ASS. REC. BY: Steve | REF: AIG

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.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rport: _____ 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: SKC 9006 Yr Regn: 8/2/19

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or _____

Make: Audi Q7 c.c 1984

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

Sp.Reading 124470 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WAUZZZ4M6JD061097

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modi : Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: 255/55R19

R: "

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	5 mm	L/Bal.	5 mm
D.O.A.	25/2/19	D.O.I.	1/3/19

Survey held at Premium

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

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

Date / Time	Action / Instruction
	MV-205K

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech, Invs ($ _____)

☐ : Weekend ($ _____)

Report Format : _____

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

Survey Fee:

Transportation: ___S + RS.___SI

Photos

Others

TOTAL

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/0140/2022/JT
DATE	:	28-Feb-22
WIP	:	13517

VEHICLE IN WORKSHOP. KINDLY ARRANGE FOR SURVEY ON 1/3/22

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	:	MS CHUA SOCK KOONG
ADDRESS	:	15A OEI TIONG HAM PARK SINGAPORE 268302
TELEPHONE	:	HP +65 96788385
TYPE OF CLAIM	:	OWN DAMAGE CLAIM
POLICY NO	:	1900012064-02
VEHICLE NO	:	**SKC 900 G**
MODEL CODE	:	AUDI Q7 2.0 TFSI QU
MODEL YEAR	:	26/2/2022
ENGINE NO	:	CYR 070461
CHASSIS NO	:	WAUZZZ4M6JD061097
MILEAGE	:	-
DATE IN	:	-
ESTIMATED BY	:	JOHNNY BOO / ALLAN WU
ACCIDENT DATE	:	25-Feb-22
PLACE OF ACCIDENT	:	CLEMENTI AVENUE 3 RIGHT TURNING OUT OF BLK 428

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ESTIMATED LABOUR CHARGES FOR ACCIDENT VEHICLE SKC 900 G

S/N	NATURE OF JOBS			ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATIONS
1	TO REMOVE,CHECK AND TRANSFER FRONT WIRE HARNESS FOR HEALIGHTS, 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	$	450.00	
3	TO DISMANTLE AND RENEW FRONT BUMPER, LHS FRONT FENDER AND LHS HEADLIGHT. RE-ORGANIZE CRASH MANAGEMENT COMPONENTS. REINSTALL ALL PARTS REMOVED. 550 X 2		$	2,700.00	1100
4	TO RESPRAY FRONT BUMPER AND LHS FRONT FENDER. 500 X2		$	2,500.00	1000
5	TO CARRY OUT DIAGNOSTIC CHECK.	S/N	$	192.00	
	TOTAL LABOUR CHARGES	:	**$**	**6,322.00**	

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:

PREMIUM AUTOMOBILES

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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. SKC 900 G

S/N	PARTS DESCRIPTION	QTY	DAMAGED PARTS & PRICES S/NETT	REMARKS
1	FRONT BUMPER ✓ CRN	1	$ 2,896.00	
2	FRONT BUMPER FIXING PARTS X	1	$ 468.00	
3	FRONT BUMPER AIR GUIDE - LH / RH ?	1	$ 75.00	
4	FRONT BUMPER END CAP - LH ?	1	$ 40.00	
5	FRONT BUMPER CLOSING ELEMENT - UPPER CENTER ?	1	$ 309.00	
6	FRONT BUMPER GRILLE - LOWER CENTER X	1	$ 230.00	
7	FRONT BUMPER UNDERRUN BAR X	1	$ 899.00	
8	FRONT BUMPER CLOSING ELEMENT - LOWER CENTER X	1	$ 235.00	
9	FRONT BUMPER SPOILER - LH X	1	$ 154.00	
10	FRONT BUMPER SPOILER - LH OUTER X	1	$ 49.00	
11	RADIATOR GRILLE X	1	$ 2,741.00	
12	RADIATOR GRILLE INNER COVER X	1	$ 69.00	
13	RADIATOR GRILLE UPPER COVER X	1	$ 81.00	
14	FRONT BUMPER AIR GUIDE GRILLE - LH ✓ MIS	1	$ 332.00	
15	FRONT BUMPER END CAP - LH ✓ MIC	1	$ 38.00	
16	SPRING CLIP - LH ?	4	$ 4.00	
17	RADIATOR SPOILER - INNER LH X	1	$ 64.00	
18	FRONT BUMPER FOAM FILLER PIECE ?	1	$ 192.00	
19	FRONT BUMPER REINFORCEMENT BEAM X	1	$ 1,025.00	
20	FRONT BUMPER SUPPORT - LH / RH ?	2	$ 81.00	
	SUB TOTAL SPARE PARTS	:	**$ 9,982.00**	

