

ASS. REC. BY: Steve REF: A/G

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.

X	X
N/S	O/S

Bal. or Market Value: _____

IDAC Accident Report: _____ 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: SM2 3280Y Yr Regn: 8/3/21

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

Truck / Trailer or

Make: Niti A3 c.c. 999

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

Sp. Reading: 24308 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: W42228V5LA 007331

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: NII / S/Rim / STD A/Rim or

Tyre Size: F: 205/55R16

R: 11

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

TOYO / YOKO or

Front 5 mm Rear 5 mm

R/Bal. 5 mm L/Bal. 5 mm

D.O.A. 1/2/22 D.O.I. 7/2/22

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>MY-122K</u>

Date/Time, File Pass to?

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: _____

\$ + 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/0079/2022/JT
DATE : 4-Feb-22
WIP : 10128

VEHICLE IN WORKSHOP. KINDLY ARRANGE FOR SURVEY ON 7/2/22

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 ENG KWANG CHIANG
ADDRESS : 52B HASSAN DRIVE
SINGAPORE 757135
TELEPHONE : HP +65 97929678
TYPE OF CLAIM : OWN DAMAGE CLAIM
POLICY NO : 1900157269-01
VEHICLE NO : SMZ 3280 Y
MODEL CODE : AUDI A3 SEDAN 1.0 TFSI 8V
MODEL YEAR : 8/3/2021
ENGINE NO : CHZ C34586
CHASSIS NO : WAUZZZ8V5LA007331
MILEAGE : -
DATE IN : -
ESTIMATED BY : JOHNNY BOO / ALLAN WU
ACCIDENT DATE : 1-Feb-22
PLACE OF ACCIDENT : WOODLANDS



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ESTIMATED LABOUR CHARGES FOR ACCIDENT VEHICLE SMZ 3280 Y

S/N	NATURE OF JOBS	ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATIONS
1	TO REMOVE, CHECK AND TRANSFER FRONT WIRE HARNESS FOR HEADLIGHTS, HORNS, OUTSIDE TEMPERATURE SENSOR AND HEADLIGHT WASHER ASSY.	S/N \$ 360.00 /	
2	TO REMOVE AND TRANSFER BOTH HEADLIGHT'S CONTROL UNIT AND POWER MODULE.	S/N \$ 700.00 500	
3	TO REMOVE AND RENEW AIRCON CONDENSER, ADDITIONAL RADIATOR AND RADIATOR. CHECK ELECTRICAL AND FANS AND CONTROL UNIT. PRESSURISE COOLING SYSTEM. VACCUM AND REGAS.	S/N \$ 1,400.00 /	
4	TO RENEW FRONT WINDSCREEN.	S/N \$ 480.00 /	
5	TO INSTALL SOLAR FILM FOR FRONT WINDSCREEN.	S/N \$ 400.00 ?	
SUB TOTAL LABOUR CHARGES (Soh aggr)		: \$ 3,340.00	



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ESTIMATED LABOUR CHARGES FOR ACCIDENT VEHICLE SMZ 3280 Y

S/N	NATURE OF JOBS	ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATIONS
6	TO CARRY OUT WATER SEEPAGE TEST FOR FRONT WINDSCREEN.	S/N \$ 200.00	150
RA-1/2 1-LH 7	TO DISMANTLE AND RENEW FRONT BUMPER, BONNET, BOTH FRONT FENDER AND BOTH HEADLIGHTS. TO RENEW FRONT LOCK CARRIER AND ALIGN TO POSTION. RE-ORGANIZE CRASH MANAGEMENT COMPONENTS. REINSTALL ALL PARTS REMOVED.	\$ 5,600.00	3000
2.5		6 X 580	
8	TO RESPRAY FRONT BUMPER, BONNET, HINGES, BOTH FRONT FENDERS AND BOTH UPPER A-PILLARS.	\$ 5,500.00	2300
2		4 X 550 + 100	
9	TO CARRY OUT PRE/POST DIAGNOSTIC CHECK.	S/N \$ 384.00	✓
TOTAL LABOUR CHARGES		: \$ 15,024.00	

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MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SMZ 3280 Y
DAMAGED PARTS & PRICES

