ASS. REC. BY: Tauffik REF: CC3/ AIG 22001941/Tvc

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. 1700093804

Claims No. 0716389343SG

Sum Insured: _____ Excess: ~~Nil~~ 300

(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: 984K.

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

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SKH8814 Yr Regn: 2017, Dec

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

Make: Audi A3 1.0 c.c 999

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

Sp.Reading 47066 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WAUZZZ8V5J1030864

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: 235/35 R19

R: 2 -

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.	6 mm	L/Bal.	6 mm

D.O.A. 25/2/2022 D.O.I. 1/3/22 @3pm

Survey held at Premium Wb.

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
23/5/22	Final fig $5778.80 confirmed by email (Red 28,060.20,82%)

Date/Time, File Pass to? 1) _____ ☐ : Preli. Report ☐ : Final Report

Date/Time, File Return to? 2) 27/5/22-typist

Days Of Repair: 4

Resurvey No. of Trip: 1

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

Survey Fee: _____

Transportation: _____ $ + RS. _____ SI

Photos _____

Others _____

TOTAL _____

Report Format : Merimen

Lump Sum / I.B.I: ($ $5778.80 _____)

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/0148/2022/TF
DATE	:	1-Mar-22
WIP	:	13843

VEHICLE NOT IN WORKSHOP. KINDLY ARRANGE FOR SURVEY ON 1/3/2022

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 CHEE SIONG
ADDRESS	:	BLK 8C UPPER BOON KENG ROAD #14-540 SINGAPORE 383008
TELEPHONE	:	HP +65 9681 5881
TYPE OF CLAIM	:	OWN DAMAGE CLAIM
POLICY NO	:	1700093804-04
VEHICLE NO	:	**SKU 881 H**
MODEL CODE	:	A3 SEDAN 1.0 TFSI
MODEL YEAR	:	27/12/2017
ENGINE NO	:	CHZ 600608
CHASSIS NO	:	WAUZZZ8V5J1030864
MILEAGE	:	-
DATE IN	:	-
ESTIMATED BY	:	JOHNNY BOO / ALLAN WU
ACCIDENT DATE	:	25-Feb-22
PLACE OF ACCIDENT	:	PIE BEFORE ADAM RD EXIT

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ESTIMATED LABOUR CHARGES FOR ACCIDENT VEHICLE SKU 881 H

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	? photo.
3	TO REMOVE AND RENEW AIRCON CONDENSER, ADDITIONAL RADIATOR AND RADIATOR. CHECK ELECTRICAL FANS AND CONTROL UNIT. TO CARRY OUT PRESSURISE, VACCUM AND REGAS.	S/N	$	1,400.00	? photo.
4	TO DISMANTLE AND RENEW FRONT BUMPER, BONNET AND BOTH HEADLIGHT. TO RENEW FRONT LOCK CARRIER AND ALIGN TO POSITION. RE-ORGANIZE CRASH MANAGEMENT COMPONENTS. REINSTALL ALL PARTS REMOVED.		$	4,200.00	1000.
5	TO RESPRAY FRONT BUMPER AND BONNET.		$	2,000.00	1100
6	TO CARRY OUT DIAGNOSTIC CHECK	S/N	$	192.00	✓
	TOTAL LABOUR CHARGES	:	**$**	**8,852.00**	

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MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SKU 881 H

S/N	PARTS DESCRIPTION	QTY	DAMAGED PARTS & PRICES S/NETT	REMARKS
1	FRONT BUMPER	1	$ 1,987.00	CM ✓
2	FRONT BUMPER FIXING PARTS	1	$ 195.00	?
3	FRONT BUMPER GUIDE SECTION - LH / RH	2	$ 86.00	?
4	FRONT BUMPER LOWER GRILLE - CENTER	1	$ 179.00	?
5	FRONT BUMPER CLOSING ELEMENT - LOWER CENTRE	1	$ 571.00	?
6	FRONT BUMPER CLOSING ELEMENT - LH / RH	2	$ 636.00	?
7	FRONT BUMPER COVER TRIM - LH / RH	2	$ 364.00	?
8	FRONT BUMPER ADAPTER - LH / RH	2	$ 84.00	?
9	RADIATOR GRILLE	1	$ 1,406.00	CM ✓
10	RADIATOR GRILLE CLOSING ELEMENT	1	$ 210.00	?
11	CAUTION STICKER	1	$ 16.00	?
12	A/C STICKER	1	$ 9.00	?
13	FRONT BUMPER AIR GRILLE - RH	1	$ 210.00	?
14	FRONT BUMPER REINFORCEMENT	1	$ 847.00	?
15	FRONT BUMPER REINFORCEMENT FOAM	1	$ 211.00	?
16	FRONT BUMPER REINFORCEMENT COVER	1	$ 136.00	?
17	HORN - LOW TONE'	1	$ 213.00	X
18	BONNET	1	$ 3,134.00	RX
19	BONNET ATTACHMENT PARTS	1	$ 172.00	X
20	BONNET EDGE PROTECTION	1	$ 31.00	X
	SUB TOTAL SPARE PARTS	:	**$ 10,697.00**	

