

ASS. REC. BY:

REF:

CS/CTI20014696/Aqd3

## 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. **DMPCSNW00012042001**  
 Claims No. **SNM20D205154C02**  
 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: **3** 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: **5mW 3596C** Yr Regn: **2020 / NOV**  
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or \_\_\_\_\_  
 Make: **Audi Q3** C.C. **1395**  
 Colour: **White** A/C: Insured / Std / NI / NA  
 Sp. Reading: **3287** T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: **WAK 222F 37M 1014736**  
 Gen. Cond: Good / Fair / Poor / Burnt  
 Steering: In order / Jammed / Leaked / Burnt or \_\_\_\_\_  
 Brake: In order / Jammed / Leaked / Burnt or \_\_\_\_\_  
 Modi: Nil / S/Rim / STD A/Rim or \_\_\_\_\_  
 Tyre Size: F: **215/65R17**  
 R: **215/65R17**  
 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. \_\_\_\_\_ D.O.I. **08/01/21**  
 Survey held at **Premium**  
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or  
**Front o/s.**  
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

**TP China.**

18/01/21@12.11pm revised to Pauline Tham via Merimen.

05/03/21@12.41pm confirmed with Mr Boo final fig \$2802, 3 days (Red \$10571, 79%)

MV:

PV:

Nett:

Date/Time, File Pass to?

☐ : Preli. Report☐ : Final Report

1) 05/03 Typist

Date/Time, File Return to?

2)

Days Of Repair: **3**

Resurvey No. of Trip: \_\_\_\_\_

Survey Fee:

Transportation:

S + RS, \$

Photos

Others

TOTAL

Add Fee:

☐ : Site Insp (\$☐ : Interview (\$☐ : Tech. Invs (\$☐ : Weekend (\$Report Format : **MER-TP**~~Comp. Cost~~ L.B.I. : **2802**

## 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 Submission	28/12/2020 12:22 (SGT)
Date of Accident	26/12/2020 11:20 (SGT)
Exact Location of Accident	453 Bukit Batok West Ave 6, Singapore
Additional Location Information	PARKING LOT @ LEVEL 313 AT MULTI STOREY CARPARK LEVEL 3B
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMW3596C
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	WONG ZHENG YANG, ERNEST
NRIC No	SXXXX223F
Email Address	ERNESTWONGZY@GMAIL.COM
Mobile Phone No	(Phone) +65-93394723
Alternative Phone No	+65-97607940

#### VEHICLE PARTICULARS

Manufacturer	Audi
Model	Q3
Variant	-
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 - Claiming third party
Vehicle Category	Private car

#### INSURANCE COMPANY

Name of Insurance Company	AIG
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2070159166
Cover Note Number	-

#### DRIVER

Name of Driver	WONG ZHENG YANG, ERNEST
NRIC No	SXXXX223F
Date Of Birth	27/10/1992

Occupation .....	Outdoor
Date Of Driving Pass .....	03/12/2011
Driving experience .....	9 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-93394723
Alt. Phone Number .....	+65-97607940
Email Address .....	ERNESTWONGZY@GMAIL.COM
Address .....	453A BUKIT BATOK WEST AVE 6
Address complement .....	#22-757
Postcode .....	651453
Is the driver the policyholder? .....	Yes
If No, Relationship of the Driver with the Insured .....	-
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Collided into Parked Vehicle
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

ON 26 DEC 2020, MY VEHICLE WHITE AUDI Q3, SMW3596C WAS PARKED IN A MSCP IN 453 BUKIT BATOK WEST AVE 6 ON LEVEL 3B. VIDEO EVIDENCES SHOWED THAT A DRIVER, WHO DROVE A SILVER HONDA VEZEL SMH6954S (WHICH HAD INITIALLY PARKED BESIDE MY VEHICLE) DROVE OUT OF THE PARKING LOT AND HAD MADE A SIDE COLLISION WITH MY FRONT RIGHT BUMPER.

UPON HITTING, THE DRIVER REVERSED THE VEHICLE AND EXITED THE CARPARK IMMEDIATELY WITHOUT ALIGHTING THE VEHICLE TO ASSESS ANY FORM OF DAMAGE. THE DRIVER WAS ALSO NOT SHOWN TO HAVE LEFT ANY FORM OF NOTES INDICATING THAT SHE HAD HIT MY VEHICLE BY ACCIDENT. NO FURTHER RECONCILIATION WAS MADE BY THE DRIVER.

YES, THERE ARE VIDEOS THAT SHOWS THE INCIDENT.

#### 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 .....	SMH6945S
Vehicle Manufacturer .....	Honda
Vehicle Model .....	Vezel
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

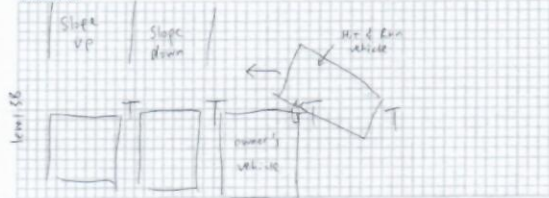
SKETCH PLAN

IMPORTANT NOTICE

1. Please report accurately the details of the accident to speed up the claims process.
  2. This Form must be completed by the Policyholder and/or the Authorized Driver.
  3. Information provided must be as truthful and accurate as possible. Any willful 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 C&A 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.
  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 be 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 insurers (who have insured vehicle(s) involved in this accident (all insurers) who have insured vehicle(s) involved in the accident shall be collectively referred to as the "Insurers"), the Insurers' law firm/law firms, the Ministry Authority of Singapore and any relevant government agency/authorities (such as the police, for the purposes 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 making 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 insurers (who have insured vehicle(s) involved in this accident and the Insurers' law firm/law firms, may be 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 be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law firm/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time: SP0R20CS0002  
 Driver's Signature (if driver is not the policyholder) / Date & Time: \_\_\_\_\_  
 Witnessed by Reporting Centre Personnel: \_\_\_\_\_

Sketch Plan



Describe Circumstances of the Accident

On 24th Dec, 2019, vehicle white Audi Q3, S60135816 was parked in a  
 street in 454 Burt Batak street Ave 6 in front of  
 -Refer to police report.

Declaration

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

*[Signature]* 20/12/19  
 Policyholder's Signature / Date & Time

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



*[Signature]*

Witnessed by Reporting Centre Personnel

# PREMIUM AUTOMOBILES

55 UBI ROAD 1, SINGAPORE 408699

TEL : 6366 2323 FAX : 6841 1183

EMAIL: NORA.KHAI@PREMIUMAUTO.COM.SG / CLAIMS@PREMIUMAUTO.COM.SG



ESTIMATE : ACCIDENT REPAIRS  
WORKSHOP : UBI ROAD 1  
CONTACT NO : 6366 2323  
FAX NO : 6841 1183  
REFERENCE : PA/TP/1021/2020/NS  
DATE : 29-Dec-20  
WIP : 64441

VEHICLE NOT IN WORKSHOP. KINDLY ARRANGE FOR SURVEY.

YOUR INSURED VEH NO : SMH 6945 S

CHINA TAIPING INSURANCE (SG) PTE LTD

105 CECIL STREET

#19-00 THE OCTAGON

SINGAPORE 069534

Attn: Ms Angie - Motor Claims Dept/Windscreen

Tel: 6389 6541 - Fax: 6224 7175

OWNER'S NAME : MR WONG ZHENG YANG, ERNEST  
ADDRESS : BLK 453A BUKIT BATOK WEST AVENUE 6  
#22-757  
SINGAPORE 651453  
TELEPHONE : HP +65 93394723  
TYPE OF CLAIM : THIRD PARTY CLAIM  
POLICY NO : 2070159166  
VEHICLE NO : **SMW 3596 C**  
MODEL CODE : AUDI Q3 1.4 TFSI S TRONIC  
MODEL YEAR : 16/11/2020  
ENGINE NO : CZD C06821  
CHASSIS NO : WAUZZZF37M1014736  
MILEAGE : -  
DATE IN : -  
ESTIMATED BY : JOHNNY BOO / ALLAN WU  
ACCIDENT DATE : 26-Dec-20  
PLACE OF ACCIDENT : PARKING LOT AT LEVEL 313 AT MULTI STOREY CARPARK  
LEVEL 3B


**ESTIMATED LABOUR CHARGES FOR ACCIDENT VEHICLE SMW 3596 C**

S/N	NATURE OF JOBS	ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATIONS
1	TO REMOVE, CHECK AND TRANSFER FRONT WIRE HARNESS FRO HEADLIGHTS, HORNS, OUTSIDE TEMPERATURE SENSOR, HEADLIGHT WASHER ASSY AND FRONT PARKING AID.	S/N \$ 480.00	✓
2	TO REMOVE AND TRANSFER RHS HEADLIGHT'S CONTROL UNIT AND POWER MODULE.	S/N \$ 400.00	X.
3	TO DISMANTLE AND RENEW FRONT BUMPER AND RHS HEADLIGHT. RE-ORGANISE CRASH MANAGEMENT COMPONENTS. REINSTALL ALL PARTS REMOVED.	\$ 1,200.00	800
4	TO RESPRAY FRONT BUMPER.	\$ 1,000.00	800
5	TO CARRY OUT DIAGNOSTIC CHECK.	S/N \$ 192.00	✓
<b>TOTAL LABOUR CHARGES</b>		<b>: \$ 3,272.00</b>	



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## MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SMW 3596 C

S/N PARTS DESCRIPTION	QTY	DAMAGED PARTS & PRICES	
		S/NETT	REMARKS
1 FRONT BUMPER <i>Regis</i>		\$ 2,045.00	+
2 FRONT BUMPER CLOSING ELEMENT - RH		\$ 58.00	+
3 FRONT BUMPER GRILLE - CENTRE		\$ 215.00	+
4 FRONT BUMPER CLOSING ELEMENT		\$ 188.00	+
5 FRONT BUMPER GRILLE - RH		\$ 109.00	+
6 FRONT SPOILER		\$ 379.00	+
7 FRONT BUMPER AIR GUIDE GRILLE - RH		\$ 151.00	+
8 FRONT BUMPER GUIDE SECTION - RH		\$ 38.00	+
9 HEADLIGHT MOUNTING - RH		\$ 117.00	+
10 LED HEADLIGHT - RH		\$ 5,526.00	+
11 LIFT CYLINDER - RH		\$ 208.00	+
12 FRONT WHEEL COVER - LH/RH <i>Neu</i>	2	\$ 530.00	✓
13 WHEEL HOUSING LINER - RH FRONT <i>Neu</i>		\$ 237.00	+
14 WHEEL HOUSING LINER ATTACHMENT PARTS <i>Neu</i>		\$ 100.00	+
15 SUNDRIES <i>Add ?</i>		\$ 200.00	?
<b>TOTAL SPARE PARTS</b>	:	<b>\$ 10,101.00</b>	
<b>TOTAL LABOUR CHARGES</b>	:	<b>\$ 3,272.00</b>	
<b>GRAND TOTAL</b>	:	<b>\$ 13,373.00</b>	

ALL CHARGES ARE INCLUSIVE OF GST

LEGEND:

REMARKS (OK) = APPROVED, REMARKS (X) = NOT APPROVED

SPARE PARTS ARE SPECIAL NETT.



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TEL : 6366 2323 FAX : 6841 1183

EMAIL: NORA.KHAI@PREMIUMAUTO.COM.SG / CLAIMS@PREMIUMAUTO.COM.SG

NAME

:

Adrian

SURVEYED DATE

:

08/01/21

AUTHORISED DATE

:

EXCESS COST

:

LIABILITY

:

REMARKS

:

Not Authorized, 03 Days.

PLEASE NOTE

:

THIS ESTIMATE IS BASED ON VISUAL INSPECTION OF THE  
AFFECTED VEHICLE. SHOULD WE REQUIRE FURTHER  
LAOUR 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