S/N	PARTS DESCRIPTION	QTY	S/NETT	REMARKS
1	FRONT BUMPER / <i>DD</i>	1	\$ 1,987.00	
2	FRONT BUMPER FIXING PARTS X	1	\$ 195.00	
3	FRONT BUMPER GUIDE SECTION - LH / RH ?	2	\$ 86.00	
4	FRONT BUMPER GRILLE - CENTER ?	1	\$ 179.00	
5	FRONT BUMPER CLOSING ELEMENT - LOWER CENTER ?	1	\$ 571.00	
6	FRONT BUMPER CLOSING ELEMENT - LH / RH ?	2	\$ 636.00	
7	FRONT BUMPER TRIM COVER - LH / RH ?	2	\$ 364.00	
8	FRONT BUMPER ADAPTER - LH / RH -	2	\$ 84.00	
9	RADIATOR GRILLE / <i>BR</i>	1	\$ 1,406.00	
10	RADIATOR GRILLE CLOSING ELEMENT ?	1	\$ 210.00	
11	AIR COND STICKER / <i>MC</i>	1	\$ 9.00	
12	CAUTION STICKER / <i>MC</i>	1	\$ 16.00	
13	FRONT BUMPER AIR GUIDE GRILLE - LH / RH ?	2	\$ 420.00	
14	FRONT BUMPER REINFORCEMENT BEAM ?	1	\$ 847.00	
15	FRONT BUMPER FOAM FILLER PIECE ?	1	\$ 211.00	
16	FRONT BUMPER REINFORCEMENT BEAM COVER ?	1	\$ 136.00	
17	HORN - LH / RH	2	\$ 426.00	
18	FRONT FENDER (LH / RH) / <i>DD</i>	1 2	\$ 1,908.00	
19	POP RIVET / <i>MC</i>	10	\$ 38.00	
20	FRONT FENDER ATTACHMENT PARTS X	1	\$ 75.00	
SUB TOTAL SPARE PARTS		:	\$ 9,804.00	

ALL CHARGES ARE NOT INCLUSIVE OF GST

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

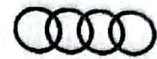
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MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SMZ 3280 Y

			DAMAGED PARTS & PRICES	
S/N	PARTS DESCRIPTION	QTY	S/NETT	REMARKS
21	FRONT FENDER BRACKET (LH) / RH - BT	21	\$	92.00
22	FRONT FENDER BRACE - LH / RH	2	\$	214.00
23	FRONT FENDER END BRACKET - LH / RH	2	\$	62.00
24	FRONT WHEEL HOUSING LINER - LH / RH X	2	\$	366.00
25	FRONT WHEEL HOUSING LINER ATTACHMENT PARTS X	1	\$	93.00
26	BONNET - ON	1	\$	3,134.00
27	BONNET ATTACHMENT PARTS X	1	\$	172.00
28	BONNET HINGE - LH / RH - BT	2	\$	136.00
29	BONNET EDGE PROTECTION - MC	1	\$	31.00
30	BONNET STRIKER - LH / (RH) - BT	21	\$	246.00
31	BONNET CATCH HOOK - UPPER	1	\$	100.00
32	BONNET MICRO-SWITCH (LH) - BT	21	\$	455.00
33	BONNET CATCH HOOK - LOWER	1	\$	71.00
34	BONNET BOWDEN CABLE - CENTER	1	\$	64.00
35	BONNET BOWDEN CABLE COVER CAP	1	\$	11.00
36	FRONT FENDER INNER COVER - LH / RH	2	\$	92.00
37	PLENUM CHAMBER (C24) M gila - MY	1	\$	199.00
38	GAS FILLED STRUT X	1	\$	110.00
39	HEADLIGHT - LH / RH - BR	(2)	\$	10,910.00
40	HEADLIGHT POWER MODULE - LH	1	\$	850.00
SUB TOTAL SPARE PARTS		:	\$	17,408.00

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PREMIUM AUTOMOBILES



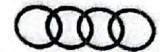
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MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SMZ 3280 Y

