

ASA REC. BY:

REP:

## 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.

N/S	O/S

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

Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Veh No: SGZ9359L Yr Regn: 2020 / DecType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Audi A4 c.c. 1984Colour: Black A/C: Insured / Std / NI / NASp. Reading: 29723 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: WAUZZ2F40MNO00954Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 245/40R19R: 245/40R19BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal. 06 mm R/Bal. 06 mmL/Bal. 06 mm L/Bal. 06 mmD.O.A. \_\_\_\_\_ D.O.I. 09/11/21Survey held at PremiumDes. 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
	<u>TP ALG</u>
	<u>MV:</u>
	<u>PV:</u>
	<u>Nett:</u>

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Add Fee: ☐ : Site Insp (\$☐ : Interview (\$☐ : Tech. Insp (\$☐ : Material (\$

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Survey Fee:

Transportation:

3 + RS, SI

Photos

Others

Report Format:

Form 1000 / 1000 / 1000





## 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	05/11/2021 11:54 (SGT)
Date of Accident	04/11/2021 20:51 (SGT)
Exact Location of Accident	16 Clementi Rd, Singapore 129745
Additional Location Information	JUNCTION OF U-TURN
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGZ9359L
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### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SARAVANAN S/O GOVINDASAMY
NRIC No	SXXXX187H
Email Address	VANAN@FITMANTRAS.COM
Mobile Phone No	(Phone) +65-98525309
Alternative Phone No	+65-67767136

### 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	Liberty Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	SD21V01454/VPC/R00
Cover Note Number	-

### DRIVER

Name of Driver	SARAVANAN S/O GOVINDASAMY
NRIC No	SXXXX187H





Date Of Birth	28/06/1978
Occupation	Indoor
Date Of Driving Pass	23/08/1999
Driving experience	22 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98525309
Alt. Phone Number	+65-67767136
Email Address	VANAN@FITMANTRAS.COM
Address	BLK 509 WEST COAST DRIVE
Address complement	#09-289
Postcode	120509
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 - Major/Minor Rd
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)	1
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

ON THE 4TH OF NOVEMBER 2021 ABOUT 20:51 CAR PLATE NUMBER SKE 4315 J AN AUDI HIT ME ON THE LEFT SIDE PANEL OF MY CAR SGZ 9359 L, AUDI BLACK. I WAS DRIVING ALONG 16 CLEMENTI ROAD S129745 AT THE JUNCTION WAS GREEN LIGHT AND I MADE A U-TURN AS I DROVE PASS A CAR ON MY LEFT HAND SIDE, CAME OUT FROM A SLIP ROAD AND COLLIDED ON MY LEFT HAND SIDE OF MY REAR. I HAVE SUBMITTED MY VIDEO TO AUDI SINGAPORE.

#### 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	SKE4315J
Vehicle Manufacturer	Audi
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Black
Vehicle Category	Private car
Name of Driver	ALKA KAPOOR
Contact Number	(Phone) +65-94517580



## Describe Circumstances of the Accident

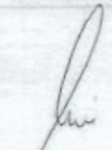
on the 4<sup>th</sup> of November 2021 about 20.51 car plate number  
SKE 4315J an Audi Hit me on the left side panel of my car  
SG2 9359L Audi Black

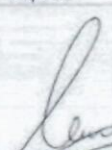
I was Driving along 16 Clementi Rd Singapore 129745  
At the Junction was green light, And I made a u-Turn  
As I Drove pass a car on my left hand side, came out  
from a slip Road and collided on my left hand side of my  
rear.

And I have Submitted my Video to Audi Singapore.

## Declaration

We declare the foregoing particulars are true in every respect.

  
05/11/21 9.52am  
Policyholder's Signature / Date &  
Time

9.52am   
05/11/21  
Driver's Signature (if driver is not the policyholder) / Date  
& Time



Witnessed by Reporting Centre  
Personnel Tony Fung



## 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.
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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.

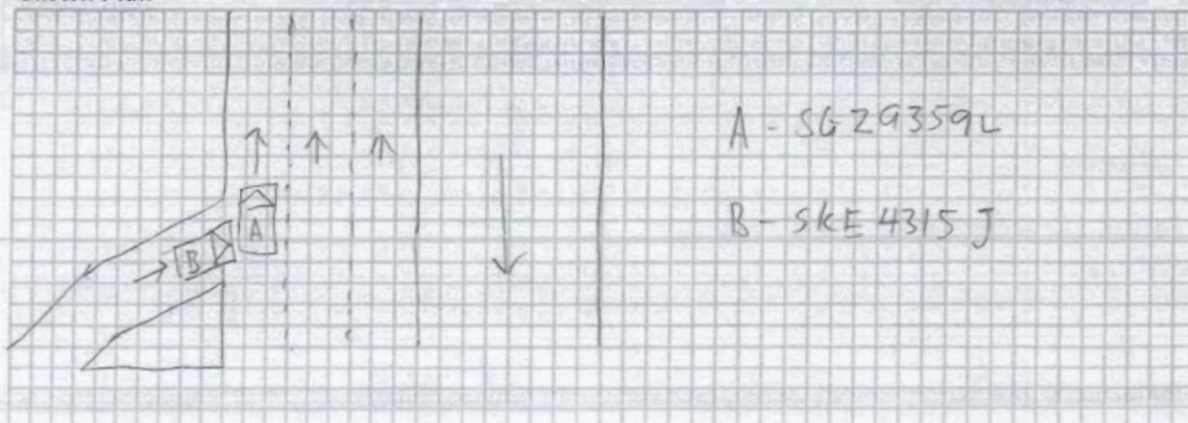
9. Soam *[Signature]* 05/11/21  
Policyholder's Signature / Date & Time

*[Signature]* 05/11/21 9. Soam.  
Driver's Signature (if driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre  
Personnel *[Signature]* Tony Fong

### Sketch Plan





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/0909/2021/JT  
**DATE** : 8-Nov-21  
**WIP** : 52150

**VEHICLE NOT IN WORKSHOP. KINDLY ARRANGE SURVEY 9/11/21**  
**YOUR INSURED VEH NO : SKE 4315 J**

**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 SARAVANAN S/O GOVINDASAMY  
**ADDRESS** : BLK 509 WEST COAST DRIVE  
#09-289  
SINGAPORE 120509  
**TELEPHONE** : HP +65 98525309  
**TYPE OF CLAIM** : THIRD PARTY CLAIM  
**POLICY NO** : SD21V01454/VPC/R00  
**VEHICLE NO** : **SGZ 9359 L**  
**MODEL CODE** : AUDI A4 2.0 TFSI S TRONIC  
**MODEL YEAR** : 29/12/2020  
**ENGINE NO** : DEM 025429  
**CHASSIS NO** : WAUZZZF40MN000954  
**MILEAGE** : -  
**DATE IN** : -  
**ESTIMATED BY** : JOHNNY BOO / ALLAN WU  
**ACCIDENT DATE** : 4-Nov-21  
**PLACE OF ACCIDENT** : 16 CLEMENTI ROAD  
JUNCTION OF U-TRUN

55 UBI ROAD 1, SINGAPORE 408699

TEL : 6366 2323 FAX : 6841 1183

EMAIL : NORA.KHA1@PREMIUMAUTO.COM.SG / CLAIMS@PREMIUMAUTO.COM.SG

**ESTIMATED LABOUR CHARGES FOR ACCIDENT VEHICLE SGZ 9359 L**

S/N	NATURE OF JOBS		ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATIONS
1	TO REMOVE AND REINSTALL REAR PARKING AID AND REAR LID KICK SENSOR.	S/N \$	360.00	✓
2	TO RENEW REAR WINDSCREEN AND LHS 1/4 GLSS TO FACILITATE FENDER RENEWAL.	S/N \$	600.00	✓
3	TO INSTALL SOLAR FILM FOR REAR WINDSCREEN AND LHS SIDE 1/4 GLASS.	S/N \$	400.00	✓
4	TO CARRY OUT WARE SEEPAGE TEST ON 1/4 GLASS.	S/N \$	200.00	150 ✓
5	TO DISLODGE AND REINSTALL REAR WIRE HARNESS FOR LIGHTS, BATTERY MANAGER, FUSE AND RELAY TRAYS, ELECTRICAL AND AUDIO EQUIPMENT. INSPECT FOR DAMAGE AND RENEW WHERE NECESSARY.	S/N \$	1,400.00	300 ✓
6	TO REMOVE AND REINSTALL REAR SEAT, BACT REST, HAT TRAY, ABCD PILLAR TRIMS, LUGGAGE COMPARTMENTS TRIMS. DISLODGE ROOF LINER AND DISENGAGE CURTAIN ATRRAG. FTC	S/N \$	1,400.00	✓
<b>SUB-TOTAL LABOUR CHARGES</b>		:	<b>\$ 4,360.00</b>	



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**ESTIMATED LABOUR CHARGES FOR ACCIDENT VEHICLE SGZ 9359 L**

S/N	NATURE OF JOBS		ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATIONS
7	TO RENEW LHS REAR WHEEL SUSPENSION ASSY WITH SUBFRAME.	S/N \$	2,400.00	?
8	TO DISMANTL AND RENEW REAR BUMPER. TO CUT OUT AND WELD LHS REAR FENDER. RE-ORGANIZE CRASH MANAGEMENT COMPONENTS. REINSTALL ALL PARTS RMOVFD	\$	<del>4,900.00</del>	3000
9	TO RESPRAY REAR BUMPER,. TO CUT OUT WELD LHS REAR FEDNER. RE-ORGANIZE CRASH MANAGEMENT COMPONENTS. REINSTALL ALL PARTS REMOVED.	\$	<del>4,500.00</del>	4.5 x 550 = 2475
10	TO RENEW LHS REAR RIM. TO CARRY OUT PRE/POST WHEEL ALIGNMENT.	S/N \$	<del>520.00</del>	240
11	TO CARRY OUT DIAGNOSTIC CHECK.	S/N \$	192.00	✓
<b>TOTAL LABOUR CHARGES</b>		: \$	<u><u>16,872.00</u></u>	



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 EMAIL: NORA.KHAI@PREMIUMAUTO.COM.SG / CLAIMS@PREMIUMAUTO.COM.SG

**MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SGZ 9359 L**

			DAMAGED PARTS & PRICES		
S/N	PARTS DESCRIPTION	QTY	S/NETT	REMARKS	
1	REAR BUMPER <i>Repair</i>	1	\$ 2,342.00	X	
2	REAR BUMPER FIXING PARTS <i>new</i>	1	\$ 166.00	X	
3	REAR BUMPER TOP GUIDE SECTION - LH / RH <i>new</i>	2	\$ 46.00	X	
4	REAR BUMPER GUIDE SECTION - LH	1	\$ 44.00	X	
5	REAR SECTIONAL PARTS - LH <i>Dented</i>	1	\$ 4,052.00	✓	
6	REAR WINDSCREEN <i>? new</i>	1	\$ 1,154.00	✓	
7	REAR 1/4 GLASS	1	\$ 656.00	✓	
8	PRIMER <i>new</i>	2	\$ 40.00	✓	
9	REAR WHEEL HOUSING LINER - LH <i>new</i>	1	\$ 240.00	X	
10	REAR SUB FRAME <i>?</i>	1	\$ 3,286.00	?	
11	REAR WISHBONE - LOWER <i>?</i>	1	\$ 859.00	?	
12	REAR WISHBONE - LH UPPER <i>?</i>	1	\$ 556.00	?	
13	REAR WISHBONE - LH FRONT <i>?</i>	1	\$ 123.00	?	
14	REAR WISHBONE - LH REAR <i>?</i>	1	\$ 447.00	?	
15	REAR TRACK ROD - LH REAR <i>?</i>	1	\$ 171.00	?	
16	REAR WHEEL BEARING HOUSING - LH <i>?</i>	1	\$ 990.00	?	
17	REAR WHEEL BEARING - LH <i>?</i>	1	\$ 654.00	?	
18	STONE CHIP GUARD <i>new</i>	1	\$ 45.00	✓	
19	REAR ABSORBER - LH <i>?</i>	1	\$ 301.00	?	
20	REAR COUPLING ROD <i>?</i>	1	\$ 86.00	?	
<b>SUB TOTAL SPARE PARTS</b>		:	<b>\$ 16,258.00</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. SGZ 9359 L**

			DAMAGED PARTS & PRICES	
S/N	PARTS DESCRIPTION	QTY	S/NETT	REMARKS
21	REAR ANTI ROLL BAR ?	1	\$ 412.00	?
22	1/4 GLASS <i>Nec</i>	S/N	\$ 100.00	✓
23	ACRYLIC SEALANT	S/N	\$ 180.00	✓
24	GRAVITY WAX	S/N	\$ 140.00	✓
25	STONE CHIP TREATMENT	S/N	\$ 180.00	✓
26	METAL FILLER POWER <i>Nec</i>	S/N	\$ 280.00	✓
27	REAR WINDSCREEN SEALANT <i>Nec</i>	S/N	\$ 200.00	
28	REAR RIM - LH <i>cut</i>		TBC	✓
29	REAR TYRE RIM - LH <i>cut</i>		TBC	✓
30	SUNDRIES ?	\$	350.00	?
<b>TOTAL SPARE PARTS</b>		:	<b>\$ 18,100.00</b>	
<b>TOTAL LABOUR CHARGES</b>		:	<b>\$ 16,872.00</b>	
<b>GRAND TOTAL</b>		:	<b>\$ 34,972.00</b>	

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



55 UBI ROAD 1, SINGAPORE 408699

TEL : 6366 2323 FAX : 6841 1183

EMAIL: NORA.KHAI@PREMIUMAUTO.COM.SG / CLAIMS@PREMIUMAUTO.COM.SG

NAME : *Adnan King*  
SURVEYED DATE : *09/11/21*  
AUTHORISED DATE :  
EXCESS COST :  
LIABILITY :  
REMARKS : *Not Authorised, 13 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

**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