

ASS. REC. BY:

CS/CTI21008858/Gqd

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No: SMJ 725K

at Workshop m/s

of

Insured:

SJU 7357X

Policy No.

DMPCSNW00106982101

Claims No.

SNM21D204661/C02

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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

Bal. or Market Value:

IDAC Accident Rpt:

GIA / PR Seen:

Est. Repairs:

Lum Sum:

Consistent? : Yes or No

Consistent? : Yes or No

Res.: Yes or No

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

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

Truck / Trailer or

Make:

Colour:

Sp. Reading

Eng/No:

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

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

27/8/2021 Revise to CTI via Merimen.

15/02/22@5.36pm Email Carrine, We will be advising our Principal a cost of repair of P/P \$5,854.10 with 3 days of repair, subject to insurance approval. (Red \$2994.90, 51%)

Date/Time, File Pass to?

☐

: Preli. Report

1) 15/02 Typist

Date/Time, File Return to?

☐

: Final Report

2)

Report Forwarded:

MER-TP

Amount / \$5854.10

5854.10

Days Of Repair:

3

Resurvey No. of Trip:

1

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Insp (\$

☐

: Misc. (\$

Survey Fee:

Transportation:

S + RS \$

Photos

Other:

TOTAL

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/0682/2021/ZK
DATE : 23-Aug-21
WIP : 40656

VEHICLE NOT IN WORKSHOP. KINDLY ARRANGE SURVEY 26/8/2021
YOUR INSURED VEH NO : SJU 7357 X

CHINA TAIPING INSURANCE (SG) PTE LTD

105 CECIL STREET

#19-00 THE OCTAGON

SINGAPORE 069534

Attn: Ms Angie - Motor Claims Dept/Windscreen

Tel: 6389 6541 - Fax: 6224 7175

OWNER'S NAME : MR WILLIAM SOH WAI LEONG (WILLIAM SU WEILIANG)
ADDRESS : 23 ANCHORVALE CRESCENT
#14-26
SINGAPORE 544655
TELEPHONE : HP +65 9785 9505
TYPE OF CLAIM : THIRD PARTY CLAIM
POLICY NO : 1900012026-02
VEHICLE NO : **SMJ 725 K**
MODEL CODE : AUDI A4 SEDAN 2.0 TFSI
MODEL YEAR : 31/1/2019
ENGINE NO : CVK 075818
CHASSIS NO : WAUZZZF47KN006831
MILEAGE : -
DATE IN : -
ESTIMATED BY : JOHNNY BOO / ALLAN WU
ACCIDENT DATE : 20-Aug-21
PLACE OF ACCIDENT : 23 ANCHORVALE CRESCENT

PREMIUM AUTOMOBILES



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

ESTIMATED LABOUR CHARGES FOR ACCIDENT VEHICLE SM1 725 K

S/N	NATURE OF JOBS	ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATIONS
1	TO REMOVE AND REINSTALL REAR PARKING AID AND REAR LID KICK SENSOR. CHECK FUNCTION.	S/N \$ 360.00	/
2	TO DISMANTLE AND RENEW REAR BUMPER. RE-ORGANIZE CRASH MANAGEMENT COMPONENTS. REINSTALL ALL PARTS REMOVED.	\$ 1,050.00	700
3	TO RESPRAY REAR BUMPER	\$ 900.00	700
4	TO CARRY OUT DIAGNOSTIC CHECK	S/N \$ 192.00	/
TOTAL LABOUR CHARGES		: \$ 2,502.00	

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MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SMI 725 K

			DAMAGED PARTS & PRICES	
S/N	PARTS DESCRIPTION	QTY	S/NETT	REMARKS
1	REAR BUMPER <i>✓ ee</i>	1	\$	2,996.00
2	REAR BUMPER FIXING PARTS <i>?</i>	1	\$	459.00
3	REAR BUMPER SECURING STRIP <i>?</i>	1	\$	223.00
4	REAR BUMPER SPOILER <i>✓ ser</i>	1	\$	249.00
5	REAR BUMPER TRIM <i>✓ CHA</i>	1	\$	292.00
6	REAR BUMPER BRACKET - RH <i>?</i>	1	\$	116.00
7	REAR LIGHT REFLECTOR - RH <i>?</i>	1	\$	41.00
8	REAR BUMPER CARRIER <i>?</i>	1	\$	1,063.00
9	REAR BUMPER CARRIER SEAL <i>?</i>	2	\$	28.00
10	REAR BUMPER GUIDE SECTION - LH / RH <i>?</i>	2	\$	46.00
11	REAR BUMPER HOLDING STRAP <i>?</i>	2	\$	166.00
12	REAR PARKING AID SENSOR <i>?</i>	2		TBC
13	REAR PARKING AID SENSOR SEAL <i>?</i>	4	\$	14.00
14	EXHAUST TAIL TRIM - RH <i>✓ ser</i>	1	\$	354.00
15	SUNDRIES <i>?</i>		\$	300.00
TOTAL SPARE PARTS			:	\$ 6,347.00
TOTAL LABOUR CHARGES			:	\$ 2,502.00
GRAND TOTAL			:	\$ 8,849.00

LEGEND: REMARKS (OK) = APPROVED, REMARKS (X) = NOT APPROVED
 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 :
SURVEYED DATE :
AUTHORISED DATE :
EXCESS COST :
LIABILITY :
REMARKS :

Eric Qian 8288282
26/8/21
3 Days.
before paint photos.

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

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:

JOHNNY BOO
BODY REPAIR MANAGER

ALLAN WU
CLAIMS CONSULTANT

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	20/08/2021 19:07 (SGT)
Date of Accident	20/08/2021 13:00 (SGT)
Exact Location of Accident	23 Anchorvale Cres, Singapore 544655
Additional Location Information	OUTSIDE OF THE HOUSE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMJ725K
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	WILLIAM SOH WAI LEONG
NRIC No	SXXXX562I
Email Address	WILL_MILLENCOLIN@YAHOO.COM
Mobile Phone No	(Phone) +65-97859505
Alternative Phone No	+65-97859505

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A4
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	1984

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1900012026-02
Cover Note Number	-

DRIVER

Name of Driver	WILLIAM SOH WAI LEONG
NRIC No	SXXXX562I



Date Of Birth 10/11/1984
 Occupation Indoor
 Date Of Driving Pass 28/02/2003
 Driving experience 18 YEARS AND 6 MONTHS
 Gender Male
 Mobile Number (Phone) +65-97859505
 Alt. Phone Number +65-97859505
 Email Address WILL_MILLENCOLIN@YAHOO.COM
 Address 23 ANCHORVALE CRESCENT #14-26
 Address complement -
 Postcode 544655
 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 to Rear
 Weather Conditions Raining
 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) 2
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No

PASSENGER 1

Name CHAN KAI YI
 Gender Female

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

LEAVING MY HOUSE AND THE ACCIDENT OCCUR AT MY ENTRANCE OF MY HOUSE. WAS INTENDING TO TURN LEFT TO THE MAIN ROAD WHILE STOPPING AT A STOP LINE, SJU 7357 X HIT THE REAR OF MY CAR.

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 SJU7357X
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -

Vehicle Category
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)

Private car

-
-
-
-
-
-
-
-
-

8

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 Authorized 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] 20/1/12
Policyholder's Signature / Date & Time

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

[Signature] 5:40pm
Witnessed by Reporting Centre Personnel

Sketch Plan

	<p>A: SMJ 72SK</p> <p>B: SJH 7357X</p>
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Describe Circumstances of the Accident

Leaving my house and the accident occurred at the entrance
of my house. Was turning left but I started to turn
left to the main road while stopping at a stop line.
SJV 7357X hit the rear of my car.

Declaration

We declare the foregoing particulars are true in every respect.

Dylan 22/8/21
Policyholder's Signature / Date &
Time

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

[Signature] 5:40pm.
Witnessed by Reporting Centre
Personnel