

ASS. REC. BY:

Steve

REF:

CS/INC 22001429/Eqf3

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. MT/1161510-002

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 Report: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 5 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:

SMJ 9986P

Yr Regn:

27/3/19

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

Truck / Trailer or

Make:

Audi A4

c.c

1984

Colour

Black

A/C: Insured / Std / NI / NA

Sp. Reading

44.50

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

WAU222F41KA-041047

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F: 245/40R18

R:

1)

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

TOYO / YOKO or

Continental

Front

Rear

R/Bal.

5

mm

R/Bal.

5

mm

L/Bal.

5

mm

L/Bal.

5

mm

D.O.A.

11/2/22

D.O.I.

15/2/22

Survey held at

Premium

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

Front RH

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

Date / Time

Action / Instruction

MV-132K

Steve Finalize \$7036.90 (P/P, before GST). 5 days (Red \$13657.10, 66%)

Date/Time, File Pass to?

☐

: Prell. Report

1) 07/06 Typist

☐

: Final Report

Date/Time, File Return to?

2)

Report Format : TP

Lump Sum / I.B.I: (\$ 7036.90)

Days Of Repair: 5

Resurvey No. of Trip: 1

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

S + 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/TP/0101/2022/JT
DATE : 14-Feb-22
WIP : 11584

VEHICLE NOT IN WORKSHOP. KINDLY ARRANGE SURVEY 15/2/22
YOUR INSURED VEH NO : SMA 3003 M

NTUC INCOME INSURANCE CO - CLAIMS DEPARTMENT
73 BRAS BASAH ROAD
#05-01 NTUC TRADE UNION HOUSE
SINGAPORE 189556
Attn: Motor Claims Dept
Tel: 6880 4602 - Fax: 6880 4838

OWNER'S NAME : MS TAN MEI LI (CHEN MEILI) @ SARAH MICHELLE TAN
ADDRESS : BLK 1B CANTONMENT ROAD
#33-23
SINGAPORE 085201
TELEPHONE : HP +65 96790115
TYPE OF CLAIM : THIRD PARTY CLAIM
POLICY NO : 1900080993-02
VEHICLE NO : **SMJ 9986 P**
MODEL CODE : AUDI A4 SEDAN 2.0 TFSI
MODEL YEAR : 27/3/2019
ENGINE NO : CVK 077095
CHASSIS NO : WAUZZZF41KA041047
MILEAGE : -
DATE IN : -
ESTIMATED BY : JOHNNY BOO / ALLAN WU
ACCIDENT DATE : 11-Feb-22
PLACE OF ACCIDENT : ALONG NEIL ROAD TOWARDS KG
BAHRU ROAD

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ESTIMATED LABOUR CHARGES FOR ACCIDENT VEHICLE SMJ 9986 P

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, HEADLIGHT WASHER ASSY AND FRONT PARKING AID.	S/N \$ 480.00 ✓	
2	TO REMOVE AND TRANSFER RHS HEADLIGHT'S CONTROL UNIT AND POWER MODULE.	S/N \$ 350.00 ✓	
3	TO DISMANTLE AND RENEW FRONT BUMPER, RHS FRONT FENDER AND RHS HEADLIGHT. RE-ORGANIZE CRASH MANAGEMENT COMPONENTS. REINSTALL ALL PARTS REMOVED.	\$ 2,100.00 1400 700 X 2	
4	TO RESPRAY FRONT BUMPER AND RHS FRONT FENDER.	\$ 2,000.00 1500 700 + 700 + 100	
5	TO RENEW RHS FRONT RIM AND CARRY OUT WHEEL ALIGNMENT.	S/N \$ 280.00 ✓	
6	TO CARRY OUT DIAGNOSTIC CHECK	S/N \$ 192.00 ✓	
TOTAL LABOUR CHARGES		: \$ 5,402.00	

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MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SMJ 9986 P

			DAMAGED PARTS & PRICES	
S/N	PARTS DESCRIPTION	QTY	S/NETT	REMARKS
1	FRONT BUMPER <i>X R</i>	1	\$ 1,787.00	
2	FRONT BUMPER FIXING PARTS <i>X</i>	1	\$ 612.00	
3	FRONT BUMPER SECURING STRIP <i>X</i>	2	\$ 79.00	
4	FRONT BUMPER CLOSING ELEMENT - LOWER CENTER <i>X</i>	1	\$ 254.00	
5	FRONT BUMPER AIR GUIDE - RH <i>X</i>	1	\$ 72.00	
6	FRONT BUMPER AIR GUIDE GRILLE - RH <i>X</i>	1	\$ 409.00	
7	FRONT PARKING AID SENSOR - INNER / OUTER <i>X</i>	1	\$ 244.00	
8	FRONT PARKING AID SENSOR SEAL RING <i>MC</i>	4	\$ 10.00	
9	FRONT BUMPER GUIDE SECTION - RH <i>?</i>	1	\$ 41.00	
10	FRONT FENDER - RH <i>DD</i>	1	\$ 861.00	
11	FRONT FENDER ATTACHMENT PARTS <i>X</i>	1	\$ 211.00	
12	FRONT FENDER CLOSING ELEMENT - RH <i>?</i>	1	\$ 81.00	
13	FRONT FENDER BRACKET - RH <i>?</i>	1	\$ 41.00	
14	POP RIVET <i>MC</i>	6	\$ 23.00	
15	FRONT FENDER BRACE - RH <i>?</i>	1	\$ 132.00	
16	FRONT FENDER BRACKET CENTER - RH <i>?</i>	1	\$ 55.00	
17	FRONT WHEEL HOUSING LINER - RH <i>CRU</i>	1	\$ 262.00	
18	FRONT WHEEL HOUSING LINER ATTACHMENT PARTS <i>X</i>	1	\$ 219.00	
19	FRONT WHEEL SPOILER <i>X</i>	1	\$ 82.00	
20	FRONT FENDER END PLATE - RH <i>X</i>	1	\$ 40.00	
SUB TOTAL SPARE PARTS		:	\$ 5,515.00	

