

ASS. REC. BY:

Steve

REF:

KEL

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. _____

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: SKT 5764K Yr Regn: 16/6/15

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: 68489 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WVA 222 8V9F 1132 725

Gen. Cond: ☒ Good / ☐ Fair / ☐ Poor / ☐ BurntSteering: ☒ Inorder / ☐ Jammed / ☐ Leaked / ☐ Burnt orBrake: ☒ Inorder / ☐ Jammed / ☐ Leaked / ☐ Burnt orModl: NII / ☒ S/Rim / ☐ STD A/Rim or

Tyre Size: F: 205/55 R16

R: _____

 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or Prelli

Front _____ Rear _____

R/Bal. 4 mm R/Bal. 4 mmL/Bal. 4 mm L/Bal. 4 mmD.O.A. 10/1/22 D.O.I. 4/2/22Survey 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

MV - 57K

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: _____

Resurvey No. of Trip: _____

Add Fee:

☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

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/TP/0045/2022/JT
DATE : 17-Jan-22
WIP : 63818

VEHICLE NOT IN WORKSHOP. KINDLY ARRANGE SURVEY

YOUR INSURED VEH NO : SMB 165 T

MS First Capital Insurance Ltd

36 Robinson Road

16-01 City House

Singapore 068877

Attn: Motor Claims Dept

Tel:6854 3909 Fax: 6507 3849

OWNER'S NAME : MR ABDUL JALIL BIN SYED IBRAHIM
ADDRESS : BLK 547 JURONG WEST STREET 42
#04-145
SINGAPORE 640547
TELEPHONE : HP +65 8182 9646
TYPE OF CLAIM : THIRD PARTY CLAIM
POLICY NO : P10396621R00
VEHICLE NO : **SKT 5764 K**
MODEL CODE : AUDI A3 SEDAN 1.4 TFSI
MODEL YEAR : 16/6/2015
ENGINE NO : CZC 255415
CHASSIS NO : WAUZZZ8V9F1132725
MILEAGE : -
DATE IN : -
ESTIMATED BY : JOHNNY BOO / ALLAN WU
ACCIDENT DATE : 10-Jan-22
PLACE OF ACCIDENT : OPP JURONG GREEN CC

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

ESTIMATED LABOUR CHARGES FOR ACCIDENT VEHICLE SKT 5764 K

S/N	NATURE OF JOBS	ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATIONS
1	TO REMOVE , CHECK AND REINSTALL FRONT WIRE HARNESS FOR HEADLIGHTS, HORNS, OUTSIDE TEMPERATURE SENSOR AND HEADLIGHT WASHER ASSY	S/N \$ (photo) 360.00 ✓	
2	TO REMOVE AND REINSTALL LHS FRONT DOOR PANEL TRIM, TO REMOVE AND RENEW LHS WING MIRROR ASSY	S/N \$ 280.00 ?	
3	TO REMOVE AND TRANSFER LHS REAR DOOR'S MULTI-LOCK SYSTEM AND POWER WINDOW DEVICES. INSPECT FOR DAMAGES	S/N \$ 350.00 ✓	
4	TO REMOVE AND REINSTALL REAR LID'S CONVENIENCE LOCK SYSTEM AND WIRE HARNESS FOR TAIL LIGHTS. TO RENEW REAR CAMERA ASSY.	S/N \$ 280.00 X	
5	TO DISMANTLE AND REINSTALL FRONT BUMPER. TO RENEW LHS FRONT FENDER AND LHS REAR. TO REPAIR LHS SILL PANEL. RE-ORGANIZE CRASH MANAGEMENT COMPONENTS. REINSTALL ALL PARTS REMOVED	S/N \$ 2,400.00 2100 1800	
6	TO RESPRAY LHS FRONT FENDER, LHS WING MIRROR COVER, LHS REAR DOOR AND LHS SILL PANEL.	S/N \$ 3,500.00 1700	
7	TO CARRY OUT DIAGNOSTIC CHECK.	S/N \$ 192.00 ✓	
TOTAL LABOUR CHARGES		: \$ 7,362.00	

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MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SKT 5764 K

			DAMAGED PARTS & PRICES	
S/N	PARTS DESCRIPTION	QTY	S/NETT	REMARKS
1	FRONT FENDER - LH / <i>OD</i>	1	\$	954.00
2	FRONT FENDER ATTACHEMENT PARTS ?	1	\$	75.00
3	FRONT FENDER BRACKET - LH ?	1	\$	46.00
4	FRONT FENDER BRACE - LH ?	1	\$	107.00
5	POP RIVET / <i>MC</i>	6	\$	23.00
6	FRONT FENDER BRACKET - LH ?	1	\$	31.00
7	FRONT FENDER CLOSING ELEMENT - LH X	1	\$	37.00
8	FRONT WHEEL HOUSING LINER - LH ?	1	\$	183.00
9	FRONT WHEEL HOUSING LINER ATTACHMENT PARTS ?	1	\$	93.00
10	WING MIRROR MOUNTING - LH ?	1	\$	1,130.00
11	WING MIRROR CAP - LH X R	1	\$	180.00
12	WING MIRROR GLASS X	1	\$	239.00
13	REAR DOOR - LH / <i>OD</i>	1	\$	3,265.00
14	REAR DOOR BUNGS - LH / <i>MC</i>	1	\$	5.00
15	REAR DOOR OUTER SEAL - LH / <i>MC</i>	1	\$	179.00
16	BONDING AGENT / <i>MC</i>	1	\$	51.00
17	CLEANING SOLUTION / <i>MC</i>	1	\$	74.00
18	APPLICATOR X	1	\$	8.00
19	REAR DOOR ATTACHMENT PARTS X	1	\$	134.00
20	REAR DOOR CATCH - LH ?	1	\$	94.00
21	REAR LID LOCK ACTUATOR X	1	\$	1,478.00
22	STONE CHIP X	S/N	\$	180.00
23	SUNDRIES ?		\$	350.00
TOTAL SPARE PARTS		:	\$	8,916.00
TOTAL LABOUR CHARGES		:	\$	7,362.00
GRAND TOTAL		:	\$	16,278.00

ALL CHARGES ARE NOT INCLUSIVE OF GST

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

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4/2/21, 2.17pm

NAME : Steve CLKK)
SURVEYED DATE : 00- M PL
AUTHORISED DATE :
EXCESS COST : EXcess - ?
LIABILITY : P/P
REMARKS : by RL by, 5 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. NORA KHAI AT TEL: 6768 9828 / 6768 9911 FOR APPOINTMENT.

YOURS FAITHFULLY,
PREMIUM AUTOMOBILES PTE LTD

JOHNNY BOO
BODY REPAIR MANAGER

ALLAN WU
CLAIMS CONSULTANT

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:

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	14/01/2022 19:18 (SGT)
Date of Accident	10/01/2022 13:00 (SGT)
Exact Location of Accident	Jurong West Ave 1, Singapore
Additional Location Information	OPP JURONG GREEN CC
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKT5764K
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	ABDUL JALIL BIN SYED IBRAHIM
NRIC No	SXXXX108F
Email Address	AJ_SI68@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-98207546
Alternative Phone No	+65-81829646

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A3
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	1394

INSURANCE COMPANY

Name of Insurance Company	Auto & General Insurance (Singapore) Pte. Limited.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	P10396621R00
Cover Note Number	-

DRIVER

Name of Driver	MUHAMMAD RIDZWAN BIN ABDUL JALIL
NRIC No	SXXXX043C

Date Of Birth	24/09/1997
Occupation	Indoor
Date Of Driving Pass	26/10/2016
Driving experience	5 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81829646
Alt. Phone Number	-
Email Address	RIDZWAN24@HOTMAIL.COM
Address	BLK 547 JURONG WEST ST 42
Address complement	#04-145
Postcode	640547
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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 - Change/cross lane
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	ABDUL JALIL BIN SYED IBRAHIM
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

A TWO WAY ROAD, I WAS IN MY LANE ON THE RIGHT SIDE WHILE THE BUS WAS ON THE LEFT LANE. I SUPPOSE THERE WAS SOMETHING ON THE LEFT SIDE SO THAT BUS HAS TO MOVE RIGHT A BIT. THAT MADE THE BUS HIT MY LEFT SIDE OF THE CAR BY COMING INTO MY LANE. I HORN AND TRY TO MOVE TO THE EXTREME RIGHT TO AVOID ANY COLLISION BUT BUS CARRIED ON COMING TO MY LANE MAKING IT A HIT. I WENT TO THE BUS STOP TO STOP AND INFORM THE BUS CAPTAIN AND HE CLAIMED. WE DID NOT REALISED THAT HE HIT. HE PAST ME HIS POSE AND TOLD ME TO DO A ACCIDENT REPORTING. WE LOOK THOUGH THE DAMAGE AND SEEM TO FIND A DAMAGED. THE LEFT MINOR, LEFT FENDER, LEFT REAR DOOR AND LOWER PART OF THE DOOR. THE LEFT DOOR AND LEFT MINOR WAS SERVELY DAMAGE.

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	SMB165T
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Vehicle Manufacturer	Smart
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Bus
Name of Driver	RAHMAN BIN IBRAHIM
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 willful misrepresentation or withholding of information 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 any company.
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 to 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 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 be permitted to collect, use and/or process my personal data/personal information set out in this [form] and any other personal information provided by me, possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to the insurers who have insured vehicle(s) involved in this accident (all insurers) who have insured vehicle(s) involved in this accident (collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any other 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 investigation of 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 may involve the disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/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 be permitted to 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 (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

Sketch Plan

14/1/2022
@ 18:07

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

Witnessed by (Print Name)
Personal

Chang Jue Sheng



A = SKT 576-K
B = SMB 165-F

Describe Circumstances of the Accident

A two way road, I was in my lane on the right side while the bus was on the left lane. I suppose there was something on the left side so the bus had to move right abit. That made the bus hit my left side of the car by coming into my lane. I honk and try to move to the extreme right to avoid any collision but bus carried on coming to my lane making it a hit. I went to the next bus stop to stop and inform the bus captain and he claimed he did not realized was he hit. He pass me his pass to and told me to do a police reporting. We look through the damage and seem to find 4 damages. The left mirror, left fender, left rear door and lower part of the door. The left door and left mirror was severly damage.

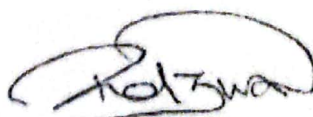
Declaration

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &

Time 14/1/2022
@ 18:07



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



Witnessed by Reporter / Personnel

Chang
Zel
For