

6Q.

CC3/AIG21007060/Gqc

## ASSIGNMENT

Insured Cost.  
☒ TP / WS / TP RES / OD RES / EVA / INV / MV  
 Inspect Vehicle No: 2100477186  
 Workshop m/s: Premium Auto  
 Insured:  
 Policy No. 2100477186  
 Claims No. 6298662079SG  
 Insured: Excess. ~~THA~~ 600  
 (Client's Record)  
 Make of Veh:

(Policy Condition)

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

|     |     |
|-----|-----|
|     |     |
| N/S | O/S |
|     |     |

Actual or Market Value: \$66K  
 JAC Accident Report Consistent? Yes or No  
 JIA / PR Seen. Consistent? Yes or No  
 Est. Repairs. 4 days Res: Yes or No  
 Claim Sum: % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date Person Contacted

Vehicle: IN / OUT

Veh No: SLE6126M Regd 27 Jul 2016  
 Type: ☒ Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Audi A3 1.4 cc 1395

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

Sp Reading: 33320 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

Gen. Cond: ☒ Good / Fair / Poor / BurntSteering: ☒ In order / Jammed / Leaked / Burnt orBrake: ☒ In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD / Rim or

Tyre Size: F:

F:

R:

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

TOYO / YOKO or

Front

R/Bal:

L/Bal:

D.O.A

Survey held at

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

28/06/21@11.38am revert to AIG via Merimen.

28/06/21@2.59pm Kok Chong informed C/A via Merimen.

29/06/21@9.25am Informed Kee Siang C/A &amp; ex:\$600 by email.

08/11/21@5.02pm Guo Qiang finalised with Mr Boo final fig \$7244.80, 4 days. (Red \$5018.20, 41%)

Date/Time. File Pass to:

☐: Preli. Report☐: Final Report

Date/Time. File Return to:

Days Of Repair: 4

Resurvey No. of Trip: 2

Addl Fee:

☐ Site Insp. (\$☐ Interview (\$☐ Transport (\$☐ Other (\$

Survey Fee:

Transportation

Site Fee

Interview

Other

MER-OD

7244.80

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/OD/518/2021/GW  
**DATE** : 23-Jun-21  
**WIP** :

**VEHICLE NOT IN WORKSHOP. KINDLY ARRANGE FOR SURVEY ON 25/6/2021**

**AIG ASIA PACIFIC INSURANCE PTE LTD**

78 SHENTON WAY

#07-16 AIG BUILDING

SINGAPORE 079120

Attn: Motor Claims Dept

**Tel: 6880 4602 - Fax: 6880 4838**

**OWNER'S NAME** : MS SIVALINGAM BHAVANI MRS.BHAVANI KATZMANN  
**ADDRESS** : 29 ANGULLIA PARK  
#16-01, ORCHARD VIEW  
SINGAPORE 239977  
**TELEPHONE** : HP +65 97355974  
**TYPE OF CLAIM** : OWN DAMAGE CLAIM  
**POLICY NO** : 2100477186-04  
**VEHICLE NO** : **SLE 6126 M**  
**MODEL CODE** : A3 SB 1.4 TFSI  
**MODEL YEAR** : 27/7/2016  
**ENGINE NO** : CZC563903  
**CHASSIS NO** : WAUZZZF8V5GA168199  
**MILEAGE** : -  
**DATE IN** : -  
**ESTIMATED BY** : JOHNNY BOO / ALLAN WU  
**ACCIDENT DATE** : 18-Jun-21  
**PLACE OF ACCIDENT** : CARPARK AT 6 EU TONG SEN ST



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**ESTIMATED LABOUR CHARGES FOR ACCIDENT VEHICLE SLE 6126 M**

| S/N                         | NATURE OF JOBS   | ESTIMATED CHARGES    | SURVEYOR'S RECOMMENDATIONS |
|-----------------------------|--|----------------------|----------------------------|
| 1                           | TO REMOVE, CHECK AND TRANSFER FRONT WIRE HARNESS FOR HEADLIGHTS, HORNS, OUTSIDE TEMPERATURE SENSOR AND HEADLIGHT WASHER ASSY.              | S/N \$ 360.00        | X NN                       |
| 2                           | TO REMOVE AND TRANSFER RHS HEADLIGHT'S CONTROL UNIT AND POWER MODULE.  | S/N \$ 350.00        | /                          |
| 3                           | DISMANTLE AND RENEW FRONT BUMPER, RHS FRONT FENDER AND RHS HEADLIGHT. RE-ORGANISE CRASH MANAGEMENT COMPONENTS. REINSTALL ALL PARTS REMOVED | S/N \$ 2,100.00      | 1000                       |
| 4                           | TO RESPRAY FRONT BUMPER AND RHS FRONT FENDER,  | \$ 2,000.00          | 1100                       |
| 5                           | TO CARRY OUT DIAGNOSTIC CHECK.   | S/N \$ 192.00        | /                          |
| <b>TOTAL LABOUR CHARGES</b> |  | <b>: \$ 5,002.00</b> |                            |

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**MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SLE 6126 M**

|                             |   |     | DAMAGED PARTS & PRICES |          |                  |
|-----------------------------|---|-----|------------------------|----------|------------------|
| S/N                         | PARTS DESCRIPTION                               | QTY | S/NETT                 | REMARKS  |                  |
| 1                           | FRONT BUMPER / cut                              | 1   | \$                     | 2,016.00 |                  |
| 2                           | FRONT BUMPER FIXING PARTS X NN                  | 1   | \$                     | 187.00   |                  |
| 3                           | FRONT BUMPER CLOSING ELEMENT LOWER CENTRE X NN  | 2   | \$                     | 156.00   |                  |
| 4                           | FRONT BUMPER GUIDE SECTION RH - NBL             | 1   | \$                     | 63.00    |                  |
| 5                           | FRONT BUMPER AIR GUIDE GRILLE RH X NN           | 1   | \$                     | 109.00   |                  |
| 6                           | FRONT FENDER RH / Buc                           | 1   | \$                     | 851.00   |                  |
| 7                           | FRONT FENDER ATTACHMENT PARTS X NN              | 1   | \$                     | 72.00    |                  |
| 8                           | FRONT FENDER BRACKET RH ?                       | 1   | \$                     | 48.00    |                  |
| 9                           | FRONT FENDER CLOSING ELEMENT RH ?               | 1   | \$                     | 62.00    |                  |
| 10                          | FRONT FENDER BRACE RH X NN                      | 1   | \$                     | 96.00    |                  |
| 11                          | FRONT FENDER POP RIVET - NBL                    | 8   | \$                     | 27.00    |                  |
| 12                          | FRONT WHEEL HOUSING LINER RH ?                  | 1   | \$                     | 169.00   |                  |
| 13                          | FRONT WHEEL HOUSING LINER ATTACHMENT PARTS X NN | 1   | \$                     | 89.00    |                  |
| 14                          | HEADLIGHT RH / cut                              | 1   | \$                     | 2,641.00 |                  |
| 15                          | LIFY CYLINDER FOR HEADLIGHT WASHER SYSTEM X NN  | 1   | \$                     | 193.00   |                  |
| 16                          | HOSE FOR HEADLIGHT WASHER SYSTEM X NN           | 1   | \$                     | 182.00   |                  |
| 17                          | SUNDRIES ?                                      |     | \$                     | 300.00   |                  |
| <b>TOTAL SPARE PARTS</b>    |   |     | :                      | \$       | <b>7,261.00</b>  |
| <b>TOTAL LABOUR CHARGES</b> |   |     | :                      | \$       | <b>5,002.00</b>  |
| <b>GRAND TOTAL</b>          |   |     | :                      | \$       | <b>12,263.00</b> |

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

NAME  
SURVEYED DATE  
AUTHORISED DATE  
EXCESS COST  
LIABILITY  
REMARKS

: Eric Qian  
82880282

: 2526/6/21.

: Not Authorised.

## 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

4 Days.

before paint photo's.

Excess : TBA.

JOHNNY BOO  
BODY REPAIR MANAGER

ALLAN WU  
CLAIMS CONSULTANT

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:



## 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              | 19/06/2021 19:26 (SGT)             |
| Date of Accident                | 18/06/2021 17:30 (SGT)             |
| Exact Location of Accident      | 6 Eu Tong Sen St, Singapore 059817 |
| Additional Location Information | CARPARK AT 6 EU TONG SEN ST        |
| Country/State of Loss           | Singapore                          |

### DETAILS OF OWN VEHICLE

|                             |          |
|-----------------------------|----------|
| Vehicle Registration Number | SLE6126M |
|-----------------------------|----------|

#### INSURED/POLICYHOLDER

|                          |  |
|--------------------------|--|
| Is company?              | No                                       |
| Name Of Registered Owner | SIVALINGAM BHAVANI MRS. BHAVANI KATZMANN |
| NRIC No                  | SXXXX130B                                |
| Email Address            | BHAVANI_SIVALINGAM@HOTMAIL.COM           |
| Mobile Phone No          | (Phone) +65-97355974                     |
| Alternative Phone No     | (Office) +65-97355974                    |

#### VEHICLE PARTICULARS

|  |             |
|--|-------------|
| Manufacturer   | Audi        |
| Model  | A3          |
| 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? | Yes         |
| Vehicle Category   | Private car |
| Transmission   | Auto        |
| CC   | 1400        |

#### INSURANCE COMPANY

|                           |                                      |
|---------------------------|--------------------------------------|
| Name of Insurance Company | AIG Asia Pacific Insurance Pte. Ltd. |
| Type of Coverage          | Comprehensive                        |
| Fleet Policy              | No                                   |
| Policy Number             | 2100477186-04                        |
| Cover Note Number         | -                                    |

#### DRIVER

|                |  |
|----------------|--|
| Name of Driver | SIVALINGAM BHAVANI MRS. BHAVANI KATZMANN |
| NRIC No        | SXXXX130B                                |

|  |                                |
|--|--------------------------------|
| Date Of Birth  | 03/06/1967                     |
| Occupation   | Indoor                         |
| Date Of Driving Pass   | 04/09/1986                     |
| Driving experience   | 34 YEARS AND 9 MONTHS          |
| Gender   | Female                         |
| Mobile Number  | (Phone) +65-97355974           |
| Alt. Phone Number  | (Office) +65-97355974          |
| Email Address  | BHAVANI_SIVALINGAM@HOTMAIL.COM |
| Address  | 29 ANGULLIA PARK               |
| Address complement   | #16-01, ORCHARD VIEW           |
| Postcode   | 239977                         |
| 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 Property |
| Weather Conditions | Clear                  |
| Road Surface       | Dry                    |

#### OTHER INFORMATION

|   |    |
|---|----|
| Was any foreign vehicle involved in the accident?   | No |
| Number of vehicles involved in the accident   | 1  |
| Was anybody injured in the Accident?  | No |
| Was any injured conveyed to hospital by ambulance?  | -  |
| Was any other material or property damaged?   | No |
| 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?  | No |
| Was notice of intended Prosecution given? | No |
| If yes, against whom?                     | -  |

#### CIRCUMSTANCES OF ACCIDENT

WHILE DRIVING UP THE MULTI-STOREY CARPARK RAMP AT THE CENTRAL ( 6 EU TONG SEN STREET), THE CAR SCRAPPED THE CARPARK WALL ON THE RIGHT. THE BUMPER, FENDER AND FRONT LIGHT (RIGHT HAND SIDE) WAS SCRATCHED & DENTED.

#### ATTACHMENT(S)

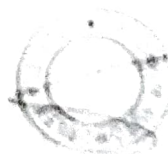
|   |     |
|---|-----|
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera?   | No  |
| Was there any audio recorded?                 | No  |

**Describe Circumstances of the Accident**

While driving up the multi-storey carpark ramp at The Central (6 Eu Tong Sen Street), the car scraped the carpark wall on the right. The bumper, Bumper and Front light (right hand side) were scratched & dented.

