

ASS. REC. BY:

REF:

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

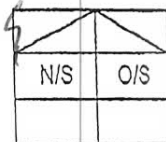
Excess:

(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:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

days

Res.: Yes or No

Lump Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SJX249E

Yr Regn: 2019 / June

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

Truck / Trailer or

Make:

Audi Q2

c.c

999

Colour

Silver

A/C:

Insured / Std / NI / NA

Sp. Reading

43074

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

WAY 2226 ASK 17000599

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / SRim / STD A/Rim or

Tyre Size:

F:

215/60R16

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

D.O.I.

23/9/21

Survey held at

Premium Auto Ubi.

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

Frt + N/S

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Report Format:

Lump Sum / L&A (C)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

S + RS + SI

Photos

Others

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/OD/769/2021/JT
DATE : 20-Sep-21
WIP : 45118

VEHICLE NOT IN WORKSHOP. KINDLY ARRANGE FOR SURVEY ON 23/9/21

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 TAN INN POH BERNARD (CHEN YINBAO BERNARD)
ADDRESS : 962 DUNEARN ROAD
#07-30
SINGAPORE 589487
TELEPHONE : HP +65 97401570
TYPE OF CLAIM : OWN DAMAGE CLAIM
POLICY NO : 1900112346-02
VEHICLE NO : **SJX 249 E**
MODEL CODE : Q2 1.0 TFSI S
MODEL YEAR : 24/6/2019
ENGINE NO : CHZ A91072
CHASSIS NO : WAUZZZGA5KA000599
MILEAGE : -
DATE IN : -
ESTIMATED BY : JOHNNY BOO / ALLAN WU
ACCIDENT DATE : 17-Sep-21
PLACE OF ACCIDENT : ALONG CLEMENCEAU AVE

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 SJX 249 E

S/N	NATURE OF JOBS		ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATIONS
1	TO REMOVE, CHECK AND TRANSFER FRONT WIRE HARNESS FOR HEADLIGHTS, HORNS, TEMPERATURE SENSOR AND HEADLIGHT WASHER ASSY.	S/N \$	360.00	✓
2	TO REMOVE AND TRANSFER LHS HEADLIGHT'S CONTROL UNIT AND POWER MODULE.	S/N \$	400.00	✓
3	TO DISMANTLE AND REINSTALL LHS FRONT DOOR PANEL TRIM. TO REMOVE AND REINSTALL WING MIRROR ASSY TO FACILITATE RESPRAY OF LHS FRONT DOOR.	S/N \$	280.00	?
4	TO DISMANTLE AND RENEW FRONT BUMPER, LHS FRONT FENDER AND LHS HEADLIGHT. RE-ORGANIZE CRASH MANAGEMENT COMPONENTS. REINSTALL ALL PARTS REMOVED.	\$	2,400.00	1100.
5	TO REPSRAY FRONT BUMPER, LHS FRONT FENDER AND LHS FRONT DOOR. ?	\$	3,000.00	1000.
6	TO RENEW LHS FRONT RIM AND CARRY OUT WHEEL ALIGNMENT.	S/N \$	280.00	✓
7	TO CARRY OUT DIAGNOSTIC CHECK.	S/N \$	192.00	✓
TOTAL LABOUR CHARGES		:	\$ 6,912.00	

MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SJX 249 E

			DAMAGED PARTS & PRICES	
S/N	PARTS DESCRIPTION	QTY	S/NETT	REMARKS
1	FRONT BUMPER - LH	1	\$ 894.00	de ✓
2	FRONT BUMPER FIXING PARTS	1	\$ 347.00	?
3	FRONT BUMPER AIR GUIDE GRILLE - LH	1	\$ 169.00	ant ✓
4	FRONT BUMPER END CAP - LH	1	\$ 59.00	?
5	FRONT BUMPER SPOILER	1	\$ 299.00	ant ✓
6	FRONT BUMPER CLOSING ELEMENT	1	\$ 156.00	?
7	FRONT WHEEL SPOILER - LH	1	\$ 34.00	? ant ✓
8	FRONT BUMPER ADAPTER - LH	1	\$ 36.00	?
9	FRONT HEADLIGHT MOUNTING - LH	1	\$ 118.00	?
10	FRONT HEADLIGHT - LH	1	\$ 4,915.00	ant ✓
11	FRONT HEADLIGHT CYLINDER WASHER - LH	1	\$ 142.00	?
12	FRONT HEADLIGHT WASHER HOSE	1	\$ 182.00	?
13	FRONT BUMPER GUIDE SECTION - LH	1	\$ 36.00	?
14	FRONT WHEEL ARCH COVER - LH / RH	2	\$ 644.00	ant ✓ LH - RH? photo.
15	FRONT FENDER - LH	1	\$ 1,147.00	bf ✓
16	FRONT FENDER ATTACHEMENT PART	1	\$ 40.00	?
17	FRONT FENDER TOP BRACKET - LH	1	\$ 48.00	?
18	FRONT FENDER CENTER BRACKET - LH	1	\$ 16.00	?
19	FRONT FENDER REAR BRACKET - LH	1	\$ 23.00	?
20	FRONT FENDER BRACE	1	\$ 44.00	?
SUB TOTAL SPARE PARTS		:	\$ 9,349.00	

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. SJX 249 E

			DAMAGED PARTS & PRICES	
S/N	PARTS DESCRIPTION	QTY	S/NETT	REMARKS
21	FRONT WHEEL HOUSING LINER - LH	1	\$ 196.00	?
22	FRONT WHEEL HOUSING LINER ATTACHEMENT PART	1	\$ 57.00	?
23	FRONT ALUMINIUM RIM - LH	1	\$ 949.00	cut ✓
24	SUNDRIES		\$ 300.00	?
TOTAL SPARE PARTS		:	\$ 10,851.00	
TOTAL LABOUR CHARGES		:	\$ 6,912.00	
GRAND TOTAL		:	\$ 12,353.00	

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

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

Tanpin 97495747
23/9/21 @ 1415
Not Authorise, Repair
Ex: to be advise
Resurvey before paint. 05 days
tanpin @ khando-on

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. NORA 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	18/09/2021 15:10 (SGT)
Date of Accident	17/09/2021 12:38 (SGT)
Exact Location of Accident	Clemenceau Ave, Singapore
Additional Location Information	ALONG CLEMENCEAU AVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJX249E
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN INN POH BERNARD (CHEN YINBAO BERNARD)
NRIC No	SXXXX136I
Email Address	BERN8RD@GMAIL.COM
Mobile Phone No	(Phone) +65-97401570
Alternative Phone No	(Home) +65-66332068

VEHICLE PARTICULARS

Manufacturer	Audi
Model	Q2
Variant	AUDI Q2 1.0 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	1000

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1900112346
Cover Note Number	-

DRIVER

Name of Driver	TAN INN POH BERNARD (CHEN YINBAO BERNARD)
NRIC No	SXXXX136I

Date Of Birth	26/09/1974
Occupation	Indoor
Date Of Driving Pass	15/05/1997
Driving experience	24 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97401570
Alt. Phone Number	(Home) +65-66332068
Email Address	BERN8RD@GMAIL.COM
Address	962 DUNEARN ROAD
Address complement	#07-30
Postcode	587489
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	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

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)	5
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	NICLOE PANG
Gender	Female

PASSENGER 2

Name	JOSHUA TAN
Gender	Male

PASSENGER 3

Name	SHAUNA TAN
Gender	Female

PASSENGER 4

Name	JONAH TAN
Gender	Male

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 ENTERING CLEMENCEAU AVE NORTH FROM NEWTON RD , ONTO THE RIGHTMOST LANE . I WAS WAITING TO FILTER TO THE MIDDLE LANE AND SIGNALLING LEFT. ONCE CLEARED, I PROCEEDED TO FILTER LEFT AND WAS COLLIDED BY THE OTHER VEHICLE. FROM REAR CAMERA, I CAN NOW TELL THAT IT WAS BEHIND ME, ENTERING FROM CTE CAIRNHILL EXIT ONTO CLEMENCEAU AVE NORTH. IT WAS FILTERING FROM THE LEFT LANE TO THE MIDDLE LANE AS WELL.

ATTACHMENT(S)

Are accident photos available for attachment?
Was there any video captured by Car Camera?
Was there any audio recorded?

Yes
Yes
No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKB9627S
Vehicle Manufacturer	Volkswagen
Vehicle Model	Touran
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private 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

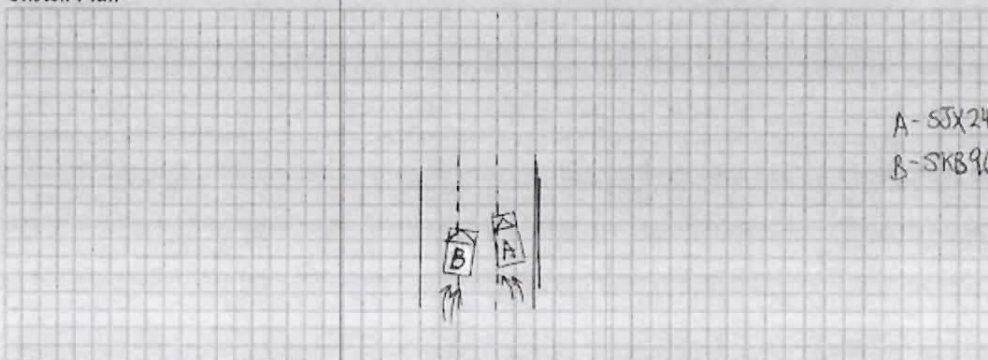
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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. 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.

Policyholder's Signature / Date &
Time 18/9/2021 @ 10:25

Sketch Plan

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

Witnessed by Reporting Centre
Personnel

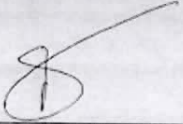


Describe Circumstances of the Accident

I was entering Clemenceau Ave N from Newton Rd, onto the rightmost lane. I was waiting to filter into the middle lane and signalling left. Once cleared I proceeded to filter left and was collided with by an other vehicle. From rear camera, I can say tell that it was behind me, entering from CTE Carthill exit onto Clemenceau Ave North. It was filtering down the left lane to the middle lane as well.

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time
18/9/2021 @ 10:25

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


Witnessed by Reporting Centre Personnel