

REF: CS/CTI21013237/Aty3

ASS. REG. BY:

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 Rport: _____ 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

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SLA4432M Yr Regn: 2016 / Feb

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

Truck / Trailer or _____

Make: Audi A3 c.c. 1395

Colour: Grey A/C: Insured / Std / NI / NA

Sp.Reading: 32085 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WAUZZZ8V4G1056445

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

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

Tyre Size: F: 205/55R16

R: 205/55R16

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

TOYO / YOKO or Continental

Front _____ Rear _____

R/Bal. 06 mm R/Bal. 06 mm

L/Bal. 96 mm L/Bal. 06 mm

D.O.A. _____ D.O.I. 29/12/21

Survey held at Premium

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
	<u>TP China</u>

advising our Principal a cost of repair of \$6108.20 (P/P before GST) - with 5 days of repair, subject to their approval.

MV : red:18722.8;75%

PV :

Nett:

Date/Time, File Pass to? : Preli. Report

1) : Final Report

Date/Time, File Return to?

2)

Report Format: _____

Lump Sum / L&L: _____

Days Of Repair: 5

Resurvey No. of Trip: _____

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech. Invs (\$ _____)

: Weekend (\$ _____)

Survey Fee: _____

Transportation: _____

\$ + PS \$ _____

Photos _____

Others _____

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 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. 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 22/12/2021 14:27 (SGT)
Date of Accident 21/12/2021 12:30 (SGT)
Exact Location of Accident Jurong West Street 61, Singapore
Additional Location Information Jurong West Street 61.
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLA4432M

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner Subramanian Bhaskaran
NRIC No S2671156H
Email Address bsubra65@gmail.com
Mobile Phone No (Phone) +65-97552603
Alternative Phone No +65-97552603

VEHICLE PARTICULARS

Manufacturer Audi
Model A3
Variant Sedan 1.4 TFSI (Ambiente)
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 1395

INSURANCE COMPANY

Name of Insurance Company Direct Asia Insurance (Singapore) Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number MT/00899931
Cover Note Number -

DRIVER

Name of Driver Subramanian Bhaskaran
NRIC No S2671156H

Date Of Birth	30/06/1965
Occupation	Indoor
Date Of Driving Pass	08/05/2004
Driving experience	17 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97552603
Alt. Phone Number	+65-97552603
Email Address	bsubra65@gmail.com
Address	#14-352 Blk 636 Jurong West Street 65
Address complement	-
Postcode	640636
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	Subramanian Lalitha
Gender	Female

PASSENGER 2

Name	S Venisha
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

Please refer attached.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMV6275P
Vehicle Manufacturer	Mercedes

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Private car
Name of Driver	Chua Kian Seng
NRIC No	S8429089J
Contact Number	(Phone) +65-98199459
Address	Apt Blk 292C Bukit Batok East Avenue 6 #19-238
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

Date Of Birth

Occupation

Date Of Driving Pa

Driving experience

Gender

Vehicle Number

Alt. Contact Number

Equip. Address

Address

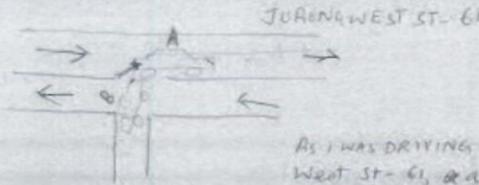
Accident Toolkit

Sketch plan

Sketch of accident scene:

Please illustrate the layout of roads with arrows showing the direction and position of vehicles at the time of impact. Also please note the road names, road signs and vehicle registration numbers.

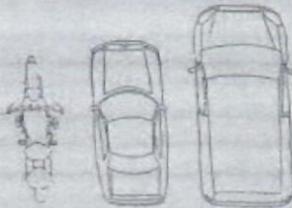
If safe, please take photos or videos from all angles.



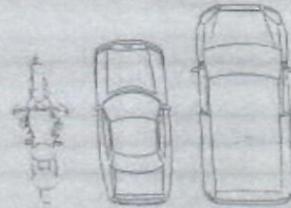
JUANA WEST ST-61

As I was DRIVING DOWN Juana West St-61, a car came out of the car park and was trying to join the street in my direction & driving at the car instead of waiting for me to move out of the way, came in and hit the rear side of my vehicle

Please indicate on vehicle A (your vehicle) and, vehicle B (third party vehicle), the point of impact and area(s) of visible damage with an arrow.



Vehicle A
SLA4432M



Vehicle B
SMV 6275P

direct
asia
insurance

*to information
22/12/2021
10:35*

Call us direct
Customer Care
6665 5555
Claims Support 24/7 hotline
6532 1818
© 2012 Direct Asia Insurance

SKETCH PLAN #2

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 insurers 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 lodgment 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.

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 any 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

[Signature]

Policyholder's Signature
Date & Time: 22/12/2021 18:35h

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

[Signature]

Reporting Centre Personnel's Signature
Name: Poochey
NRIC/FIN No.: JXXXXXXF



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/1055/2021/JT
DATE : 27-Dec-21
WIP : 60344

VEHICLE NOT IN WORKSHOP. KINDLY ARRANGE SURVEY 29/12/21
YOUR INSURED VEH NO : SMV 6275 P

CHINA TAIPING INSURANCE (SG) PTE LTD
105 CECIL STREET
#19-00 THE OCTAGON
SINGAPORE 069534
Attn: Motor Claims Dept
Tel: 6389 6541 - Fax: 6224 7175

