

ASS. REC. BY:

Steve

REF

CS/SMIR 21007413/EUf3

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

SLZ 6066S

At Workshop m/s

PREMIUM AUTOMOBILES

of

Insured:

SHC 4693M

Policy No.

Claims No.

TAX/07/21/2010

Sum Insured:

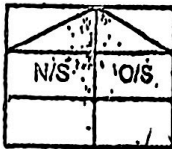
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Est. or Market Value:

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

3 days

Res.: Yes or No

Cum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SLZ 6066S

Yr Regn:

10/5/18

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

Truck / Trailer or

Make:

Audi A3

c.c.

999

Colour:

Silver

A/C:

Insured / Std / NI / N

Sp. Reading

41615

T/Radio: Insured / Std / NI / N

Eng/No:

C/No:

WAA 2228V3JA 095955

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

205/55R16

R:

11

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or

Front

Rear

R/Bal.

4

mm

R/Bal.

4

mm

L/Bal.

4

mm

L/Bal.

4

mm

D.O.A.

4/7/21

D.O.A.

12/7/21

Survey held at

Premium

Des. of Damages: Fnt / Rear / O/S / N/S / UIC / Rooftop or

Rear RH

The UIC / Chassis frame / Body Structure affected due to collision

Date / Time

Action / Instruction

INV- 92K

Confirmed final fig P/P \$4281.90, 3 repair days.

(RED \$6513.10; 60%)

File/Time, File, Pass to?



Prell. Report

18/8 TYPIST



Final Report

File/Time, File Return to?

Days Of Repair:

3

Resurvey No. of Trip:

1

Survey Fee:

Transportation:

\$ - RS - \$1

Phone

Others

TOTAL

Add Fee:



Site Insp (\$



Interview (\$



Tech. Inve (%)



Weekend (%)

TP

Total Cost / L.P. / P

\$4281.90



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/0560/2021/GW
DATE : 7-Jul-21
WIP : 34275

VEHICLE NOT IN WORKSHOP. KINDLY ARRANGE FOR SURVEY ON 9/7/2021

First Capital Insurance Ltd

36 Robinson Road

16-01 City House

Singapore 068877

Attn: Motor Claims Dept

Tel:6854 3909 Fax: 6507 3849

OWNER'S NAME : MR HU WEIPING
ADDRESS : BLK 612 CLEMENTI WEST ST 1
#03-304
SINGAPORE 120612
TELEPHONE : HP +65 93217578
TYPE OF CLAIM : THIRD PARTY CLAIMS
POLICY NO : 1800048916-03
VEHICLE NO : SLZ 6066 S
MODEL CODE : A3 SPORTBACK 1.0 TFSI S TRONIC
MODEL YEAR : 10/5/2018
ENGINE NO : CHZ 698819
CHASSIS NO : WAUZZZ8V3JA095955
MILEAGE : -
DATE IN : -
ESTIMATED BY : JOHNNY BOO / ALLAN WU
ACCIDENT DATE : 4-Jul-21
PLACE OF ACCIDENT : JALAN JURONG KECHIL



55 UBI ROAD 1, SINGAPORE 408699
TEL: 6366 2323 FAX: 6841 1183
EMAIL: NORA.KHA1@PREMIUMAUTO.COM.SG / CLAIMS@PREMIUMAUTO.COM.SG

ESTIMATED LABOUR CHARGES FOR ACCIDENT VEHICLE SLZ 6066 S

S/N	NATURE OF JOBS	ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATIONS
1	TO REMOVE AND REINSTALL REAR PARKING AID. CHECK FUNCTION. <i>?</i>	S/N \$ 280.00	✓
2	TO DISMANTLE AND RENEW REAR BUMPER. TO REPAIR RHS TAIL LAMP PANEL AND REAR END PANEL. RE-ORGANISE CRASH MANAGEMENT COMPONENTS. REINSTALL ALL PARTS REMOVED. <i>700</i>	\$ 2,100.00	<i>700</i>
3	TO RESPRAY REAR BUMPER, RHS TAILLAMP PANEL AND REAR END PANEL. <i>700</i>	\$ 2,800.00	<i>700</i>
4	TO CARRY OUT DIAGNOSTIC CHECK.	S/N \$ 192.00	✓
TOTAL LABOUR CHARGES		: \$ 5,372.00	