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. SMJ 9986 P

S/N	PARTS DESCRIPTION	QTY	DAMAGED PARTS & PRICES		REMARKS
			S/NETT		
21	FRONT FENDER STONE CHIP GUARD - RH X	1	\$	57.00	
22	HEADLIGHT - RH ?	1	\$	7,693.00	
23	LIFT CYLINDER - RH X	1	\$	231.00	
24	LIFT CYLINDER CORRUGATED PIPE X	1	\$	107.00	
25	FRONT FENDER LEDGE COVER LONG - RH X	1	\$	35.00	
26	FRONT FENDER LEDGE COVER SHORT - RH X	1	\$	26.00	
27	RHS FRONT RIM / CT	S/N	\$	1,278.00	
28	SUNDRIES		\$	350.00	
TOTAL SPARE PARTS		:	\$	15,292.00	
TOTAL LABOUR CHARGES		:	\$	5,402.00	
GRAND TOTAL		:	\$	20,694.00	

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

PREMIUM AUTOMOBILES



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

: Steve (LKK)
: 15/2/22, 3:00 PM
: m AL
: 5 yrs, P/P

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

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	11/02/2022 18:24 (SGT)
Date of Accident	11/02/2022 07:12 (SGT)
Exact Location of Accident	Kampong Bahru Rd, Singapore
Additional Location Information	ALONG NEIL ROAD TOWARDS KG BAHRU RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMJ9986P

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN MEI LI (CHEN MEILI)@SARAH MICHELLE TAN
NRIC No	SXXXX826C
Email Address	MAHMOODA71@GMAIL.COM
Mobile Phone No	(Phone) +65-96790115
Alternative Phone No	(Home) +65-69252420

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A4
Variant	A4 SEDAN 2.0 TFSI
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	2000

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1900080993-02
Cover Note Number	-

DRIVER

Name of Driver	MAHMOOD BIN AHMAD AMIN
NRIC No	SXXXX214E

Date Of Birth 11/07/1971
 Occupation Indoor
 Date Of Driving Pass 07/02/1996
 Driving experience 26 YEARS
 Gender Male
 Mobile Number (Phone) +65-88781171
 Alt. Phone Number -
 Email Address MAHMOODA71@GMAIL.COM
 Address BLK 1B CANTONMENT RD
 Address complement #33-23
 Postcode 085201
 Is the driver the policyholder? No
 If No, Relationship of the Driver with the Insured Spouse
 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 TAN MEI LI
 Gender Female

PASSENGER 2

Name MYSHA ISABELLA
 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

WHEN I REACH AND STOPPED AT EXTREME LEFT LANE NEXT TO WHITE CAR PLATE NO : SMA 3003 M ALONG NEIL ROAD TOWARDS KG BAHRU ROAD. WHEN ROAD IS CLEAR, WHITE CAR PLATE NO : SMA 3003 M TURN LEFT INTO MY LANE. IT CAUSED MY CAR RIGHT CORNER DAMAGED. THE WHITE CAR PLATE NO : SMA 3003 M STOPPED AND WE EXCHANGED PARTICULAR AND WILL REPORT TO RESPECTIVE INSURANCE.

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	SMA3003M
Vehicle Manufacturer	Toyota
Vehicle Model	Rav4
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Private car
Name of Driver	KOH KHENG SIANG
NRIC No	SXXXX963D
Contact Number	(Phone) +65-91252848
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	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 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.

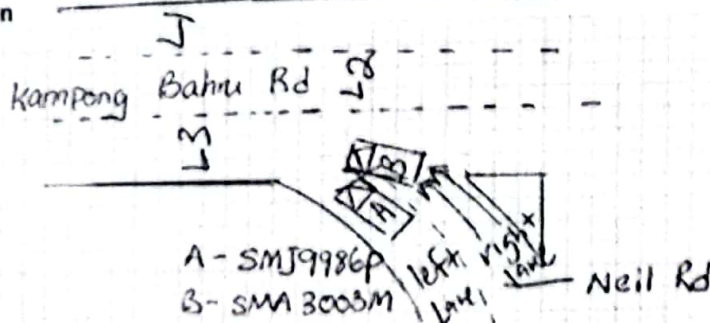
 11/02/2022
1443hrs

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan




Describe Circumstances of the Accident

When I reach and stopped at extreme left lane next to white car plate no: SMH 3003 M along Neil Road towards E9 Bahru Rd. When road is clear, white car plate no: SMH 3003 M turn left into my lane. It caused my car right corner damaged. The white car plate no: SMH 3003 M stopped and we exchanged particulars and will report to respective insurance.

Declaration

We declare the foregoing particulars are true in every respect.

 11/02/2022
1443hrs

Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel