

ASS. REC. BY: Tough

REF:

CC3/ALG 22000111/Tvy3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. 2070116674-01Claims No. 4689837475SGSum Insured: _____ Excess: 300 fba.

(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: \$110K.

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 WP

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SM453481A Yr Regn: 2020 / AugType: ☒ Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Audi A3 c.c. 999.Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 17668 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WIA4ZZZ8V3LA 000409Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 205/55R16R: ~ ~☒ BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front _____ Rear _____

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. 28/12/2021 D.O.I. 4/1/22Survey held at Premium UpiDes. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop orRear o/s

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

Date / Time	Action / Instruction
16/3/22	Final fig \$3266.80 confirmed by email (Red 5751.20, 63%)

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2) 22/3/22-typist

Days Of Repair: 3Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

S + RS SI

Photos

Others

TOTAL

Report Format: MerimenLump Sum / I.B.A. (\$ \$3266.80)

PREMIUM AUTOMOBILES



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/1084/2021/JT
DATE : 3-Jan-22
WIP : 61742

VEHICLE NOT IN WORKSHOP. KINDLY ARRANGE FOR SURVEY ON 4/1/22

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 AKKIHBBAL LAKSHMINARAYANA
SATYA PRAKASH
ADDRESS : BLK 202 CLEMENTI ROAD
#15-206
SINGAPORE 129783
TELEPHONE : HP +65 92959476
TYPE OF CLAIM : OWN DAMAGE CLAIM
POLICY NO : 2070116674-01
VEHICLE NO : **SMU 5348 A**
MODEL CODE : AUDI A3 SEDAN 1.0 TFSI 8V
MODEL YEAR : 17/8/2020
ENGINE NO : CHZ C34240
CHASSIS NO : WAUZZZ8V3LA000409
MILEAGE : -
DATE IN : -
ESTIMATED BY : JOHNNY BOO / ALLAN WU
ACCIDENT DATE : 28-Dec-22
PLACE OF ACCIDENT : BLK 451 CLEMENTI AVE 3
CAR PARK

PREMIUM AUTOMOBILES



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

ESTIMATED LABOUR CHARGES FOR ACCIDENT VEHICLE SMU 5348 A

S/N	NATURE OF JOBS	ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATIONS
1	TO REMOVE AND TRANSFER REAR PARKING AID. CHECK FUNCTION.	S/N \$ 280.00	✓
2	TO DISMANTLE AND RENEW REAR BUMPER. TO REPAIR REAR END PANELLING AND RHS REAR FENDER. RE-ORGANIZE CRASH MANAGEMENT COMPONENTS. REINSTALL ALL PARTS REMOVED.	\$ 2,100.00	500
3	TO RESPRAY REAR BUMPER, REAR END PANELLING AND RHS REAR FENDER.	\$ 2,800.00	550
4	TO CARRY OUT DIAGNOSTIC CHECK.	S/N \$ 192.00	✓
TOTAL LABOUR CHARGES		\$ 5,372.00	

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TEL: 6366 2323 FAX: 6841 1183

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

MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SMU 5348 A

		ESTIMATED	DAMAGED PARTS & PRICES		
S/N	PARTS DESCRIPTION	QTY	S/NETT	REMARKS	
1	REAR BUMPER	1	\$ 1,944.00	de	
2	REAR BUMPER FIXING PARTS	1	\$ 193.00	X	
3	REAR BUMPER ADAPTER - RH	1	\$ 38.00	?	
4	REAR BUMPER GUIDE SECTION - LH / RH	2	\$ LHX 32.00	RH?	
5	REAR BUMPER LOCKING MECHANISM - LH / RH	2	\$ LHX 59.00	RH?	
6	REAR BUMPER SPOILER	1	\$ 237.00	amb	
7	REAR LIGHT REFLECTOR - RH	1	\$ 41.00	?	
8	REAR BUMPER REINFORCEMENT BEAM	1	\$ 603.00	?	
9	REAR BUMPER BRACKET - LH / RH	2	\$ LHX 56.00	RH?	
10	REAR BUMPER GUIDE SECTION OUTER - RH	1	\$ 66.00	?	
11	REAR PARKING AID SENSOR - INNER / OUTER	2	TBC	X	
12	REAR PARKING AID SENSOR SEAL RING	4	\$ 9.00	all	
13	REAR FENDER VENT TRIM - RH	1	\$ 68.00	?	
14	SUNDRIES		\$ 300.00	?	
TOTAL SPARE PARTS		:	\$ 3,646.00		
TOTAL LABOUR CHARGES		:	\$ 5,372.00		
GRAND TOTAL		:	\$ 9,018.00		