OWNER'S NAME : MR SUBRAMANIAN BHASKARAN
ADDRESS : BLK 636 JURONG WEST STREET 65
#14-352
SINGAPORE 640636
TELEPHONE : HP +65 97366463
TYPE OF CLAIM : THIRD PARTY CLAIM
POLICY NO : MT/00899931
VEHICLE NO : **SLA 4432 M**
MODEL CODE : AUDI A3 SEDAN 1.4 TFSI
MODEL YEAR : 29/2/2016
ENGINE NO : CZC 507710
CHASSIS NO : WAUZZZ8V4G1056445
MILEAGE : -
DATE IN : -
ESTIMATED BY : JOHNNY BOO / ALLAN WU
ACCIDENT DATE : 21-Dec-21
PLACE OF ACCIDENT : JURONG WEST STREET 61



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 SLA 4432 M

S/N	NATURE OF JOBS		ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATIONS
1	TO REMOVE AND TRANFER REAR PARKING AID. CHECK FUNCTION.	S/N \$	280.00	✓
2	TO RENEW REAR WINDSCREEN AND RHS 1/4 GLASS TO FACILITATE RENEWAL OF RHS REAR FENDER.	S/N \$	600.00	✗
3	TO INSTALL SOLAR FILM FOR REAR WINDSCREEN AND RHS 1/4 GLASS.	S/N \$	400.00	✗
4	TO CARRY OUT WATER SEEPAGE TEST FOR REAR WINDSCREEN.	S/N \$	200.00	✗
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	✗
6	TO REMOVE AND REINSTALL REAR SEAT, BACK REST, HAT TRAY, ABCD PILLAR TRIMS, LUGGAGE COMPARTMENTS TRIMS. DISLODGE ROOF LINER AND DISENGAGE CURTAIN ATRRAG.ETC	S/N \$	1,400.00	✗
SUB TOTAL LABOUR CHARGES		:	\$ 4,280.00	



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 SLA 4432 M

S/N	NATURE OF JOBS	ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATIONS
7	TO DISMANTLE AND RENEW REAR BUMPER. TO CUT OUT AND WELD RHS REAR FENDER. RE-ORGANIZE CRASH MANAGEMENT COMPONENTS. REINSTALL ALL PARTS REMOVED. ✓ ✓	\$ 4,900.00	2100
8	TO RESPRAY REAR BUMPER, RHS REAR FENDER, RHS SILL PANEL, DRAIN CHANNEL, DOOR ENTRANCE, ROOF CHANNEL AND REAR END PANELLING.	\$ 4,500.00	1400
9	TO CARRY OUT DIAGNOSTIC CHECK.	S/N \$ 192.00	✓
TOTAL LABOUR CHARGES		: \$ <u>13,872.00</u>	



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

MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SLA 4432 M

			DAMAGED PARTS & PRICES		
S/N	PARTS DESCRIPTION	QTY	S/NETT	REMARKS	
1	REAR BUMPER <i>delud</i>	1	\$ 2,070.00	✓	
2	REAR BUMPER FIXING PARTS <i>neu</i>	1	\$ 193.00	+	
3	REAR BUMPER GUIDE SECTION - LH / RH ?	2	\$ 32.00	?	
4	REAR BUMPER SPOILER <i>neu</i>	1	\$ 237.00	x	
5	REAR LIGHT REFLECTOR - RH ?	1	\$ 41.00	?	
6	TAIL LIGHT - RH <i>neu</i>	1	\$ 877.00	x	
7	TAIL LIGHT TRIM - RH <i>neu</i>	1	\$ 30.00	x	
8	REAR BUMPER GUIDE SECTION OUTER - RH ?	1	\$ 67.00	?	
9	REAR FENDER - RH <i>Regis</i>	1	\$ 4,140.00	x	
10	REAR WINDSCREEN	1	\$ 814.00	+	
11	QUARTER WINDOW <i>neu</i>	1	\$ 570.00	+	
12	PRIMER <i>neu</i>	2	\$ 40.00	+	
13	REAR WHEEL HOUSING LINER ?	1	\$ 240.00	?	
14	REAR WHEEL SPOILER - RH <i>neu</i>	1	\$ 35.00	+	
15	REAR WHEEL SPOILER COVER - RH <i>neu</i>	1	\$ 4.00	+	
16	FUEL FILLER	1	\$ 89.00	+	
17	ARYLIC SEALANT	S/N	\$ 180.00	+	
18	CAVITY WAX <i>neu</i>	S/N	\$ 140.00	+	
19	STONE CHIP	S/N	\$ 180.00	+	
20	METAL FILLER POWDER <i>neu</i>	S/N	\$ 280.00	x	
SUB TOTAL SPARE PARTS		:	\$ 10,259.00		

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



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

MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SLA 4432 M

DAMAGED PARTS & PRICES

S/N	PARTS DESCRIPTION	QTY	S/NETT	REMARKS
21	REAR WINDSCREEN SEALANT	S/N	\$ 200.00	✓
22	1/4 GLASS SEALANT	S/N	\$ 100.00	✓
23	SUNDRIES		\$ 400.00	?
TOTAL SPARE PARTS		:	\$ 10,959.00	
TOTAL LABOUR CHARGES		:	\$ 13,872.00	
GRAND TOTAL		:	\$ 24,831.00	

ALL CHARGES ARE NOT INCLUSIVE OF GST
 LEGEND: REMARKS (OK) = APPROVED, REMARKS (X) = NOT APPROVED
 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 : *Adrian*
SURVEYED DATE : *29/10/21*
AUTHORISED DATE :
EXCESS COST :
LIABILITY :
REMARKS : *AK Authorised, 05 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

JOHNNY BOO
BODY REPAIR MANAGER

ALLAN WU
CLAIMS CONSULTANT