1 GOLDEN	ASSIGNMENT
From: Date:	Veh No: SLX 7606 M - Yr Regn: 2018 / April .
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD / TP /WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No: SLX 7606M	Make: Andi A6 c.c 1788
at Workshop m/s PREMIUM AUTOMOBILE	A/C: Insured / Std / NI / NA
	Sp.Reading 7 971 T/Radio: Insured / Std / NI / NA
of	Eng/No:
Insured: SG 6025C	C/No: WAUZZZ46XHN128184
Policy No.	Gen. Cond. Good / Fair / Poor / Burnt
Claims No. BUS/07/21/5039 Sum Insured: Excess:	Steering: Inorden/ Jammed / Leaked / Burnt or
outh moured.	Brake: /morder / Jammed / Leaked / Burnt or
(Client's Record)	Modi: Nil (S/Rim)/ STD A/Rim or
Make of Veh:	Tyre Size: F: 275/55 R17-
	R: 225/55 R17
(Policy Condition) N/S N/S	O/S BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
Remark: The veh had commenced its repair at the time of inspection.	TOYO/YOKO or Harkook
repair at the time of inspection.	Poor.
Bal. or Market Value:	R/Bal. 06 mm R/Bal. 06 mm
IDAC Accident Rport: Consistent? : Yes or No	L/Bal. 06 mm L/Bal. 26 mm
GIA / PR Seen: Consistent?: Yes or No	Libai.
Est. Repairs: days Res.: Yes or No	200011
Lum Sum: % 3 Val.: Yes or No	Survey field de
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S N/S / U/C / Rooftop or
Vehicle:	The U/C / Chassis frame / Body Structure affected due to collision.
Date.	The 6/6 / Chaosic Hams
Date / Time Action / Instruction TP SMRT	•
25/8/2021 Revise to SMRT via email.	
25/0/2021 Revise to SWINT via email.	The transfer of the control of the c
m 🗸 :	
PV:	
Nett:	
Confirmed \$14568.40, 5 repair	ir days.
(RED \$2381.60; 14%)	
Dale/Time, File Pass to? : Preli. Report	Days Of Repair: 5
n11/11 TYPIST : Final Report	Resurvey No. of Trip: 2 Survey Fee:
Date/Time, File Return to?	Transportation:
A	Add Fee: Site Insp (\$)_s+Rs_si
2)	: Interview (\$) Photos
	Tsoh Invs (3) Others
Report Format: TP	: Tech. Invs (%) Others

SP0P217S0001 / PREMIUM AUTOCARE CENTRE [159938] ENTRY DATE & TIME: 28/07/2021 18:03 (SGT) SUBMITTED BY: WONG KHONG SENG VERSION: 1 (28/07/2021 18:03 (SGT))

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> the details of the accident to speed up the claims process.

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 Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

28/07/2021 18:03 (SGT) 28/07/2021 07:45 (SGT) Choa Chu Kang Loop, Singapore CHOA CHU KANG LOOP Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SLX7606M

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No **Email Address** Mobile Phone No Alternative Phone No

No LIM HOCK HAI SXXXX511A ANSON7511@GMAIL.COM (Phone) +65-97712122 (Office) +65-64687511

VEHICLE PARTICULARS

Manufacturer Model Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category Transmission

Private use

Audi

A6

No - Claiming third party Private car Auto 1800

INSURANCE COMPANY

Cover Note Number

Name of Insurance Company Type of Coverage Fleet Policy Policy Number

NTUC Income Insurance Co-operative Ltd Comprehensive No 5121381490

DRIVER

CC

Name of Driver NRIC No

LIM HOCK HAI SXXXX511A



15/11/1966 Date Of Birth Indoor Occupation 12/12/1991 Date Of Driving Pass 29 YEARS AND 7 MONTHS Driving experience Gender (Phone) +65-97712122 Mobile Number (Office) +65-64687511 Alt. Phone Number ANSON7511@GMAIL.COM **Email Address** 41 CHOA CHU KANG LOOP Address #06-12 Address complement 689677 Postcode Yes Is the driver the policyholder? 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 - Cross Junction
Weather Conditions Clear
Road Surface Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?

No
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

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Was notice of intended Prosecution given?

No
If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

I STOPPED MY VEHICLE AT THE JUNCTION WAITING FOR THE TRAFFIC LIGHT TO TURN GREEN. THE BUS ON THE LEFT LANE WAS TURNING TO THE LEFT TOWARDS THE CHOA CHU KANG INTERCHANGE AND HIT MY VEHICLE ON THE LEFT SIDE WHILE TURNING.