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

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MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SKC 900 G

S/N	PARTS DESCRIPTION	QTY	DAMAGED PARTS & PRICES S/NETT	REMARKS
21	FRONT BUMPER GUIDE SECTION UPPER - LH ?	1	$ 50.00	
22	FRONT BUMPER TOP COVER X	1	$ 146.00	
23	"CAUTION" STICKER X	1	$ 16.00	
24	AIR COND STICKER X	1	$ 9.00	
25	HORN BRACKET - LH ?	1	$ 240.00	
26	FRONT PARKING AID SENSOR - INNER / OUTER X	2	$ 488.00	
27	FRONT PARKING AID SENSOR SEAL RING X	4	$ 10.00	
28	FRONT FENDER - LH / DN (Alum)	1	$ 1,819.00	
29	FRONT FENDER ATTACHMENT PARTS X	1	$ 79.00	
30	FRONT FENDER BRACE - LH ?	1	$ 120.00	
31	FRONT FENDER BRACKET - LH ?	1	$ 72.00	
32	FRONT WHEEL HOUSING LINER - LH X	1	$ 260.00	
33	REAR WHEEL HOUSING LINER - LH X	1	$ 260.00	
34	HEADLIGHT MOUNTING - LH ?	1	$ 132.00	
35	HEADLIGHT - LH / BR	1	$ 10,660.00	
36	LIFT CYLINDER - LH ?	1	$ 217.00	
37	LIFT CYLINDER HOSE - LH ?	1	$ 113.00	
38	OUTSIDE TEMPERATURE SENSOR BRACKET X	1	$ 5.00	
39	RADIATOR AIR GUIDE - LH X	1	$ 33.00	
40	RADIATOR AIR GUIDE - UPPER X	1	$ 48.00	
	SUB TOTAL SPARE PARTS	:	**$ 14,777.00**	

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

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MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SKC 900 G

S/N	PARTS DESCRIPTION	QTY	DAMAGED PARTS & PRICES S/NETT	REMARKS
41	RADIATOR AIR GUIDE - LOWER X	1	$ 48.00	
42	FRONT WHEEL ARCH COVER - LH / RH / NC	2	$ 696.00	
43	FRONT NO PLATE X	S/N	$ 60.00	
44	SUNDRIES ?		$ 300.00	
	TOTAL SPARE PARTS	:	**$ 25,863.00**	
	TOTAL LABOUR CHARGES	:	**$ 6,322.00**	
	GRAND TOTAL	:	**$ 32,185.00**	

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

EMIUM AUTOMOBILES

OAD 1, SINGAPORE 408699
366 2323 FAX : 6841 1183
: NORA.KHAI@PREMIUMAUTO.COM.SG / CLAIMS@PREMIUMAUTO.COM.SG

NAME	:	Steve (LKK)
SURVEYED DATE	:	1/3/22, 12.00pm
AUTHORISED DATE	:	
EXCESS COST	:	
LIABILITY	:	4 days
REMARKS	:	OD- M AL EXCESS ?, P/P, M BL

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

SP0R222Q0001 / PREMIUM AUTOMOBILES PTE LTD [408699]
ENTRY DATE & TIME: 26/02/2022 11:39 (SGT)
SUBMITTED BY: LIM KEE SIANG
VERSION: 1 (26/02/2022 11:39 (SGT))

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 witholding 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	26/02/2022 11:39 (SGT)
Date of Accident	25/02/2022 10:40 (SGT)
Exact Location of Accident	Near 445a Clementi Ave 3, Singapore 121445
Additional Location Information	RIGHT TURNING OUT BLK 428
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKC900G

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHUA SOCK KOONG
NRIC No	SXXXX930C
Email Address	SOCKKOONGCHUA@GMAIL.COM
Mobile Phone No	(Phone) +65-96339997
Alternative Phone No	+65-96788385

VEHICLE PARTICULARS

Manufacturer	Audi
Model	Q7
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	1984

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1900012064-02
Cover Note Number	-

DRIVER

Name of Driver	CHUA SOCK KOONG
NRIC No	SXXXX930C

Date Of Birth	14/09/1957
Occupation	Indoor
Date Of Driving Pass	09/12/1978
Driving experience	43 YEARS AND 2 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96339997
Alt. Phone Number	+65-96788385
Email Address	SOCKKOONGCHUA@GMAIL.COM
Address	15A OEI TIONG HAM PARK
Address complement	-
Postcode	268302
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	-

Postcode
Insurance C
Nature Of
Details of
No. Of

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)	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

I WAS COMING OUT OF CAR PARK AND TURNING RIGHT WHEN I HIT THE CAR.

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	SJP8640Y
Vehicle Manufacturer	Toyota
Vehicle Model	Wish
Vehicle Variant	-
Vehicle Colour	Blue
Vehicle Category	Private car
Name of Driver	NEO SHI LING, JOYCELYN
Contact Number	(Phone) +65-92392284
Address	-
Address complement	-

stcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN

[illegible] the Policyholder and/or the Authorised Driver [illegible] truthful and accurate [illegible] policy liability

[illegible] may be referred to the Police for investigation [illegible] 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. By the [illegible] 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 assessed 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.

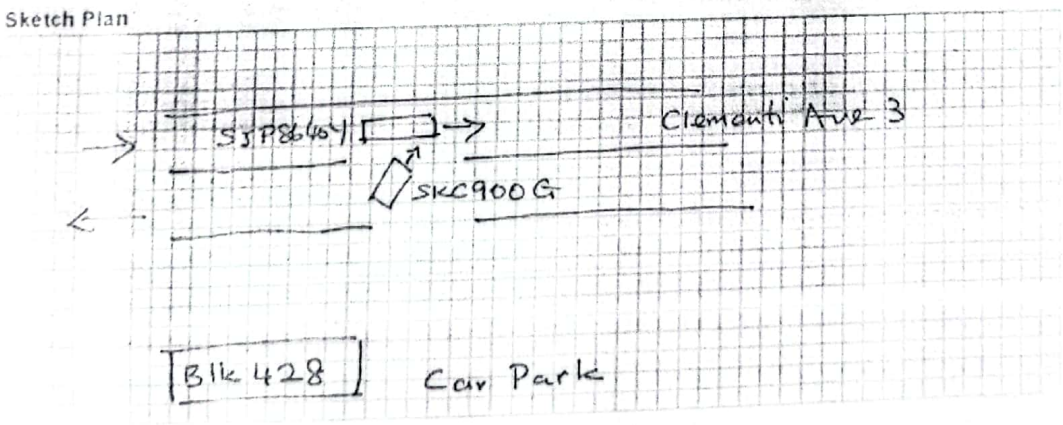
(collectively, the "**Purposes**")

(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	Witnessed by Reporting Centre Personnel

Sketch Plan



SKETCH PLAN #2

Describe Circumstances of the Accident

I was coming out of car park and turning right when I hit the car.

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