

ASS. REC. BY: Steve

REF: AIG

CC3/AIG22000409/Etc

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. 2070139095

Claims No. 8436234286SG

Sum Insured: _____ Excess: 400

(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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: 3MV4752S Yr Regn: 30/9/20

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

Truck / Trailer or

Make: Audi Q3 c.c. 1395

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

Sp. Reading: 17816 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WAU222F34L1123797

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / SRM / STD A/RM or

Tyre Size: F: 235/50R19

R: 11

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

TOYO / YOKO or

Front _____ Rear _____

R/Bal. 4 mm R/Bal. 4 mm

L/Bal. 4 mm L/Bal. 4 mm

D.O.A. 10/1/21 D.O.I. 11/1/21

Survey held at Premium

Des. of Damages: Frnt / 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>MV-150K</u>
	<u>confirm repair cost of \$18,802.72 , 6days</u>
	<u>RED:25435.28;57%</u>

Date/Time, File Pass to?

☐ : Prell. Report
☐ : Final Report

1) _____

Date/Time, File Return to?

2) _____

Report Format : _____

Lump Sum / I.B.I. (\$) _____

Days Of Repair: 6

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)

Survey Fee: _____

Transportation: _____

\$ + RS. \$ _____

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/0021/2021/ZK
DATE : 10-Jan-22
WIP : 62716

VEHICLE IN WORKSHOP. KINDLY ARRANGE SURVEY 11/01/2022

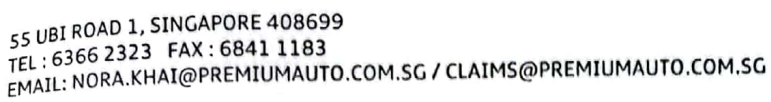
AIG ASIA PACIFIC INSURANCE PTE LTD
78 SHENTON WAY
#07-16 AIG BUILDING
SINGAPORE 079120
Attn: Motor Claims Dept
Tel: 6880 4602 - Fax: 6880 4838

OWNER'S NAME : MR LIM WEI JIE (LIN WEIJIE)
ADDRESS : BLK 227A SUMANG LANE
#15-252
SINGAPORE 821227
TELEPHONE : HP +65 9695 7166
TYPE OF CLAIM : OWN DAMAGE CLAIM
POLICY NO : 2070139095
VEHICLE NO : **SMV 4752 S**
MODEL CODE : AUDI Q3 SPORTBACK 1.4 TFSI S
MODEL YEAR : 30/9/2020
ENGINE NO : CZD C00124
CHASSIS NO : WAUZZZF34L1123797
MILEAGE : -
DATE IN : -
ESTIMATED BY : JOHNNY BOO / ALLAN WU
ACCIDENT DATE : 9-Oct-22
PLACE OF ACCIDENT : FILITER LANE FROM LOR AH SOO TP HPUGANG AVE 3

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ESTIMATED LABOUR CHARGES FOR ACCIDENT VEHICLE SMV 4752 S

S/N	NATURE OF JOBS	ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATIONS
1	TO REMOVE , CHECK AND TRANSFER FRONT WIRE HARNESS FOR HEADLIGHT,HORNS,OUTSIDE TEMPERATURE SENSOR , HEADLIGHT WASHER ASSY AND FRONT PARKING AID	S/N \$ 480.00	/
2	TO REMOVE AND TRANSFER LHS HEADLIGHT'S CONTROL UNIT AND POWER MODULE.	S/N \$ 400.00	250
3	TO REMOVE AND RENEW AIRCON CONDENSER, ADDITIONAL RADIATOR AND RADIATOR. CHECK ELECTRICAL FANS AND CONTROL UNIT. PRESSURISE COOLING SYSTEM. VACUUM AND REGAS	S/N \$ 1,700.00	?
4	TO RENEW LHS FRONT FRONT FENDER INNER AIRCON CONDENSER PIPE.	S/N \$ 280.00	?
5	TO DISMANTLE AND RENEW FRONT BUMPER,BONNET,LHS FRONT FENDERS AND LHS HEADLIGHT.TO RENEW FRONT LOCK CARRIER AND ALIGN TO POSITION. RE-ORGANIZE CRASH MANAGEMENT COMPONENTS. REINSTALL ALL PARTS REMOVED	\$ 5,600.00	1000
SUB TOTAL LABOUR CHARGES		: \$ 8,460.00	