**Declaration**

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



  
Policyholder's Signature / Date & Time

19 June 2021 @ 11:11  
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed By Reporting Centre Personnel



## 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 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 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;

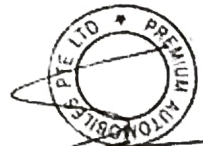
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(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.

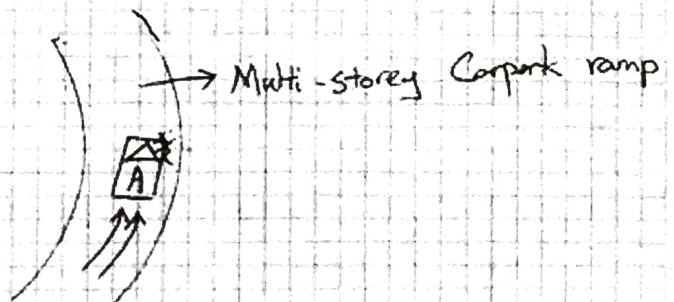


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan





AIG Asia Pacific Insurance Pte. Ltd  
AIG Building  
78 Shenton Way  
#07-16

### MOTOR ACCIDENT INTERVIEW FORM

NAME : BHAVANI SIVALINGAM  
VEHICLE NUMBER : SLE6126M  
DATE/ TIME OF ACCIDENT : 18 JUNE 2021 @ 5.30pm  
PLACE OF ACCIDENT : THE CENTRAL, CAR PARK RAMP  
THIRD PARTY VEHICLE (IF ANY) :

\*\*\*\*\*

WHERE DID YOU START YOUR JOURNEY AND WHERE WAS THE INTENDED DESTINATION BEFORE THE ACCIDENT?

Started at 79 Anson Road & intended destination was  
The Central at 6 Eu Tong Sen Street

DID YOU DRINK ANY ALCOHOLIC DRINKS BEFORE YOU DRIVE ON THE DAY OF THE ACCIDENT? IF YES, DID THE TRAFFIC POLICE CONDUCT ANY BREATHE-ANALYSER TEST ON YOU? IF YES, WHAT WAS THE RESULTS?

NO

WHAT IS THE TYPE OF COLLISION AND THE EXTENSIVENESS OF THE DAMAGES TO ALL VEHICLES INVOLVED?

~~No collision~~; Scraped the right side while  
driving up the multi-storey carpark.

WERE YOU OR YOUR PASSENGER/S INJURED? IF INJURED, WHICH HOSPITAL? WERE YOU TAKEN TO THE TRAFFIC POLICE FOR INVESTIGATION?

NO

NAME: BHAVANI SIVALINGAM

I AFFIRMED THE ABOVE INFORMATION IS GIVEN TO MY BEST KNOWLEDGE

## UNDERTAKING

I, SIVALINGAM BHAVANI (NRIC No 5XXXX130B), hereby confirm that the Singapore Accident Statement lodged by me on 19 JUNE 2021 at 10.55 hours pertaining to the accident involving motor car Reg No: 5LE6126 M, in which I was the driver are true and accurate to the best of my knowledge, information and belief.

I acknowledge that my insurers are not liable under the contract of insurance if there is a breach of policy terms and conditions.

In the event that an unrelated/unreported third party property or injury claim arises or there is evidence emerges that there is a breach of policy terms and conditions, I irrevocably undertake to absolve my insurer from all liability under the contract of insurance and I undertake to re-pay any sums paid by my insurers pursuant to the contract of insurance upon receipt of written demand by my insurers.

Signature

:



Name of Insured / Driver

:

BHAVANI SIVALINGAM

Nric No.

:

5XXXX130B

Date

:

19 JUNE 2021

Signature

:

SAME as above



Name of Policyholder

:

Nric No.

:

Date

: