# ASSIGNMENT

From:	Date:	Veh No: SMQ 82187. Yr Regn: 2021 / July.
Estimated Cost	t	Type: M.Cary M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD / TP / WS /	TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Veh	nicle No:	Make: Andi Q3 c.c 1385.
at Workshop m	n/s	Colour Red A/C: Insured / Std / NI / NA
of		Sp.Reading 697 T/Radio: Insured / Std / NI / NA
Insured:		Eng/No:
Policy No.		C/No: WAUZZZF30M1128013
Claims No.		Gen. Cond. Good Fair / Poor / Burnt
Sum Insured:	Excess:	Steering: Inorder Jammed / Leaked / Burnt or
(Client's Reco	ord)	Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh:		Modi: Nil /S/Rim STD A/Rim or
		Tyre Size: F: 215/65R17
(Policy Condi	ition)	R: 215/65RIT.
	reh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repai	ir at the time of inspection.	TOYO/YOKO or Continental.
Bal. or Market	Value:	Front Rear
IDAC Accident		R/Bal. Mm R/Bal. mm
GIA / PR See		L/Bal. Ob mm L/Bal. Ob mm
Est. Repairs:	days Res.: Yes or No	D.O.A. D.O.I. 19/08/21.
Lum Sum:	% 3 Val.: Yes or No	
CA / REV	/ REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Date:	Vehicle: IN / OUT Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time	Action / Instruction	The Old / Chassis frame / Body Structure anested due to comport.
	OP A19.	,
	mv: 1601C	
	PV: 84.4K Nett: 75.6K	
	71811: 1301	
Date/Time, File Pa	nee to?	Days Of Panaire
	Comment of the Commen	Days Of Repair:  Resurvey No. of Trip:  Survey Fee:
Date/Time. File R	- leased	Transportation:
2)	Add Fee	
<del>-/</del>		: Interview (\$ ) Photos
Report For	met:	: Tech. Invs (\$ ) Others
*Lunap Sum	AND DESCRIPTION OF PERSONS ASSESSED ASSESSED.	: Weel end (\$

# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 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.
- 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 14/08/2021 13:47 (SGT) Date of Accident 13/08/2021 08:45 (SGT) Exact Location of Accident Near 1000 ECP, Singapore 449876 Additional Location Information CARPARK Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SMO8218T

#### INSURED/POLICYHOLDER

Is company? No

Name Of Registered Owner LIEW MUN KIONG NRIC No SXXXX983F Email Address LIEWMUNKIONG@GMAIL.COM

Mobile Phone No (Phone) +65-87818438

Alternative Phone No +65-87818438

#### VEHICLE PARTICULARS

Manufacturer Audi Model 03

Variant

Exact purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to Yes

your vehicle? Vehicle Category Private car

Transmission Auto CC 1400

#### INSURANCE COMPANY

AIG Asia Pacific Insurance Pte. Ltd. Name of Insurance Company Comprehensive

Type of Coverage Fleet Policy Policy Number

Cover Note Number

#### DRIVER

LIEW MUN KIONG Name of Driver NRIC No SXXXX983F

Date Of Birth 07/11/1961 Occupation Indoor 22/04/1980 Date Of Driving Pass 41 YEARS AND 4 MONTHS Driving experience Gender (Phone) +65-87818438 Mobile Number +65-87818438 Alt. Phone Number LIEWMUNKIONG@GMAIL.COM Email Address BLK 130B TOA PAYOH LORONG 1 #21-520 Address Address complement 312130 Postcode 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 Parked Vehicle
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?

No
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

#### PASSENGER 1

Name NG PEI LING Gender Female

#### 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 WAS TURNING OUT OF THE CARPARK, WHILE TURNING I SCRAPE ONTO THE OTHER VEHICLE.

#### ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Yes
Was there any audio recorded?

No

#### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration NumberSKP2571RVehicle Manufacturer-Vehicle Model-Vehicle Variant-Vehicle Colour-Vehicle CategoryPrivate car

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.
- 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.
- 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)

funderstand, 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 :
- (ii) 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' 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 sited outside of Singapore, for one or more of the above Purposes

14 8 2021

9:18 am

Policyholder's Signature / Date &

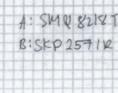
Driver's Signature (# driver is not the policyholder) / Date

Witnessed by Reporting Centre

Sketch Plan







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V	ture / Date &	Driver's Signature					rting Centre

# **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/0660/2021/KS

**DATE** : 17-Aug-21 **WIP** : 39720

VEHICLE NOT IN WORKSHOP. KINDLY ARRANGE SURVEY ON 19/8/2021

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 : MR LIEW MUN KIONG

ADDRESS : 50 AMBER ROAD

#12-01

SINGAPORE 439888

**TELEPHONE** : HP +65 87818438 **TYPE OF CLAIM** : OWN DAMAGE CLAIM

POLICY NO :

