAR CENTER PANEL SEALANT	1	$ 120.00
2	REAR CENTER PANEL LOGO (AUDI)	1	$ 300.00
3	REAR CENTER PANEL EMBLEM (R8)	1	$ 300.00
4	REAR CENTER PANEL WRAP	1	$ 3,000.00
5	BOOTLID SPOILER CARBON FIBRE	1	$ 5,000.00
6	BOOTLID WRAP	1	$ 3,500.00

record purpose !

7	TAIL LAMP (L+R)	2	$	6,800.00
8	TAIL LAMP CLIPS	4	$	80.00
9	REAR BUMPER WRAP	1	$	4,500.00
10	REAR BUMPER CLIPS	10	$	100.00
11	REAR CARPLATE	1	$	350.00
12	REAR FENDER WRAP (L+R)	2	$	10,000.00
13	REAR FENDER SEALANT	2	$	800.00
14	REAR FENDER INNER TRIM CLIPS	20	$	200.00
15	REAR FENDER COWLING CLIPS	20	$	200.00
16	END PANEL SEALANT	1	$	250.00
	SPECIAL NETT TOTAL		$	35,500.00

	LABOUR	QTY		PRICE
1	TO RNR ACCIDENT DAMAGE PARTS, CUT/WELD, KNOCK&REALIGN	1	$	4,500.00
2	TO PUTTY AND RESPRAY ACCIDENT AFFECTED AREA	1	$	3,000.00
3	TO RUST PROOF ACCIDENT AFFECTED AREA	1	$	250.00
4	TO RNR REAR CENTER PANEL WRAP	1	$	2,500.00
5	TO RNR BOOTLID WRAP	1	$	3,000.00
6	TO RNR REAR BUMPER WRAP	1	$	4,000.00
7	TO RNR REAR FENDER WRAP	1	$	8,000.00
8	TO RNR UPHOLSTERY,GARNISH AND ATTACHMENT PARTS	1	$	400.00
9	TO RNR REVERSE SENSOR & CHECK FUNCTION.	1	$	150.00
10	TO RNR EXHAUST SYSTEM AND ATTACHMENT PARTS	1	$	800.00
11	TO RNR SPOILER AND TEST FUNCTION	1	$	450.00
12	TO CHECK WIRING LAYOUT AND TAIL LAMP FUNCTION	1	$	150.00
13	TO DO DIAGNOSIS AND RESET , REPROGRAM OR CODING FAULT CODE.	1	$	1,200.00
14	TO DO WATER LEAK TEST .	1	$	120.00
	TOTAL		$	28,520.00
	GRAND TOTAL COST		$	64,020.00

Kwang Yew Audi

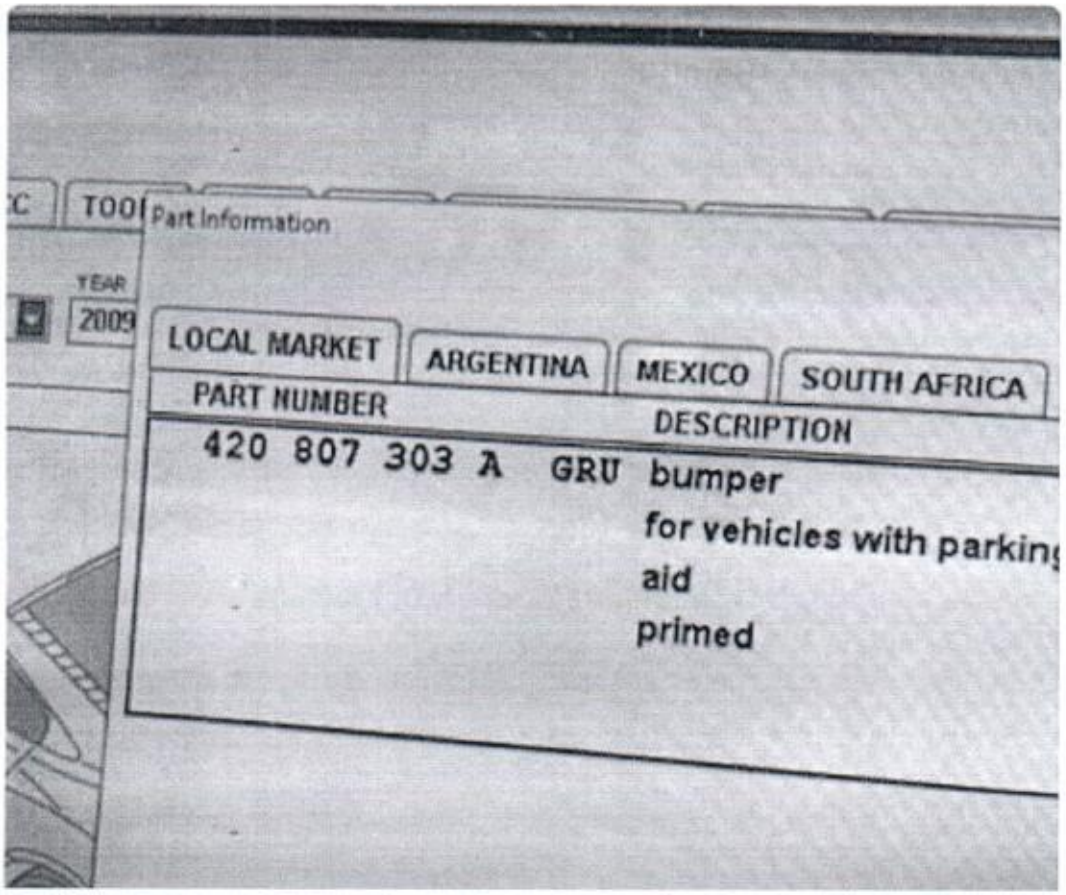
Rear Bumper - 5221
Rear Bumper Reinforcement - 2224
Rear Exhaust Heatshield RH - 109...