S/N	NATURE OF JOBS		ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATIONS
6	TO RESPRAY FRONT BUMPER , FRONT BUMPER LOWER SPOILER , BONNET,HINGES, LHS FRONT FENDER AND BOTH WHEEL ARCH TRIMS	\$	4,500.00	2950
7	TO TOW BACK THE VEHICLE FROM ACCIDENT SCENE	S/N \$	280.00	X
8	TO CARRY OUT PRE/POST DIAGNOSTIC CHECK	S/N \$	384.00	/
	TOTAL LABOUR CHARGES	:	\$ 13,624.00	

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MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SMV 4752 S

			DAMAGED PARTS & PRICES	
S/N	PARTS DESCRIPTION	QTY	S/NETT	REMARKS
1	FRONT BUMPE COVER / 00	1	\$ 2,670.00	
2	FRONT BUMPER CONNECTING PIECE X	1	\$ 145.00	
3	FRONT BUMPER FIXING PARTS X	1	\$ 414.00	
4	FRONT BUMPE CLOSING ELEMENT - LH / RH ?	2	\$ 118.00	
5	FRONT BUMPER TRIM / cut (grey 12mm)	1	\$ 356.00	
6	FRONT BUMPER GRILLE - CENTER ?	1	\$ 217.00	
7	FRONT BUMPER SUPPORT - LH / RH ?	2	\$ 50.00	
8	FRONT BUMPER LOWER SENSOR COVER ?	1	\$ 51.00	
9	FRONT BUMPER CLOSING ELEMENT ?	1	\$ 190.00	
10	FRONT BUMPER SPOILER / cut (grey lower under)	1	\$ 763.00	
11	FRONT BUMPER BRACKET ?	1	\$ 21.00	
12	FRONT BUMPER AIR GUIDE GRILLE - LH / RH ?	2	\$ 306.00	
13	FRONT BUMPER AIR GUIDE GRILLE TRIM - LH / RH ?	2	\$ 328.00	
14	FRONT PARKING AID SENSOR BRACKET - LH / RH ?	2	\$ 50.00	
15	FRONT RADIATOR GRILLE / BR ?	1	\$ 1,928.00	
16	FRONT STRIKER PLATE ?	1	\$ 244.00	
17	FRONT BUMPER LOWER COVER CAP - CENTER / cut	1	\$ 56.00	
18	FRONT RADIATOR BRACKET X	1	\$ 41.00	
19	FRONT RADIATOR COVER X	1	\$ 244.00	
20	FRONT BUMPER CAMERA ?	1	\$ 1,141.00	
SUB TOTAL SPARE PARTS		:	\$ 9,333.00	

ALL CHARGES ARE NOT INCLUSIVE OF GST

LEGEND: REMARKS (OK) = APPROVED, REMARKS (X) = NOT APPROVED
SPARE PARTS ARE SPECIAL NETT.

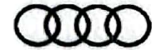


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MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SMV 4752 S

			DAMAGED PARTS & PRICES	
S/N	PARTS DESCRIPTION	QTY	S/NETT	REMARKS
21	FRONT BUMPER CAMERA WIRING SET ?	1	\$ 572.00	
22	FRONT PARKING AID SENSOR ?	2	TBC	
23	FRONT PARKING AID SENSOR SEAL RING / MC	4	\$ 9.00	
24	FRONT BUMPER FOAM FILLER PIECE ?	1	\$ 102.00	
25	FRONT BUMPER REINFORCEMENT BAR ?	1	\$ 916.00	
26	FRONT BUMPER GUIDE SUPPORT - LH / RH ?	2	\$ 78.00	
27	FRONT BUMPER TOP COVER ?	1	\$ 123.00	
28	AIR COND STICKER ?	1	\$ 8.00	
29	HORN - LH / RH ?	2	\$ 267.00	
30	HORN BRACKET - LH / RH ?	2	\$ 44.00	
31	FRONT FENDER - LH X R	1	\$ 1,286.00	
32	FRONT FENDER ATTACHEMENT PARTS X	1	\$ 63.00	
33	FRONT FENDER BRACE - LH X	1	\$ 88.00	
34	FRONT FENDER BRACKET - LH X	1	\$ 32.00	
35	FRONT BONNET / DO	1	\$ 3,508.00	
36	FRONT BONNET IMPACT PROTECTION / MC	1	\$ 28.00	
37	FRONT BONNET HINGE - LH / RH ?	2	\$ 146.00	
38	FRONT BONNET ATTACHEMENT PARTS ?	1	\$ 296.00	
39	FRONT BONNET STRIKER - LH / RH ?	2	\$ 220.00	
40	FRONT BONNET INSULATION COVER X	1	\$ 219.00	
SUB TOTAL SPARE PARTS		:	\$ 8,005.00	

PREMIUM AUTOMOBILES



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MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SMV 4752 S

				DAMAGED PARTS & PRICES	
S/N	PARTS DESCRIPTION	QTY	S/NETT	REMARKS	
41	FRONT BONNET HINGE COVER - LH / RH X	2	\$	82.00	
42	FRONT BONNET BOWDEN CABLE ?	1	\$	58.00	
43	FRONT BONNET BOWDEN CABLE COVER ?	1	\$	10.00	
44	FRONT BONNET RELEASE CABLE ?	1	\$	58.00	
45	FRONT BONNET RELEASE LEVER ?	1	\$	14.00	
46	FRONT BONNET LOCK ?	2	\$	427.00	
47	FRONT BONNET GAS ABSORBER X	1	\$	104.00	
48	FRONT HEADLIGHT MOUNTING - LH / RH ?	2	\$	236.00	
49	FRONT HEADLIGHT - LH / RH (photo)	1	\$	5,589.00	
50	FRONT HEADLIGHT LIFT CYLINDER - LH ?	1	\$	210.00	
51	FRONT HEADLIGHT HOSE - LH ?	1	\$	80.00	
52	FRONT RADIATOR SUPPORT ?	1	\$	1,272.00	
53	TEMPERATURE SENSOR BRACKET ?	1	\$	7.00	
54	AIR COND CONDENSER ?	1	\$	551.00	
55	ADDITIONAL RADIATOR ?	1	\$	920.00	
56	RADIATOR ?	1	\$	1,035.00	
57	COOLANT ?	6	\$	266.00	
58	FRONT AIR GUIDE - LH / RH ?	2	\$	76.00	
59	FRONT AIR GUIDE - UPPER / LOWER ?	2	\$	82.00	
60	FRONT WHEEL ARCH COVER - LH / RH ✓ nec (photo)	2	\$	1,072.00	
SUB TOTAL SPARE PARTS		:	\$	12,149.00	

PREMIUM AUTOMOBILES



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MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SMV 4752 S

			DAMAGED PARTS & PRICES	
S/N	PARTS DESCRIPTION	QTY	S/NETT	REMARKS
61	AIR COND COMPRESSOR TO AIR CON CONDENSER ?	1	\$	337.00
62	AIR COND CONDENSER TO CUT OFF POINT ?	1	\$	330.00
63	FRONT NO PLATE - BT	S/N	\$	60.00
64	SUNDRIES ?		\$	400.00
TOTAL SPARE PARTS		:	\$	30,614.00
TOTAL LABOUR CHARGES		:	\$	13,624.00
GRAND TOTAL		:	\$	44,238.00

ALL CHARGES ARE NOT INCLUSIVE OF GST

LEGEND: REMARKS (OK) = APPROVED, REMARKS (X) = NOT APPROVED
SPARE PARTS ARE SPECIAL NETT.



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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 :

Steve (LKK)
11/11/92, 11.30am

OD-M AL
EXCEL - ?
P/P
My RL My
6 dys

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 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	10/01/2022 15:00 (SGT)
Date of Accident	10/01/2022 13:39 (SGT)
Exact Location of Accident	Near 9V2R+X5 Singapore
Additional Location Information	SLIP ROAD FROM LOR AH SOO TO HOUGANG AVENUE 3
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMV4752S
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM WEI JIE, NIGEL (LIN WEIJIE)
NRIC No	SXXXX643C
Email Address	NIGELLWJ@GMAIL.COM
Mobile Phone No	(Phone) +65-96957166
Alternative Phone No	+65-96957166

VEHICLE PARTICULARS

Manufacturer	Audi
Model	Q3
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1395

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2070139095
Cover Note Number	-

DRIVER

Name of Driver	LIM WEI JIE, NIGEL (LIN WEIJIE)
NRIC No	SXXXX643C

Date Of Birth	27/03/1986
Occupation	Indoor
Date Of Driving Pass	16/06/2006
Driving experience	15 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96957166
Alt. Phone Number	+65-96957166
Email Address	NIGELLWJ@GMAIL.COM
Address	BLK 227A SUMANG LANE
Address complement	#15-252
Postcode	821227
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	PETRINA CHIN
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

I WAS DRIVING ALONG LOR AH SOO ROAD WITH THE INTENTION TO FILTER LEFT TO HOUGANG AVENUE 3. AT THE FILTER LANE, THERE WAS A CAR IN FRONT OF MY CAR MOVING AND INTENDING TO EXIT THE FILTER LANE. I CHECKED TO ENSURE THAT VEHICLE ALONG HOUGANG AVENUE 3 WAS A SAFE DISTANCE FOR ME TO EXIT. NOTING IT WAS SAFE AND THE CAR IN FRONT OF ME IS ABOUT TO LEAVE, I ACCELERATED AND I ONLY NOTICED THE CAR IN FRONT OF ME JAMMED BRAKE AND I SLAMMED MY BRAKE BUT IT WAS TOO LATE AND I CRASHED TO THE BACK OF THE CAR. NO INJURY WAS NOTED.

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 1

Vehicle Registration Number	SLV2806X
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	JARREN NG
Contact Number	(Phone) +65-96625131
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

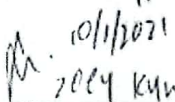
SKETCH PLAN

IMPORTANT NOTICE

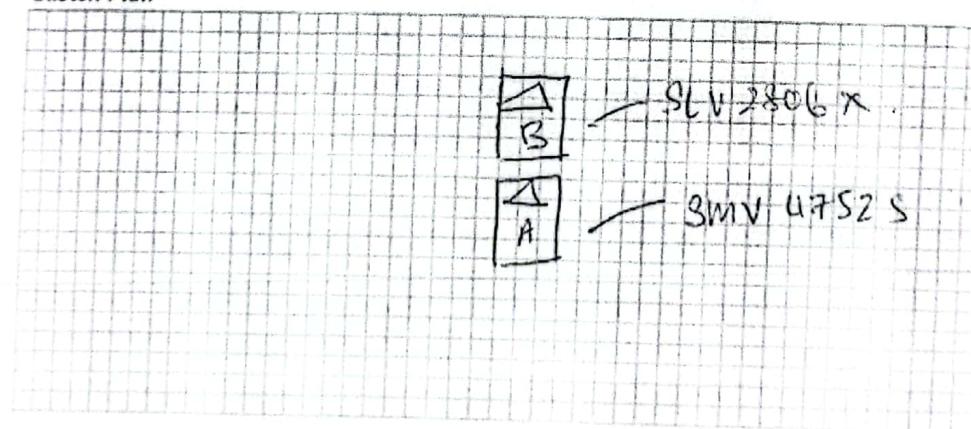
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation will make the insurance companies regulate policy liability.
4. The insurer's acceptance of this Form by insurance companies is not an admission of policy liability on the part of the 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


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


10/1/2021
2024 Kym
Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

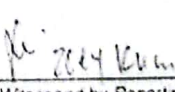
I was driving along Lor Ah Seng road with the intention to filter left to Hongkong Ave 3. At the filter line, I checked and ~~ensure~~ ^{noting} as there was a car intent of my car moving and intending to exit the filter line. I checked to ensure that car vehicle along Hongkong Ave 3 was a safe distance for me to exit. ^{Noting} it was safe and the car intent of me is about to leave, I accelerated and to only notice the car intent of me jammed ~~brake~~ ^{slammed his brake} and I crashed to the back of the car. No injury was noted.

Declaration

(We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel