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MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SLZ 6066 S

			DAMAGED PARTS & PRICES		
S/N	PARTS DESCRIPTION	QTY	S/NETT	REMARKS	
1	REAR BUMPER / DD	1	\$ 2,070.00	—	
2	REAR BUMPER FIXING PARTS APC x nn	1	\$ 193.00		
3	REAR BUMPER LOCKING MACHANISM LH RH ? x nn	2	\$ 28.00		
4	REAR WHEEL HOUSING LINER ADAPTER RH ? x nn	1	\$ 38.00		
5	REAR BUMPER SPOILER / CRU	1	\$ 237.00	—	
6	REAR LIGHT REFLECTOR RH / BR	1	\$ 30.00	29.50—	
7	LED TAIL LIGHT RH OUTER x nn	1	\$ 877.00		
8	LED TAIL LIGHT RH INNER x nn	1	\$ 877.00		
9	REAR BUMPER REINFORCEMENT BEAM ? x nn	1	\$ 603.00		
10	REAR BUMPER BRACKET LH x nn	1	\$ 27.00		
11	REAR BUMPER BRACKET RH x nn	1	\$ 29.00		
12	REAR BUMPER GUIDE SECTION RH ? — BR	1	\$ 67.00	66.20—	
13	REAR SENSOR SEAL RING APC x nn	4	\$ 14.00		
14	REAR SENSOR INNER / OUTER ? x nn	2	TBC		
15	REAR VENT TRIM RH ? x nn	1	\$ 33.00		
16	SUNDRIES ? — nrc		\$ 300.00	7.20—	
TOTAL SPARE PARTS			\$ 5,423.00		
TOTAL LABOUR CHARGES			\$ 5,372.00		
GRAND TOTAL			\$ 10,795.00		

ALL CHARGES ARE NOT INCLUSIVE OF GST
LEGEND: REMARKS (OK) = APPROVED, REMARKS (X) = NOT APPROVED
SPARE PARTS ARE SPECIAL NETT.



55 UBI ROAD 1, SINGAPORE 408699

TEL : 6366 2323 FAX : 6841 1183

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

NAME : Steve (LKK)
 SURVEYED DATE : 12/7/21, 1.30pm
 AUTHORISED DATE :
 EXCESS COST :
 LIABILITY :
 REMARKS :
 3 days
 PIP
 My BL My

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

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:

SP0R21750003 / PREMIUM AUTOMOBILES PTE LTD [408699]
ENTRY DATE & TIME: 05/07/2021 16:07 (SGT)
SUBMITTED BY: WONG KHONG SENG
VERSION: 1 (05/07/2021 16:07 (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 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	05/07/2021 16:07 (SGT)
Date of Accident	04/07/2021 10:30 (SGT)
Exact Location of Accident	Jln Jurong Kechil, Singapore
Additional Location Information	JALAN JURONG KECHIL
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ6066S
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	HU WEIPING
NRIC No	SXXXX191J
Email Address	WEIPING_HU@HOTMAIL.COM
Mobile Phone No	(Phone) +65-93217578
Alternative Phone No	(Office) +65-93217578

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?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1000

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1800048916-03
Cover Note Number	-

DRIVER

Name of Driver	HU WEIPING
NRIC No	SXXXX191J

Date Of Birth
 Occupation
 Date Of Driving Pass
 Driving experience
 Gender
 Mobile Number
 Alt. Phone Number
 Email Address
 Address
 Address complement
 Postcode
 Is the driver the policyholder?
 If No, Relationship of the Driver with the Insured
 Does Driver Own Other Vehicles?
 Vehicle Registration Number of Other Vehicle Owned by Driver
 Insurance Company of Other Vehicle Owned by Driver