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

 Vehicle Registration Number
 \$G6025

 Vehicle Manufacturer

 Vehicle Model

 Vehicle Variant

 Vehicle Colour

 Vehicle Category
 Bus

 Name of Driver
 WOO LING LING

 Passport No/FIN
 FXXXX883Q

Contact Number	(Phone) +65-82283463
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 Formmust be completed by the Policyholder and/or the Authorised Driver.
- 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' law yers/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;

char Chu Kong

- (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' law yers/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 law yers/law firms), which may be sted outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time 1817 1221 @ 14151

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

Witnessed by Reporting Centre Personnel

Sketch Plan

A. SLX 7607M B- SG6025

the traffic light to have green The has an the left lare was turning to the left to want the left she have and hit my vehicle and the left side while turning and hit my vehicle and the left side while turning a	M	I should my vehicle to took at the junction waiting for
The Bass on the left lare was turning to the left toward the Char che kang has interchang and hit my vehicle on the left ide while harming?	77	A traffic Walt to have arean
the Ches chui keing has Interchang and hit my vehiche are the Ceft side while turning a		A. A. as the last lone was turning to the left toward
The left ide While hurning?		a of all the of Interpose and I'm we vehicle on
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THE RESERVE OF THE PERSON OF T		CONTRACTOR OF THE PROPERTY OF

Declaration

IWe declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time 28 7 2921 @ 14/51

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

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/0620/2021/KS

DATE : 2-Aug-21 **WIP** : 38017

VEHICLE NOT IN WORKSHOP. KINDLY ARRANGE SURVEY

YOUR INSURED VEH NO: SG 6025

SMRT Automotive Services Pte Ltd

60 Woodlands Industrial Park E4

Singapore 757705

Attn: Motor Claims Dept

OWNER'S NAME : MR LIM HOCK HAI

ADDRESS : 41 CHOA CHU KANG LOOP

#06-12

SINGAPORE 689677

TELEPHONE : HP +65 97712122 **TYPE OF CLAIM** : THIRD PARTY CLAIM

POLICY NO : 5121381490

VEHICLE NO : SLX 7606 M

MODEL CODE : AUDI A6 1.8 TFSI
MODEL YEAR : 10/4/2018
ENGINE NO : CYG 020601

ENGINE NO : CYG 020601 **CHASSIS NO** : WAUZZZ4GXHN128184

MILEAGE : DATE IN : -

ESTIMATED BY : JOHNNY BOO / ALLAN WU

ACCIDENT DATE : 2-Aug-21

PLACE OF ACCIDENT : CHOA CHU KANG LOOP





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. SLX 7606 M

S/N	NATURE OF JOBS		ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATIONS
1	TO REMOVE AND TRANSFER LHS FRONT DOOR AND LHS REAT DOOR'S MULTI LOCK SYSTEM AND POWER WINDOW DEVICES.INSPECT FOR DAMAGES	S/N	\$ 800,80	400 800
2	TO DISMANTLE AND RENEW LHS FRONT DOOR AND LHS REAR DOOR. RE-ORGANIZE CRASH MANAGEMENT COMPONENTS. REINSTALL ALL PARTS REMOVED.		\$ 2,400,00	800 1600
3	TO RESPRAY LHS FRONT DOOR, LHS REAR DOOR AND DOOR HANDLE.		\$ 2,500.00	800 x 2 = 1600 1800
4	TO CARRY OUT DIAGNOSTIC CHECK	S/N	\$ 192.00	1700
	TOTAL LABOUR CHARGES	:	\$ 5,892.00	





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MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SLX 7606 M

DAMAGED PARTS & PRICES

S/N	PARTS DESCRIPTION	QTY	S/NETT	REMARKS
1	FRONT DOOR - LH Rens	1	\$ 4,227.00	
2	FRONT DOOR STONE GUARD FILM - LH XICC	1	\$ 121.00	120.50
3	FRONT DOOR ATTACHMENT PARTS - LH	1	\$ 191.00 🗶	
4	FRONT DOOR OUTER SEAL - LH XLE M	1	\$ 231.00	230.50
5	BONDING AGENT	1	\$ 49.00 🖈	
6	CLEANING SOLUTION	1	\$ 68.00	
7	APPLICATOR Lee M	1	\$ 8.00 -	
8	FRONT DOOR CATCH - LH	1	\$ 120.00	
9	FRONT DOOR HANDLE - LH, EXTERIOR	1	\$ 610.00	
10	FRONT DOOR HANDLE CAP- LH, EXTERIOR	1	\$ 112.00	111.50
11	REAR DOOR - LH Dented	1	\$ 4,227.00	
12	REAR DOOR ATTACHMENT PARTS - LH	1	\$ 84.00 🖈	
13	REAR DOOR OUTER SEAL - LH	1	\$ 231.00	230.50
14	BONDING AGENT	1	\$ 49.00 🗙	
15	CLEANING SOLUTION	1	\$ 68.00	
16	APPLICATOR	1	\$ 8.00 🗙	
18	REAR DOOR CATCH - LH 7	1	\$ 120.00	119.50
19	SUNDRIES		\$ 250.00	16.40
	TOTAL SPARE PARTS	:	\$ 10,774.00	
	TOTAL LABOUR CHARGES	:	\$ 5,892.00	
	GRAND TOTAL	:	\$ 16,666.00	

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

:

NAME

SURVEYED DATE

AUTHORISED DATE

EXCESS COST

LIABILITY

REMARKS

Adrian hing 04/08/21.

Mel Autlansed, 04 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