VEHICLE NO : SMQ 8218 T

MODEL CODE : AUDI Q3 SPORT 1.4 TFSI

 MODEL YEAR
 : 28/7/2021

 ENGINE NO
 : CZD C41672

CHASSIS NO : WAUZZZF30M1128013

MILEAGE : DATE IN : -

ESTIMATED BY : JOHNNY BOO / ALLAN WU

ACCIDENT DATE : 13-Aug-21

PLACE OF ACCIDENT : NEAR 1000 ECP, SG 449876 CARPARK





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 SMQ 8218 T

			ESTIMATED	SURVEYOR'S
S/N	NATURE OF JOBS		CHARGES	RECOMMENDATIONS
1	TO REMOVE AND REINSTALL REAR PARKING AID AND REAR LID KICK SENSOR. CHECK FUNCTION	S/N	\$ 360.00	×
2	TO REMOVE AND TRANSFER LHS FRONT DOOR AND LHS REAR DOOR'S MULTI-LOCK SYSTEMA ND POWER WINDOW DEVICES. INSPECT FOR DAMAGES.	S/N	\$ 800.00	280
3	TO DISMANTLE AND REINSTALL REAR BUMPER. TO RENEW LHS REAR DOOR AND LHS FRONT DOOR. TO REPAIR LHS FRONT FENDER.		\$ 3,600.00	1000 3×550=1650
4 1	TO RESPRAY REAR BUMPER, LHS REAR DOOR, LHS FRONT DOOR, LHS FRONT FENDER, BOTH REAR WHEEL ARCH TRIMS AND LHS FRONT WHEEL ARCH TRIM		\$ 4,300.00	31.7.20
5	TO RENEW LHS REAR REIM AND CARRY OUT WHEEL ALIGNMENT.	S/N	\$ 280.00	
6	TO CARRY OUT DIAGNOSTIC CHECK	S/N	\$ 192.00	
	TOTAL LABOUR CHARGES	:	\$ 9,532.00	





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

SPARE PARTS ARE SPECIAL NETT.

### MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SMQ 8218 T

### **DAMAGED PARTS & PRICES**

S/N	PARTS DESCRIPTION	QTY	S/NETT	REMARKS
1	REAR BUMPER SPOILER 2+	1	\$ 459.00	V
2	REAR WHEEL ARCH COVER LH/RH LHat 2H MEC	2	\$ 1,072.00	/
2	REAR DOOR LH Devted	1	\$ 2,816.00	
3	REAR DOOR OUTER SEAL LH	1	\$ 135.00	
4	REAR DOOR CATCH LH	1	\$ 120.00	7
5	REAR DOOR COVER LH LL	1	\$ 349.00	
6	FRONT DOOR LH Regis	1	\$ 2,816.00	X
7	FRONT DOOR OUTER SEAL LH XLL N	1	\$ 166.00	+
8	FRONT DOOR CATCH LH	1	\$ 120.00	+.
9	FRONT DOOR COVER LH	1	\$ 370.00	
10	FRONT WHEEL ARCH COVER LH Lt	1	\$ 536.00	
11	FROM ALUMINIUM RIM LH Zet	1	\$ 1,262.00	2
12	SUNDRIES ?		\$ 300.00	?
	TOTAL SPARE PARTS	:	\$ 10,521.00	-
	TOTAL LABOUR CHARGES	:	\$ 9,532.00	
	GRAND TOTAL	:	\$ 20,053.00	
	LEGEND: REMARKS (OK) = APPROVED, REMARKS (X) = NOT APROVED			

# \* 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

: Adoin Lis : 19/08/21.

we Authorised, 05 pays.

**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

## > Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owr er Particulars	Cincio					
Owner ID Type:	Singapore NRIC					
Owner ID:	983F					
Vehicle Details						
Vehicle No.:	SMQ8218T					
Vehicle to be Exported:	No					
Intended Deregistration Date:	19 Aug 2021					
Vehicle Make:	AUDI					
Vehicle Model:	Q3 SPORTBACK 1.4 TFSI S TRONIC (17")					
Primary Colour:	Red					
Manufacturing Year:	2021					
Engine No.:	CZDC41672					
Chassis No.:	WAUZZF30M1128013					
Maximum Power Output:	110.0 kW (147 bhp)					
Open Market Value:	\$29,714.00					
Original Registration Dat ::	28 Jul 2021					
First Registration Date:	28 Jul 2021					
Transfer Count:	0					
Actual ARF Paid: Intended PARF Rebate Details	\$33,600.00					
PARF Eligibility:	Yes					
PARF Eligibility Expiry Date:	27 Jul 2031					
PARF Rebate Amount: Intended COE Rebate Details	\$25,200.00	(				
COE Expiry Date:	27 Jul 2031					
COE Category:	B - Car above 1600cc or 97kW (130bhp)					
COE Period(Years):	10					
QP Paid:	\$59,501.00					
COE Rebate Amount:	\$59,133.00					
Total Rebate . mount:	\$84,333.00					

The information contained herein is correct as at 19 Aug 2021

ОК

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