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

SURVEYED DATE

AUTHORISED DATE

EXCESS COST

LIABILITY

REMARKS

Tanpin 97495749

Not Authorise Revert

Exp: to be advise

o 3 days

Resurvey before paint

Tanpin @ khair.com

4/1/22 @ 240 pm

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 accurately 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 29/12/2021 17:02 (SGT)
Date of Accident 28/12/2021 19:30 (SGT)
Exact Location of Accident Clementi Ave 3, Singapore
Additional Location Information CARPARK OF BLK 451, CLEMENTI AVE 3
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMU5348A

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner AKKIHBBAL LAKSHMINARAYANA SATYA PRAKASH
NRIC No SXXXX711Z
Email Address ALSPRAKASHG@GMAIL.COM
Mobile Phone No (Phone) +65-98320487
Alternative Phone No (Home) +65-67773159

VEHICLE PARTICULARS

Manufacturer Audi
Model A3
Variant A3 SEDAN 1.0 TFSI S TRONIC
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 2070116674-01
Cover Note Number

DRIVER

Name of Driver AKKIHBBAL LAKSHMINARAYANA SATYA PRAKASH
NRIC No SXXXX711Z

Date Of Birth	15/05/1954
Occupation	Indoor
Date Of Driving Pass	03/08/1989
Driving experience	32 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98320487
Alt. Phone Number	(Home) +65-67773159
Email Address	ALSPRAKASHG@GMAIL.COM
Address	BLK 202 CLEMENTI ROAD
Address complement	#15-206
Postcode	129783
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	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

1 ACCIDENT OCCURED AROUND 7.30PM AT THE CARPARK OF BLK 451, CLEMENTI AVENUE 3 ON 28.12.2021 . 2. I DROVE INTO CARPARK AND LOOKING FOR A PARKING SLOT. 3. I FOUND ONE AND WANTED TO REVERSE PARK. 4. I PUT THE HAZARD LIGHTS. 5. I SWITCHED ONTO REVERSE GEAR. 6. I LOOKED AROUND AND SLOWLY MOVING TOWARDS THE VACANT PARKING LOT. 7. AS I WAS DIRIVNG MY CAR, I HEARD A SOUND WHEN INDICATED SOMEONE FROM BEHIND HAD BANGED INTO MY CAR. 8. I STOPPED MY CAR, GET OUT TO SEE WHAT HAS HAPPENED. 9. THE CAR WHICH BANGED MY CAR, ALSO STOPPED AND THE DRIVER OF THE OTHER CAR CAME OUT. 10. I MENTIONED TO HIM THAT I HAD PUT THE HAZARD LIGHTS AND REVERSE LIGHTS WERE ALSO ON. 11. WE EXCHANGED OUR DETAILS THROUGH IC AND TOOK PHOTOS OF THE CARS. 12. BEFORE LEAVING, OTHER CAR DRIVER SAID SORRY TO ME.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number	SLJ5372Z
Vehicle Manufacturer	Toyota
Vehicle Model	Corolla
Vehicle Variant	-

Vehicle Colour	
Vehicle Category	Private car
Name of Driver	TAN KIAN HONG
Contact Number	
Address	
Address complement	
Postcode	
Insurance Company Name	
Nature Of Damage	
Details of property damaged in accident	
No. Of Passenger (Including Driver)	1

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.



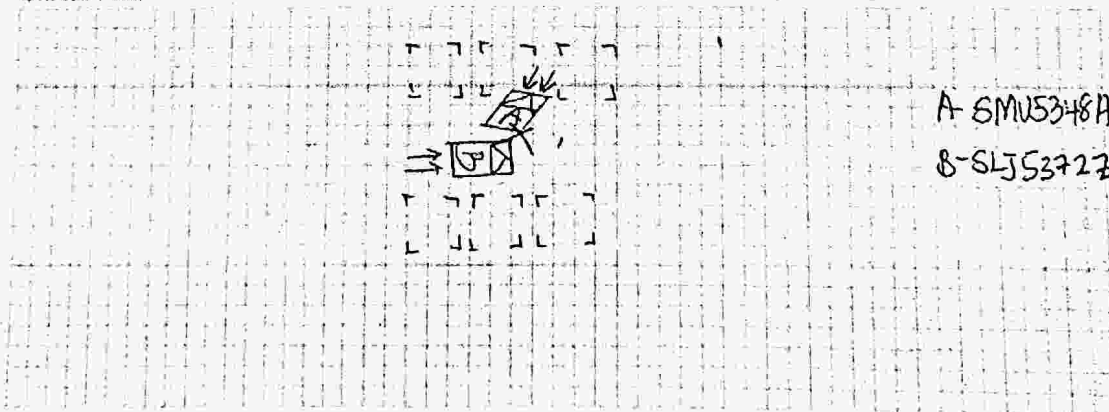
A.L. Sathya Narayanan 29/12/21 2:15pm

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A-SMUS348A

B-SLJS372Z

Describe Circumstances of the Accident

1. Accident occurred around 3:30pm at the Car Park of BIK 451 Stewart Avenue on 28-12-2021.
2. I Drive into Car park and looking for a parking slot.
3. I found one and wanted to reverse park.
4. I put the hazard lights.
5. I Switched onto reverse gear.
6. I looked around and slowly moving towards the vacant parking lot.
7. ~~I~~ As I was moving driving my car, I heard a sound which indicated someone from behind had banged into my car.
8. I stopped my car, and got out to see what has happened.
9. The car which banged my car, also stopped and the driver of the other car came out.
10. I mentioned to him that I had put the hazard lights and reverse lights were also on.
11. We exchanged our details through Ins and took photos of the cars.
12. Before leaving, other car driver said sorry to me.

Declaration

We declare the foregoing particulars are true in every respect.

A.L. Stry Prinsky.

Policyholder's Signature / Date & Time

29/12/21

2.15pm.

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

Witnessed by Reporting Centre Personnel



CERTIFICATE OF INSURANCE

AUDI AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : AKKHEBBAL LAKSHMINARAYANA SATYA PRAKASH Vehicle No. : SMU5348A
 Period of Insurance : 17 Aug 2021 To 16 Aug 2022 Policy No. : 2070116674-01
 Engine No. : CHZ C34240 Endorsement No.
 Chassis No. : WAUZZZ8V3LA000409 Issued Date : 30 Jul 2021

ABOUT THE COVER

Make/Model : AUDI A3 Sedan 1.0 TFSI S tronic
 Engine Capacity/Tonnage : 999.00 CC Sum Insured : Market Value First Year of Registration : 2020
 Driver Restriction : NA Off Peak Car : No Insuring with COE/PARF : Yes
 Person or Classes of Persons Entitled to Drive* :

- a) The Policyholder
 - b) Any other person who is driving on the Policyholder's order or with his/her permission.
- This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience.

Age Condition : All Age Condition Mileage Condition : Unlimited Mileage

Limitation as to use* :
 Use only for social, domestic and pleasure purposes and for the Policyholder's business.
 This Policy does not cover use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

Loss of Use 1800cc - 2000cc Optional

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

EXCESS

Section 1
 Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$600

Section 2
 Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

AKKHEBBAL LAKSHMINARAYANA SATYA PRAKASH - \$600 (Own Damage), \$600 (Flood Cover) MAGALAKSHMI SATYA PRAKASH - \$600 (Own Damage), \$600 (Flood Cover)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (AND RELATED REPAIRS)

1. Audi Customer Service Center Add: 55 Ubi Road 1 Singapore 408689 63602323

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, you may refer to AIG website www.aig.sg or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: United Overseas Bank Limited

We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

604125275

REMIUM LEASING - EBC

81 ALEXANDRA ROAD AUDI CUSTOMER SERVICE CENTRE

SINGAPORE 150938

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

SSPMLU