





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/OD/0773/2021/ZK  
**DATE** : 20-Sep-21  
**WIP** : 45352

**VEHICLE IN WORKSHOP. KINDLY ARRANGE FOR SURVEY ON 21/9/2021**

**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 NG HOCK CHUAN  
**ADDRESS** : 73 HUME AVENUE  
#03-01  
SINGAPORE 598747  
**TELEPHONE** : HP +65 93821646  
**TYPE OF CLAIM** : OWN DAMAGE CLAIM  
**POLICY NO** : 2070151462  
**VEHICLE NO** : **SJW 5117 A**  
**MODEL CODE** : A4 2.0 TFSI S TRONIC  
**MODEL YEAR** : 26/10/2020  
**ENGINE NO** : DEM 025292  
**CHASSIS NO** : WAUZZZF4XMN000749  
**MILEAGE** : -  
**DATE IN** : -  
**ESTIMATED BY** : JOHNNY BOO / ALLAN WU  
**ACCIDENT DATE** : 20-Sep-21  
**PLACE OF ACCIDENT** : SUNTEC CITY CARPARK



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**ESTIMATED LABOUR CHARGES FOR ACCIDENT VEHICLE SJW 5117 A**

S/N	NATURE OF JOBS	ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATIONS
1	TO REMOVE AND TRANSFER LHS FRONT DOOR AND LHS REAR DOOR'S MULTI-LOCK SYSTEM AND POWER WINDOW DEVICES. INSPECT FOR DAMAGES. <i>28x2</i>	S/N \$ 700.00	<i>560</i>
2	TO DISMANTLE AND RENEW LHS FRONT DOOR AND LHS REAR DOOR. TO REPAIR LHS B-PILLAR AND LHS SILL PANEL. RE-ORGANIZE CRASH MANAGEMENT COMPONENTS. REINSTALL ALL PARTS REMOVED. <i>500x1</i>	\$ 2,800.00	<i>1000</i>
3	TO RESPRAY LHS FRONT DOOR, LHS REAR DOOR, HINGES, LHS SILL PANEL, LHS B-PILLAR, DOOR HANDLE AND DOOR ENTRANCES <i>3 x 550</i>	\$ 4,500.00	<i>1650</i>
4	TO CARRY OUT FIRST MEASUREMENT ON CAR-O-LINER	S/N \$ 800.00	<i>?</i>
5	TO PUT CAR ON THE VEHICLE ON CAR-O-LINER TO FACILITATE THE REPAIR	S/N \$ 2,400.00	<i>?</i>
6	TO CARRY OUT DIAGNOSTIC CHECK	S/N \$ 192.00	<i>✓</i>
<b>TOTAL LABOUR CHARGES</b>		<b>: \$ 11,392.00</b>	

# PREMIUM AUTOMOBILES



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## MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SJW 5117 A

S/N	PARTS DESCRIPTION	QTY	DAMAGED PARTS & PRICES		REMARKS
			S/NETT		
1	FRONT DOOR - LH / <i>OD</i>	1	\$	3,192.00	
2	RIVETTED CAP NUT / <i>MC</i>	8	\$	24.00	
3	FRONT DOOR OUTER SEAL - LH / <i>MC</i>	1	\$	205.00	
4	BONDING AGENT / <i>MC</i>	S/N	\$	49.00	
5	CLEANING SOLUTION / <i>X</i>	S/N	\$	68.00	
6	APPLICATOR / <i>X</i>	S/N	\$	8.00	
7	FRONT DOOR ATTACHMENT PARTS - LH / <i>X</i>	1	\$	1,050.00	
8	FRONT DOOR CATCH / <i>?</i>	1	\$	105.00	
9	FRONT DOOR HANDLE TRIM - LH / <i>MIS</i>	1	\$	88.00	
10	FRONT DOOR HOUSING - LH / <i>cut</i>	1	\$	8.00	
11	FRONT HANDLE DOOR COVER - LH / <i>MIS</i>	1	\$	6.00	
12	FRONT DOOR HANDLE SENSOR - LH / <i>CUT</i>	1	\$	228.00	
13	FRONT DOOR EXTERIOR HANDLE - LH / <i>CUT</i>	1	\$	44.00	
14	FRONT DOOR HANDLE UNDERLAY RUBBER - LH FRONT / <i>MC</i>	2	\$	8.00	
15	FRONT DOOR MOUNTING BAR - LH / <i>?</i>	1	\$	164.00	
16	REAR DOOR - LH / <i>OD</i>	1	\$	3,192.00	
17	RIVETTED CAP NUT / <i>MC</i>	13	\$	39.00	
18	REAR DOOR OUTER SEAL - LH / <i>MC</i>	1	\$	205.00	
19	BONDING AGENT / <i>MC</i>	S/N	\$	49.00	
20	CLEANING SOLUTION / <i>X</i>	S/N	\$	68.00	
<b>SUB TOTAL SPARE PARTS</b>			:	<b>\$ 8,800.00</b>	

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. SJW 5117 A**

		DAMAGED PARTS & PRICES		
S/N	PARTS DESCRIPTION	QTY	S/NETT	REMARKS
21	APPLICATOR X	S/N	\$ 8.00	
22	REAR DOOR SEALING STRIP - LH ?	1	\$ 17.00	
23	REAR DOOR ATTACHEMENT PARTS - LH X	1	\$ 860.00	
24	REAR DOOR CATCH ?	1	\$ 120.00	
25	REAR DOOR UPPER HINGE - LH ?	1	\$ 44.00	
26	REAR DOOR LOWER HINGE - LH ?	1	\$ 46.00	
27	FRONT DOOR UPPER HINGE - LH ?	1	\$ 45.00	
28	FRONT DOOR LOWER HINGE - LH ?	1	\$ 46.00	
29	REAR INNER DOOR SEAL - LH X	1	\$ 222.00	
30	FRONT WINDOW REGULATOR WITHOUT MOTOR - LH ?	1	\$ 282.00	
31	REAR DOOR SILL TRIM - LH ?	1	\$ 120.00	
32	AIRBAG / CHILD'S SEAT STICKER ?	1	\$ 24.00	
33	STONE CHIP - 1111 ?	S/N	\$ 180.00	
34	SUNDRIES ?		\$ 400.00	
<b>TOTAL SPARE PARTS</b>		:	<b>\$ 11,214.00</b>	
<b>TOTAL LABOUR CHARGES</b>		:	<b>\$ 11,392.00</b>	
<b>GRAND TOTAL</b>		:	<b>\$ 22,606.00</b>	

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NAME :  
 SURVEYED DATE :  
 AUTHORISED DATE :  
 EXCESS COST :  
 LIABILITY :  
 REMARKS :

Steve (CLKK)  
 23/9/21, 12:00pm

OD-111 AL  
 EXCESS-?  
 PIP  
 M BL S  
 5 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

Consultants hence notify  
 of the following:  
 before/after spray painting  
 damaged part(s) during resurvey  
 prices are subject to confirmation  
 party survey is on a "Without Prejudice" basis  
 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 Authorized 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	20/09/2021 19:06 (SGT)
Date of Accident	20/09/2021 12:30 (SGT)
Exact Location of Accident	Suntec City, Singapore
Additional Location Information	B1 CAR PARK AT SUNTEC CITY
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJW5117A
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	NG HOCK CHUAN
NRIC No	SXXXX340F
Email Address	RAE_NGHC@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-93821646
Alternative Phone No	(Office) +65-93821646

### VEHICLE PARTICULARS

Manufacturer	Audi
Model	A4
Variant	AUDI A4 SEDAN 2.0 TFSI
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	2000

### INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2070151462
Cover Note Number	-

### DRIVER

Name of Driver	NG HOCK CHUAN
NRIC No	SXXXX340F

Date Of Birth	22/09/1970
Occupation	Indoor
Date Of Driving Pass	07/08/1997
Driving experience	24 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-93821646
Alt. Phone Number	(Office) +65-93821646
Email Address	RAE_NGHC@YAHOO.COM.SG
Address	73 HUME AVE
Address complement	#03-01
Postcode	598747
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	No
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 Property
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	No
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	EUNICE TAN
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

MAKE A LEFT TURN AT THE CAR PARK OF SUNTEC CITY B1, THE CAR SCRATCHES AGAINST THE WALL. PARKED CAR AND SAW THE DAMAGES.

ATTACHMENT(S)

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

SKETCH PLAN

IMPORTANT NOTICE

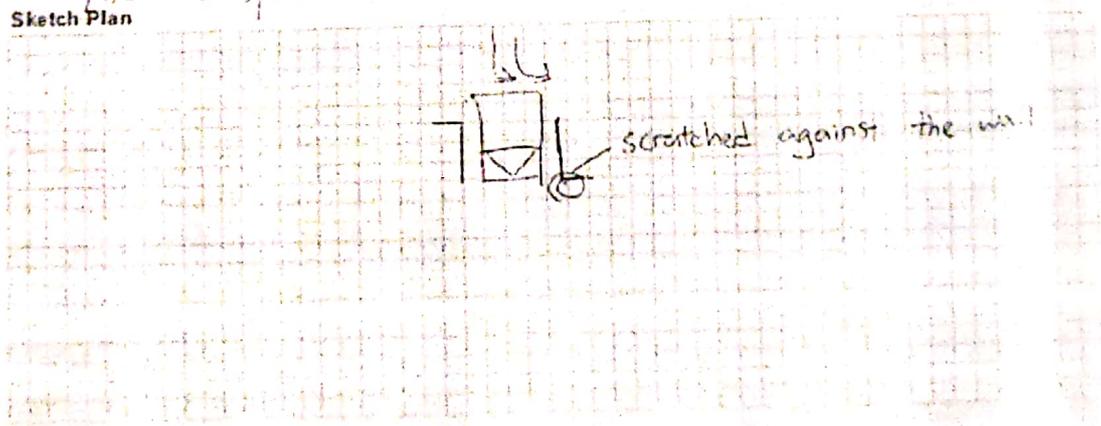
1. Please report correctly the details of the accident to speed up the claims process.
  2. This Form must be completed by the Policyholder and/or the Authorised Driver.
  3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to terminate 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/trust packages), and/or
    - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
  - (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.



*Chuan*  
 Policyholder's Signature / Date & Time  
 20/9/2021 5:23pm

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

Witnessed by Reporting Centre Personnel



**Describe Circumstances of the Accident**

Make a left turn at the corner of Sinter  
City Bl. the car does scuffed against the wall.  
Parked car and saw the damage.

**Declaration**

I/We declare the foregoing particulars are true in every respect.

*Chuan*

Policyholder's Signature / Date & Time

20/01/2021  
5:25 pm

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



Witnessed by Reporting Center Personnel