

ADRIAN

CS/SMR21007805/Aqf3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: **SMX 756Y**

at Workshop no: **PREMIUM AUTOMOBILES**

Insured: **SHB 711B**

Policy No: _____

Claim No: **TAX/07/21/2026**

Claim Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

N/S	O/S

Val. or Mod. of Value: _____

PAY: Accident Port: _____ Consistent? : Yes or No

WA: DP: Seca: _____ Consistent? : Yes or No

Est. Repairs: **3** days Res.: Yes or No

Urg. Surc: _____ % 3 Val.: Yes or No

GA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: **SMX 756Y** (TP) (SHB) **2020 Dec.**

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

Make: **Audi Q2** or **1395**

Colour: **Black** A/C: Insured / S / D / B / NA

Sp. Reading: **9575** T/Race: Insured / S / D / B / NA

Eng/No: _____

C/No: **WAUZZ2GASLA074763**

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt

Brake: In order / Jammed / Leaked / Burnt

Modif: Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: **245/40R19**
R: **245/40R19**

BS / DUN / EXNOVA GY / FS / LIZA / MIC / GHT SU / PIR / SUMI / TOYO / YOKO or _____

Front	Rear
R/Bal. 06 mm	R/B: 06 mm
L/Bal. 06 mm	L/B: 06 mm
D.O.A. _____	D.O: 21/07/21

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 SMRT.

03/02/23 Submit Preli. report. - The vehicle has not send in for repair.

MV : _____

PV : _____

Nett : _____

Classification: Preli. Report Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: Site Insp (\$) Interview (\$) Tech. Insp (\$) Wheel Align (\$)

03/02 Typist

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	13/07/2021 16:01 (SGT)
Date of Accident	12/07/2021 20:25 (SGT)
Exact Location of Accident	101 Edgefield Plains, Singapore 821105
Additional Location Information	MULTI-STOREY CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMX756Y
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	EBENEZER LIM
NRIC No	SXXXX724D
Email Address	EBE.PPAIRS@GMAIL.COM
Mobile Phone No	(Phone) +65-93251195
Alternative Phone No	+65-90015728

VEHICLE PARTICULARS

Manufacturer	Audi
Model	Q2
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	1395

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	SD21V04272/VPC/R00
Cover Note Number	-

DRIVER

Name of Driver	EBENEZER LIM
NRIC No	SXXXX724D

Date Of Birth	27/04/1992
Occupation	Indoor
Date Of Driving Pass	29/06/2012
Driving experience	9 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-93251195
Alt. Phone Number	+65-90015728
Email Address	EBE.PPAIRS@GMAIL.COM
Address	103A EDGEFIELD PLAINS #03-101
Address complement	-
Postcode	821103
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	Collision - Head on collision
Weather Conditions	Clear
Road Surface	Wet

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 vehicle 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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

I WAS GOING UP THE SLOPE OF THE MSCP. SAW TAXI SLOWLY COME DOWN SO I DIDN'T CONTINUE FORWARD. TAXI STARTED REVERSE AND NOT CHECKING HIS RIGHT SIDE WHICH WAS WHERE I AM AND HE HIT MY CAR. I HEARD RUMBLING VOICES AS I MOVED OFF AFTER THE IMPACT.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB711B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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 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.

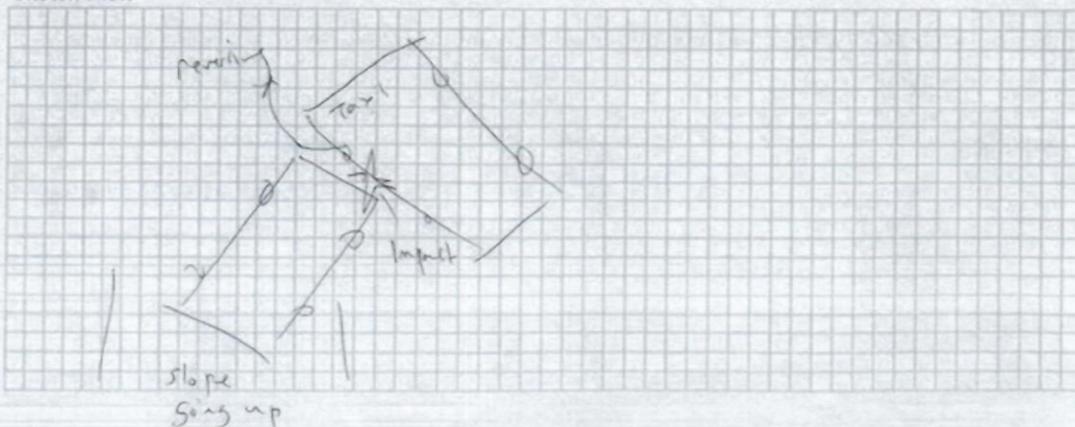


[Signature] 2.42
13/07/2021
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

I was going up the slope of the MSCP. Saw Taxi slowing down so I didn't continue forward. Taxi started reversing and not checking his right side which was where I am and he hit my car. I heard rumbling noise as I moved off after the impact.

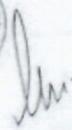
Declaration

We declare the foregoing particulars are true in every respect.

 2-4-1,
15/07/2021
Policyholder's Signature / Date & Time

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





Witnessed by Reporting Centre Personnel



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/0579/2021/JT
DATE : 14-Jul-21
WIP : 35338

VEHICLE NOT IN WORKSHOP. KINDLY ARRANGE FOR SURVEY ON 21/7/21

AXA INSURANCE SINGAPORE PTE LTD

8 Shenton Way
#27-01 AXA Tower
Singapore 068811
Attn: Motor Claims Dept
Tel: 6880 4602 - Fax: 6880 4838

OWNER'S NAME : MR EBENEZER LIM
ADDRESS : BLK 103A EDGEFIELD PLAINS
#03-101
SINGAPORE 821103
TELEPHONE : HP +65 9325 1195
TYPE OF CLAIM : THIRD PARTY CLAIM
POLICY NO : SDV21V04272/VPC/R00
VEHICLE NO : **SMX 756 Y**
MODEL CODE : Q2 1.4 TFSI COD
MODEL YEAR : 24/12/2020
ENGINE NO : CZE868412
CHASSIS NO : WAUZZZ6A8LA074763
MILEAGE : -
DATE IN : -
ESTIMATED BY : JOHNNY BOO / ALLAN WU
ACCIDENT DATE : 12-Jul-21
PLACE OF ACCIDENT : 101 EDGEFIELD PLAINS,
MULTI-STOREY CARPARK



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. SMX 756 Y

			DAMAGED PARTS & PRICES	
S/N	PARTS DESCRIPTION	QTY	S/NETT	REMARKS
1	FRONT BUMPER <i>Repair</i>	1	\$ 894.00	+
2	FRONT BUMPER CONNECTING PIECE <i>new</i>	1	\$ 148.00	+
3	FRONT BUMPER FIXING PARTS	1	\$ 347.00	+
4	FRONT BUMPER GRILLE CENTER <i>new</i>	1	\$ 407.00	+
5	FRONT BUMPER TRIM CENTER	1	\$ 356.00	+
6	FRONT BUMPER AIR GUIDE GRILLE - RH <i>nt</i>	1	\$ 342.00	✓
7	FRONT BUMPER AIR GUIDE GRILLE TRIM - RH <i>new</i>	1	\$ 223.00	+
8	FRONT BUMPER AIR GUIDE GRILLE END CAP - RH	1	\$ 113.00	+
9	FRONT BUMPER SPOILER <i>new</i>	1	\$ 536.00	+
10	FRONT BUMPER CLOSING ELEMENT	1	\$ 156.00	+
11	FRONT WHEEL SPOILER - RH	1	\$ 34.00	+
12	FRONT BUMPER ADAPTOR - RH	1	\$ 42.00	+
13	FRONT WHEEL HOUSING LINER TRIM - RH	1	\$ 33.00	+
14	RADIATOR GRILLE <i>cut</i>	1	\$ 1,411.00	✓
15	RADIATOR GRILLE STRIKER PLATE ?	1	\$ 124.00	?
16	FRONT BUMPER REINFORCEMENT BEAM	1	\$ 723.00	+
17	REINFORCEMENT BEAM FOAM FILLER PIECE	1	\$ 78.00	+
18	FRONT BUMPER GUIDE SECTION RH	1	\$ 36.00	+
19	FRONT BUMPER TOP COVER	1	\$ 100.00	+
20	"CAUTION" STICKER	1	\$ 14.00	+
SUB TOTAL SPARE PARTS			\$ 6,117.00	

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



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MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SMX 756 Y

S/N	PARTS DESCRIPTION	QTY	DAMAGED PARTS & PRICES	
			S/NETT	REMARKS
21	AIRCOND STICKER <i>3 new</i>	1	\$ 8.00	+
22	HEADLIGHT MOUNTING - RH	1	\$ 118.00	+
23	LED HEADLIGHT - RH <i>2 new</i>	1	\$ 4,915.00	+
24	LIFT CYLINDER - RH <i>1 new</i>	1	\$ 142.00	+
25	LIFT CYLINDER HOSE	1	\$ 182.00	+
26	FRONT WHEEL ARCH COVER - LH / RH <i>new</i>	2	\$ 848.00	✓
27	RADIATOR AIR GUIDE - RH <i>2 new</i>	1	\$ 38.00	X
28	RADIATOR SEAL - RH OUTER	1	\$ 7.00	+
29	RADIATOR AIR GUIDE - RH UPPER CENTRE <i>new</i>	1	\$ 22.00	X
30	FRONT NO PLATE <i>new</i>	1	\$ 60.00	✓
31	SUNDRIES <i>?</i>	1	\$ 300.00	?
TOTAL SPARE PARTS		:	\$ 12,757.00	
TOTAL LABOUR CHARGES		:	\$ 5,152.00	
GRAND TOTAL		:	\$ 17,909.00	

photo required before paint.

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 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 : *Adnan Ling.*
SURVEYED DATE : *21/07/21.*
AUTHORISED DATE :
EXCESS COST :
LIABILITY :
REMARKS : *Not Authorised, 03 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

JOHNNY BOO
BODY REPAIR MANAGER

ALLAN WU
CLAIMS CONSULTANT