			DAMAGED PARTS & PRICES	
S/N	PARTS DESCRIPTION	QTY	S/NETT	REMARKS
41	HEADLIGHT HEAT SINK - LH ?	1	\$ 818.00	
42	HEADLIGHT CONTROL UNIT ?	1	\$ 625.00	
43	HEADLIGHT HOSE - LH ?	1	\$ 46.00	
44	LIFT CYLINDER - LH / RH ?	2	\$ 312.00	
45	LIFT CYLINDER HOSE ?	1	\$ 78.00	
46	WASH WATER RESERVOIR ?	1	\$ 225.00	
47	LOCK CARRIER - BR	1	\$ 806.00	
48	A/C CONDENSER ?	1	\$ 569.00	
49	REFRIGERANT LINE ?	1	\$ 499.00	
50	OUTSIDE TEMPERATURE SENSOR BRACKET ?	1	\$ 21.00	
51	ADDITIONAL RADIATOR ?	1	\$ 959.00	
52	RADIATOR ?	1	\$ 1,061.00	
53	RADIATOR COOLANT ?	6	\$ 282.00	
54	RADIATOR FAN RING ?	1	\$ 1,464.00	
55	RADIATOR AIR GUIDE - LH / RH ?	2	\$ 56.00	
56	RADIATOR SEAL - RH OUTER ?	1	\$ 9.00	
57	RADIATOR AIR GUIDE - UPPER CENTER ?	1	\$ 14.00	
58	AIR INTAKE - LOWER COVER ?	1	\$ 59.00	
59	AIR INTAKE - UPPER COVER ?	1	\$ 30.00	
60	AIR INTAKE HOSE ?	1	\$ 69.00	
SUB TOTAL SPARE PARTS		:	\$ 8,002.00	

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PREMIUM AUTOMOBILES



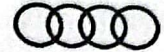
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MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SMZ 3280 Y

			DAMAGED PARTS & PRICES	
S/N	PARTS DESCRIPTION	QTY	S/NETT	REMARKS
61	AIR INTAKE AIR GUIDE ?	1	\$ 21.00	
62	FRONT WINDSCREEN — BR	1	\$ 1,072.00	
63	FRONT RAIN SENSOR GEL FOIL — NA	1	\$ 130.00	
64	SPRING CLIP X	1	\$ 23.00	
65	PRIMER — NA	1	\$ 22.00	
66	WINDSCREEN WATER DEFLECTOR STRIP - LH / RH X	2	\$ 208.00	
67	FRONT NO PLATE — BT	S/N	\$ 60.00	
68	FRONT WINDSCREEN SEALANT — MC	S/N	\$ 200.00	
69	SUNDRIES 2		\$ 400.00	
TOTAL SPARE PARTS		:	\$ 37,350.00	
TOTAL LABOUR CHARGES		:	\$ 15,024.00	
GRAND TOTAL		:	\$ 52,374.00	

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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 (CLKK)
7/12/22, 12.30p

on M L
Excess 11.7

10 days
P/P

by Remy

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

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 04/02/2022 11:09 (SGT)
Date of Accident 01/02/2022 17:00 (SGT)
Exact Location of Accident Woodlands, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMZ3280Y

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner ENG KWANG CHIANG
NRIC No SXXXX383I
Email Address YSH80532@YAHOO.COM.SG
Mobile Phone No (Phone) +65-97929678
Alternative Phone No +65-97929678

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? Yes
Vehicle Category Private car
Transmission Auto
CC 999

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 1900157269-01
Cover Note Number -

DRIVER

Name of Driver ENG LE XUAN
NRIC No SXXXX634Z

Date of Birth 29/08/1995
 Location Indoor
 Date Of Driving Pass 26/01/2021
 Driving experience 1 YEAR AND 1 MONTH
 Gender Female
 Mobile Number (Phone) +65-92760636
 Alt. Phone Number -
 Email Address LEX@YSHFARM.COM.SG
 Address 52B WAK HASSAN DRIVE
 Address complement -
 Postcode 757135
 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 - 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 ENG LE TIAN
 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

DRIVING AT NORMAL SPEED DID NOT NOTICE VAN IN FRONT STOPPED AT TRAFFIC LIGHT. FRONT TO REAR COLLISION
 NO INJURY.

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 GBK2746L
 Vehicle Manufacturer Toyota
 Vehicle Model Hiace
 Vehicle Variant -
 Vehicle Colour White

Vehicle Category	Commercial vehicle
Name of Driver	SULAIMAN
Contact Number	(Phone) +65-91148413
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 Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of information may result in the insurer's refusal to pay claims or to terminate policy liability.
4. The validity and acceptance of this form by insurance companies is not an admission of policy liability or part of the insurance policy.
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:

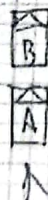
 - (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurers 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

Sketch Plan

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

Witnessed by Reporting Centre Personnel



A - SMZ 3280Y

B - GBK 2746L

Describe Circumstances of the Accident

DRIVING AT NORMAL SPEED
DID NOT NOTICE VAN IN FRONT STOPPED AT
TRAFFIC LIGHT
FRONT TO REAR COLLISION
NO ACCIDENT INJURY

Declaration

I/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