WHAT IS THE REAR BUMPER PARTS NUMBER? 17:46 ✓✓

1 UNREAD MESSAGE

You

WHAT IS THE REAR BUMPER PARTS NUMBER?



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	21/09/2020 14:36
Date Of Accident	19/09/2020 00:40
Exact Location Of Accident	INSIDE OXLEY BIZHUB
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKU26K
Insured/Policyholder	
Name Of Registered Owner	LOH IN FONG
NRIC No	SXXXX662E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-85336369
Alternative Phone No	OFFICE-85336369
Vehicle Particulars	
Manufacturer	AUDI
Model	R8-4.2 QUATTRO
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	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPPHQ20-005998
Cover Note Number	
Driver	
Name of Driver	ADRIAN SEE JING LONG
NRIC No	SXXXX749B
Date Of Birth	18/06/1993
Occupation	INDOOR
Date Of Driving Pass	24/02/2015
Driving Experience	5 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85336369
Fax Number	
Contact Number	
EMail Address	ADRIANSEEJINGLONG@GMAIL.COM

Address	12J POH HUAT ROAD
Postcode	544941
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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?	
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)	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

REFER TO THE ATTACHED REPORT.

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	SMC8038U
Vehicle Make/Model/Colour	MERCEDES
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

IMPORTANT NOTICE

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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**.
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5. **Any false reporting may be referred to the Police for investigation**.
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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

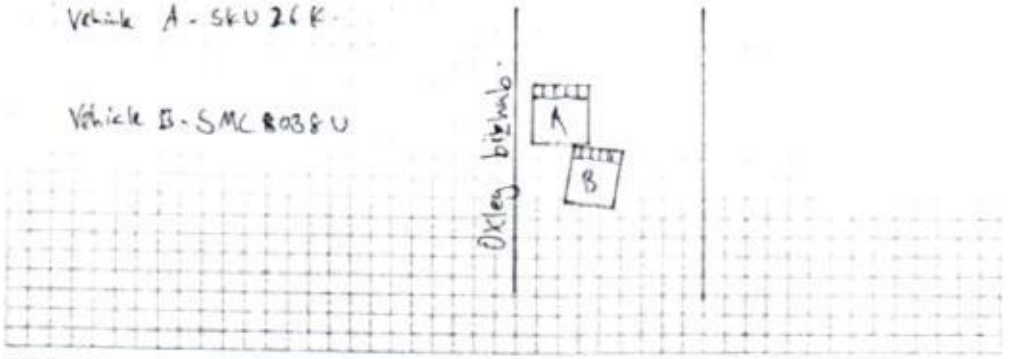
(ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

SKETCH PLAN

Vehicle A - SKU 26 K

Vehicle B - SMC 8038 U



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My Vehicle A was stationary in side Orkey BizHub, I was standing away
1 meter of my Vehicle A, Suddenly I saw this Vehicle B behind
of my Vehicle A bang on to the rear right portion of my vehicle A.
The driver of vehicle B come down and apologise and we
exchange particulars.

DECLARATION

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

Policyholder's Signature | Driver's Signature | Reporting Centre Personnel's Signature