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. SKU 881 H

S/N	PARTS DESCRIPTION	QTY	DAMAGED PARTS & PRICES S/NETT	REMARKS
21	BONNET CATCH HOOK - UPPER	1	$ 100.00	X
22	BONNET STRIKER - RH	1	$ 123.00	X
23	BONNET CATCH HOOK - LOWER	1	$ 71.00	X
24	BONNET LOCK	1	$ 228.00	X
25	BONNET BOWDEN CABLE	1	$ 64.00	X
26	BONNET BOWDEN CABLE COVER	1	$ 11.00	X
27	FRONT WHEEL HOUSING LINER - RH	1	$ 183.00	X
28	FRONT WHEEL HOUSING LINER ATTACHMENT PARTS	1	$ 93.00	X
29	HEADLIGHT - LH / RH	2	$ 10,910.00	?
30	HEADLIGHT LIFT CYLINDER - LH / RH	2	$ 312.00	?
31	HEADLIGHT LIFT CYLINDER HOSE	1	$ 78.00	?
32	LOCK CARRIER	1	$ 806.00	?
33	COOLANT	6	$ 282.00	?
34	RADIATOR AIR GUIDE - LH / RH	2	$ 56.00	?
35	RADIATOR AIR GUIDE SEAL	1	$ 9.00	?
36	RADIATOR AIR GUIDE - UPPER CENTRE	1	$ 14.00	?
37	A/C CONDENSER	1	$ 569.00	X
38	TEMPRETURE BRACKET	1	$ 21.00	?
39	FRONT NO. PLATE	S/N	$ 60.00	dd ✓
40	SUNDRIES		$ 300.00	?
	TOTAL SPARE PARTS	:	**$ 24,987.00**	
	TOTAL LABOUR CHARGES	:	**$ 8,852.00**	
	GRAND TOTAL	:	**$ 33,839.00**	

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

PREMIUM AUTOMOBILES

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TEL : 6366 2323 FAX : 6841 1183
EMAIL: NORA.KHAI@PREMIUMAUTO.COM.SG / CLAIMS@PREMIUMAUTO.COM.SG

NAME	:	Tanjim 97495749
SURVEYED DATE	:	1/3/22 @ 3pm
AUTHORISED DATE	:	
EXCESS COST	:	Ex: to be advis &
LIABILITY	:	Not Authorise 04 days.
REMARKS	:	Resurvey before paint.
		tanjim@lkkauto.com
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

SP0R222Q0003 / PREMIUM AUTOMOBILES PTE LTD [408699]
ENTRY DATE & TIME: 26/02/2022 18:22 (SGT)
SUBMITTED BY: WONG KHONG SENG
VERSION: 1 (26/02/2022 18:22 (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 18:22 (SGT)
Date of Accident	25/02/2022 16:40 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	PIE BEFORE ADAM RD EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKU881H

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM CHEE SIONG
NRIC No	SXXXX137I
Email Address	ESPENLIM@GMAIL.COM
Mobile Phone No	(Phone) +65-96815881
Alternative Phone No	(Office) +65-96815881

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A3
Variant	A3 SEDAN 1.0 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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1000

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1700093804-04
Cover Note Number	-

DRIVER

Name of Driver	LIM CHEE SIONG
NRIC No	SXXXX137I

Date Of Birth	01/11/1977
Occupation	Indoor
Date Of Driving Pass	07/01/2013
Driving experience	9 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-96815881
Alt. Phone Number	(Office) +65-96815881
Email Address	ESPENLIM@GMAIL.COM
Address	BLK 8C
Address complement	UPPER BOON KENG ROAD
Postcode	#14-540
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)	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

A WHITE VW CUT THROUGH THE CHEVRON LINES AND CAUSE THE CAR IN FRONT OF ME TO EMERGENCY BRAKE. I CAN'T STOP INTIME AND HIT THE CAR IN FRONT OF ME.

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	SKX3473S
Vehicle Manufacturer	Honda
Vehicle Model	Vezel
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Private car
Name of Driver	LEON
Contact Number	(Phone) +65-81577728
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 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.

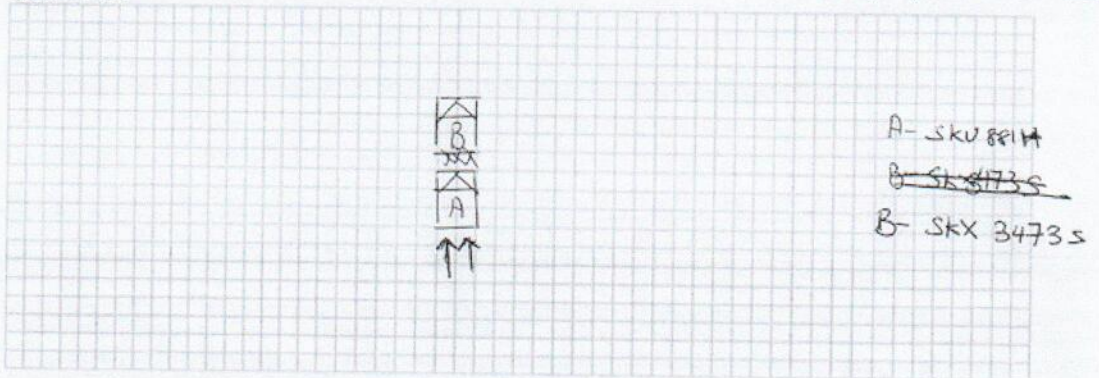
(collectively the "**Purposes**")

(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.

Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
26/2/22	26/2/22	22/2/2022 @ 1720

Sketch Plan



SKETCH PLAN #2

Describe Circumstances of the Accident

A white VW cut through the chervon lines and cause the car in front of me to emergency brake. I cant stop in time and hit the car in front of me.

Declaration

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

26/2/22

Policyholder's Signature / Date & Time

26/2/22

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

Witnessed by Reporting Centre Personnel

26/2/2022 @1720