ASS. REC. BY: | REF:

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: SMY8599B Yr Regn: 2021 / March.

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

Make: Audi A6. c.c 1984

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

Sp.Reading 817. T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WAUZZZF21MN050728

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: 225/55R18

R: 225/55R18.

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.	06/05/21.

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
	TP AWA.
	MV :
	PV :
	Nett :

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

Report Format :

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

Survey Fee:	
Transportation:	
___$ + RS___SI	
Photos	
Others	
TOTAL	

SP0R214U0001 / PREMIUM AUTOMOBILES PTE LTD [408699]
ENTRY DATE & TIME: 30/04/2021 14:03 (SGT)
SUBMITTED BY: HAIKAL RUDDIN
VERSION: 1 (30/04/2021 14:03 (SGT))

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 Submission	30/04/2021 14:03 (SGT)
Date of Accident	29/04/2021 22:00 (SGT)
Exact Location of Accident	576 Serangoon Rd, Singapore 218190
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMY8599B

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SAFIA ROJIA
NRIC No	SXXXX199D
Email Address	SAFIAROJIA@YAHOO.COM
Mobile Phone No	(Phone) +65-81839075
Alternative Phone No	+65-92950635

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A6
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1984

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	7210029968
Cover Note Number	-

DRIVER

Name of Driver	SAFIA ROJIA
NRIC No	SXXXX199D

Date Of Birth	03/05/1968
Occupation	Indoor
Date Of Driving Pass	13/12/2012
Driving experience	8 YEARS AND 4 MONTHS
Gender	Female
Mobile Number	(Phone) +65-81839075
Alt. Phone Number	+65-92950635
Email Address	SAFIAROJIA@YAHOO.COM
Address	1 JALAN KEMBANGAN THE TRUMPS
Address complement	#05-08
Postcode	419154
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	Side Swipe
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	JOHARA BEEVI
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

I WAS DRIVING ALONG SERANGOON ROAD ON THE RIGHT MOST LANE. SUDDENLY, THE DRIVER OF VEHICLE GBD726U PULLED OFF FROM HIS PARKING LOT AND SIDE SWEPT MY CAR.

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	GBD726U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Goods vehicle
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 **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 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/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.

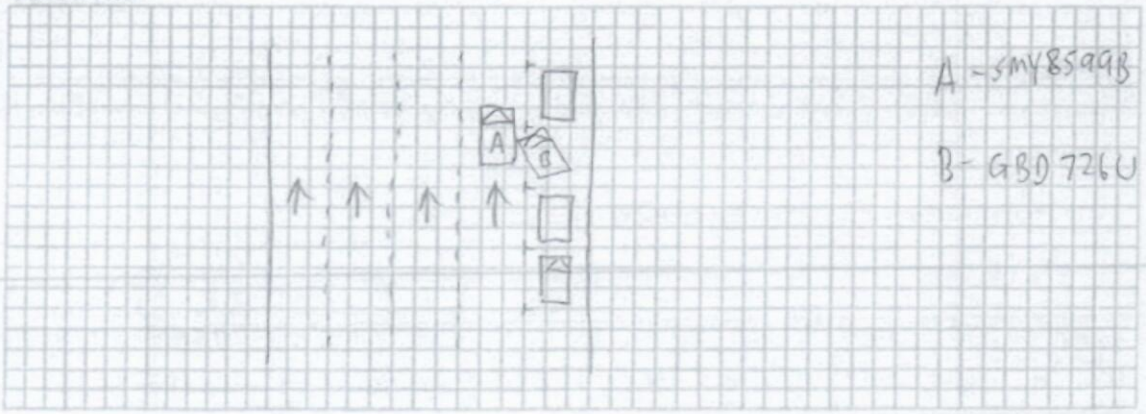
PREMIUM AUTOMOBILE SERVICE PTE LTD

30/09/21
Policyholder's Signature / Date & Time 11.23 a.m.

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

Witnessed by Reporting Centre Personnel Tan Poay

Sketch Plan



Describe Circumstances of the Accident

I was driving along Serangoon Road on the right most lane. Suddenly, the driver of vehicle GBD 7264 pulled off from his parking lot and side swept my car

Declaration

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

PREMIUM AUTOMOBILES PTE LTD

Policyholder's Signature / Date & Time 30/8/21 - 11:26

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

Witnessed by Reporting Centre Personnel Tony Tang

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/0391/2021/HR
DATE	:	5-May-21
WIP	:	25529

VEHICLE NOT IN WORKSHOP. KINDLY ARRANGE SURVEY ON 5/5/2021

YOUR INSURED VEH NO : GBD 726 U

Allied World Assurance Company Ltd
60 Anson Road #08-01 (8th Floor)
Singapore 079914
Attn: Motor Claims Dept
Tel: 6880 4602 - Fax: 6880 4838

OWNER'S NAME	:	MS SAFIA ROJIA
ADDRESS	:	758 BEDOK RESERVOIR #06-22 SINGAPORE 479260
TELEPHONE	:	HP +65 81839075
TYPE OF CLAIM	:	THIRD PARTY CLAIM
POLICY NO	:	7210029968
VEHICLE NO	:	**SMY 8599 B**
MODEL CODE	:	A6 DESIGN 2.0 TFSI S
MODEL YEAR	:	29/3/2021
ENGINE NO	:	DKY 015254
CHASSIS NO	:	WAUZZZF21MN050728
MILEAGE	:	-
DATE IN	:	-
ESTIMATED BY	:	JOHNNY BOO / ALLAN WU
ACCIDENT DATE	:	29-Apr-21
PLACE OF ACCIDENT	:	NEAR 576 SERANGOON ROAD

PREMIUM AUTOMOBILES

55 UBI ROAD 1, SINGAPORE 408699
TEL : 6366 2323 FAX : 6841 1183
EMAIL: NORA.KHAI@PREMIUMAUTO.COM.SG / CLAIMS@PREMIUMAUTO.COM.SG

MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SMY 8599 B

DAMAGED PARTS & PRICES

S/N	PARTS DESCRIPTION	QTY		S/NETT	REMARKS
1	REAR BUMPER Repair	1	$	2,832.00	X.
2	REAR BUMPER LOWER GUIDE SECTION - RH } Not Nec	1	$	63.00	X
3	REAR BUMPER UPPER GUIDE SECTION - LH / RH	2	$	90.00	X
4	REAR BUMPER PARKING AID SENSOR Not Nec	1	$	244.00	X
5	REAR BUMPER SEAL RING Not Nec	4	$	14.00	X
6	REAR DOOR - RH Repair		$	4,178.00	X
7	REAR DOOR SEAL BRACKET - RH } Not Nec	1	$	42.00	X
8	REAR DOOR OUTER DOOR SEAL - RH	1	$	172.00	X
9	REAR DOOR ATTACHMENT PARTS- RH	1	$	352.00	X
10	REAR DOOR CATCH Not Nec	1	$	120.00	X
11	REAR DOOR ATTACHMENT PARTS } Not Nec	1	$	130.00	X
12	REAR DOOR ADHESIVE TAPES	1	$	58.00	X
13	SILL PANEL TRIM ATTACHMENT PARTS - RH Not Nec	1		TBC	X
14	ALUMINIUM RIM - RH Repair	1	$	1,652.00	X
15	SUNDRIES Not Nec		$	200.00	X.
	TOTAL SPARE PARTS	:	**$**	**10,147.00**	
	TOTAL LABOUR CHARGES	:	**$**	**8,152.00**	
	GRAND TOTAL	:	**$**	**18,299.00**	

ALL CHARGES ARE NOT INCLUSIVE OF GST

LEGEND: REMARKS (OK) = APPROVED, REMARKS (X) = NOT APROVED
SPARE PARTS ARE SPECIAL NETT.

PREMIUM AUTOMOBILES

55 UBI ROAD 1, SINGAPORE 408699
TEL : 6366 2323 FAX : 6841 1183
EMAIL: NORA.KHAI@PREMIUMAUTO.COM.SG / CLAIMS@PREMIUMAUTO.COM.SG

ESTIMATED LABOUR CHARGES FOR ACCIDENT VEHICLE SMY 8599 B

S/N	NATURE OF JOBS			ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATIONS
1	TO REMOVE AND TRANSFER REAR PARKING AID AND REAR LID KICK SENSOR. CHECK FUNCTION.	S/N	$	360.00	✓
2	TO DISMANTLE AND RENEW BUMPER, REPAIR REAR RH FENDER, RH SILL PANEL AND REAR RH DOOR. RE-ORGANISE CRASH MANAGEMENT COMPONENTS. REINSTALL ALL PARTS REMOVED		$	3,800.00	1200. 800 X 1.5 = 1200
3	TO RESPRAY REAR BUMPER, REAR RH FENDER, REAR RH DOOR, AND RH SILL PANEL		$	3,800.00	3200 800 x 4 = 3200
5	TO REPLACE REAR RH RIM AND CONDUCT ALIGNMENT TEST.	S/N	$	~~280.00~~	✓ 240.
6	TO CARRY OUT DIAGNOSTIC CHECK.	S/N	$	192.00	✓
	TOTAL LABOUR CHARGES		: $	**8,432.00**	

PREMIUM AUTOMOBILES

55 UBI ROAD 1, SINGAPORE 408699
TEL : 6366 2323 FAX : 6841 1183
EMAIL: NORA.KHAI@PREMIUMAUTO.COM.SG / CLAIMS@PREMIUMAUTO.COM.SG

NAME	:	Adrian Ng
SURVEYED DATE	:	06/05/21.
AUTHORISED DATE	:	
EXCESS COST	:	
LIABILITY	:	
REMARKS	:	Not Authorised, 05 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 / 6768 9911 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