15/03/1966
 Indoor
 28/01/2009
 12 YEARS AND 6 MONTHS
 Male
 (Phone) +65-93217578
 (Office) +65-93217578
 WEIPING_HU@HOTMAIL.COM
 BLK 612 CLEMENTI WEST ST 1
 #03-304
 120612
 Yes
 -
 No
 -
 -

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident
 Weather Conditions
 Road Surface

Hit and run / Vandalism / Damaged whilst parked
 Clear
 Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?
 Number of vehicles involved in the accident
 Was anybody injured in the Accident?
 Was any injured conveyed to hospital by ambulance?
 Was any other vehicle or property damaged?
 Number of Passengers (Including Driver)
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

No
 2
 No
 -
 Yes
 0
 No

DETAILS OF POLICE ACTION

Was the accident reported to the police?
 Police Station Name
 Police Station Phone No
 Alt. Police Station Phone No
 Police Station Address
 Was notice of intended Prosecution given?
 If yes, against whom?

Yes
 Traffic Police
 (Phone) +65-65470000
 (Fax) +65-65474900
 10 Ubi Avenue 3 Singapore 408865
 No
 -

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE SKETCH PLAN & POLICE REPORT NO. T/20210704/7006

ATTACHMENT(S)

Are accident photos available for attachment?
 Was there any video captured by Car Camera?
 Was there any audio recorded?

Yes
 Yes
 No

DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number
 Vehicle Manufacturer
 Vehicle Model
 Vehicle Variant
 Vehicle Colour
 Vehicle Category

SHC4693M
 -
 -
 -
 -
 Taxi

7

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)

WITNESS DETAILS

WITNESS 1

Name
Phone
Email

MR TEH
(Phone) +65-91915999

SKETCH PLAN

SKETCH PLAN

IMPORTANT NOTICE

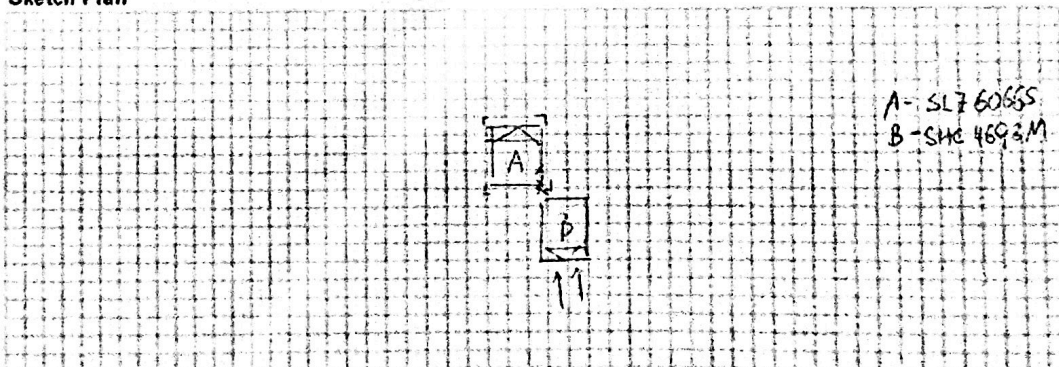
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts 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.
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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/mad 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 5/12/2010 1:42 PM

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

Witnessed by Reporting Centre
Personnel

Sketch Plan




Describe Circumstances of the Accident

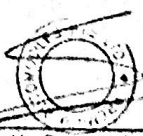
Refer to the sketch plan & file to p. 18, 7/2011, 2011/2006

Declaration

We declare the foregoing particulars are true in every respect.


 Policyholder's Signature / Date &
 Time 5/9/2011 @ 1:42 PM

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


 Witnessed by Reporting Centre
 Personnel