

ASS. REC. BY: Taujit

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. 5097565122SG
 Sum Insured: _____ Excess: 650 hbq
 (Client's Record)
 Make of Veh: _____

Veh No: SMY 6397B Yr Regn: 2020 1 Aug
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Audi Q3 1.4 c.c. 1375
 Colour: Orange A/C: Insured / Std / NI / NA
 Sp. Reading: 11508 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: WA4ZZZF30L112134
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or _____
 Brake: In order / Jammed / Leaked / Burnt or _____
 Modi: Nil / S/Rim / STD A/Rim or _____
 Tyre Size: F: 215 / 65 R17
 R: -

N/S	O/S

(Policy Condition)
 Remark: The veh had commenced its repair at the time of inspection.

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

Front	Rear
R/Bal. <u>6</u> mm	R/Bal. <u>6</u> mm
L/Bal. <u>6</u> mm	L/Bal. <u>6</u> mm
D.O.A. _____	D.O.I. <u>1/3/22 @ 230pm</u>

 Survey held at Premium Ubi
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or _____
 The U/C / Chassis frame / Body Structure affected due to collision.

Bal. or Market Value: \$154K
 IDAC Accident Rpt: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 4 days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Date / Time	Action / Instruction
02/03/22 @ 4.31pm	revert to AIG via Merimen.
02/03/22 @ 5.13pm	Kok Chong informed C/A via Merimen.
03/03/22 @ 9.14am	Informed Zoey C/A & ex: \$650 by email.
30/05/22 @ 4.34pm	confirmed with Mr boo final fig \$9743.20, 4 days. (Red \$7037.80, 42%)

Date/Time, File Pass to? : Preli. Report
 : Final Report

Days Of Repair: 4
 Resurvey No. of Trip: 2

1) _____
 Date/Time, File Return to?
 2) _____

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

Survey Fee:	_____
Transportation:	_____
\$ + RS. SI	_____
Photos	_____
Others	_____
TOTAL	_____

Report Format: MER-OD
 Lump Sum / F.B.I. (\$) 9743.20

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/0133/2022/JT
DATE : 24-Feb-22
WIP : 13166

VEHICLE NOT 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 : MR MARUMO OSAMU
ADDRESS : 5 SIGLAP ROAD
#18-47
SINGAPORE 448908
TELEPHONE : HP +65 96171561
TYPE OF CLAIM : OWN DAMAGE CLAIM
POLICY NO : 2070119595
VEHICLE NO : **SMU 6397 B**
MODEL CODE : AUDI Q3 1.4 TFSI S TRONIC
MODEL YEAR : 22/8/2020
ENGINE NO : CZD 896678
CHASSIS NO : WAUZZZF30L1112134
MILEAGE : -
DATE IN : -
ESTIMATED BY : JOHNNY BOO / ALLAN WU
ACCIDENT DATE : 23-Feb-22
PLACE OF ACCIDENT : SICC ISLAND GROUND FLOOR CAR PARK

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ESTIMATED LABOUR CHARGES FOR ACCIDENT VEHICLE SMU 6397 B

SURVEYOR'S S/N	NATURE OF JOBS	ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATIONS
1	TO REMOVE AND TRANSFER RHS FRONT DOOR AND RHS REAR DOOR'S MULTI-LOCK SYSTEM AND POWER WINDOW DEVICES. INSPECT FOR DAMAGES.	S/N \$ 800.00	✓
2	TO DISMANTLE AND RENEW RHS FRONT DOOR AND RHS REAR DOOR. TO REPAIR RHS B-PILLAR. RE-ORGANIZE CRASH MANAGEMENT COMPONENTS. REINSTALL ALL PARTS REMOVED.	\$ 2,800.00	1000
3	TO RESPRAY RHS FRONT DOOR, RHS REAR DOOR, HINGES, RHS B-PILLAR AND DOOR ENTRANCE.	\$ 4,000.00	1100
4	TO CARRY OUT DIAGNOSTIC CHECK.	S/N \$ 192.00	✓
TOTAL LABOUR CHARGES		: \$ 7,792.00	



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MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SMU 6397 B - FRONT

ESTIMATED LABOUR CHARGES FOR

S/N	PARTS DESCRIPTION	ESTIMATED CHARGES	QTY	UNIT	NETT	REMARKS
1	FRONT DOOR - RH		1	\$	3,017.00	bt -
2	FRONT DOOR OUTER SEAL - RH		1	\$	185.00	re -
3	FRONT DOOR ATTACHMENT PARTS		1	\$	164.00	?
4	FRONT DOOR CATCH - RH		1	\$	105.00	?
5	TYRE PRESSURE DATA PLATE		1	\$	34.00	✗
6	FRONT DOOR LOWER MOLDING COVER - RH		1	\$	283.00	at -
7	FRONT DOOR WINDOW REGULATOR - RH		1	\$	302.00	?
SUB TOTAL SPARE PARTS				\$	4,090.00	

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. SMU 6397 B - REAR

MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SMU 6397 B - FRONT

ESTIMATED		DAMAGED PARTS & PRICES		DAMAGED PARTS & PRICES	
S/N	DESCRIPTION	PARTS DESCRIPTION	QTY	S/NETT	REMARKS
1	REAR DOOR - RH		1	\$ 3,127.00	ht ✓
2	REAR DOOR OUTER SEAL - RH		1	\$ 151.00	all ✓
3	REAR DOOR ATTACHMENT PARTS		1	\$ 324.00	?
4	REAR DOOR CATCH - RH		1	\$ 105.00	?
5	REAR DOOR HINGE HALF - RH UPPER		1	\$ 47.00	?
6	REAR DOOR HINGE HALF - RH LOWER		1	\$ 42.00	?
7	REAR DOOR SILL PANEL SEAL - RH		1	\$ 151.00	?
8	REAR DOOR LOWER MOLDING COVER - RH		1	\$ 270.00	cut ✓
9	REAR WHEEL ARCH COVER - RH		1	\$ 283.00	cut ✓
10	REAR DOOR SILL TRIM STRIP - RH		1	\$ 99.00	?
11	SUNDRIES			\$ 300.00	?
TOTAL SPARE PARTS (FRONT & REAR)			:	\$ 8,989.00	
TOTAL LABOUR CHARGES			:	\$ 7,792.00	
GRAND TOTAL			:	\$ 16,781.00	

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

Tanfikh 97495749

1/3/27 @ 230 pm

Exp: to be advise

Not Authorise

Resurvey before paint

04 days

tanfikh@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. 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	24/02/2022 10:59 (SGT)
Date of Accident	23/02/2022 16:30 (SGT)
Exact Location of Accident	180 Island Club Rd, Singapore 578774
Additional Location Information	SICC ISLAND GROUND FLOOR CAR PARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMU6397B
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MARUMO OSAMU
NRIC No	SXXXX708A
Email Address	MARUMO.OSAMU@KCPARTNERSHIP.COM
Mobile Phone No	(Phone) +65-96171561
Alternative Phone No	+65-96171561

VEHICLE PARTICULARS

Manufacturer	Audi
Model	Q3
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	1395

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	-
Cover Note Number	2070119595

DRIVER

Name of Driver	MARUMO OSAMU
NRIC No	SXXXX708A

Date Of Birth	15/01/1948
Occupation	Indoor
Date Of Driving Pass	12/11/1986
Driving experience	35 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96171561
Alt. Phone Number	+65-96171561
Email Address	MARUMO.OSAMU@KCPARTNERSHIP.COM
Address	5 SIGLAP ROAD
Address complement	#18-47
Postcode	448908
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 - 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 DRIVING STRAIGHT. THE OTHER CAR CAME FROM RIGHT SIDE AND HIT MY 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	SHC7280B
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Yellow
Vehicle Category	Taxi
Name of Driver	SIM KIAN JOO
Contact Number	(Phone) +65-97397348
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 immediately the details of the accident to your insurer and to the police.

2. The Report is completed by the Policyholder and/or the Authorised Driver.

3. Any false information provided may constitute an offence under the Insurance Act and the policyholder/insurer may be liable to prosecution.

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5. Any false reporting may be referred to the Police for investigation.

6. The report will be recorded 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 as aforesaid.

8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

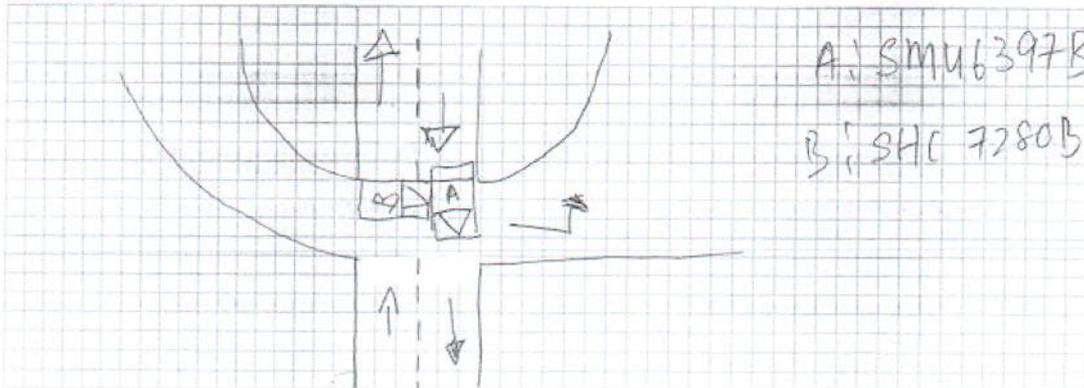
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the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

6.43 PM
 23/03
 2004/16/11
 Witnessed by Reporting Centre Personnel

Sketch Plan

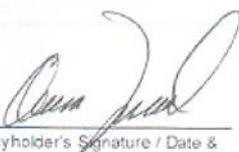


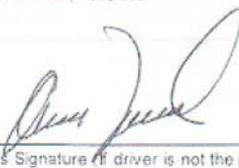
Describe Circumstances of the Accident

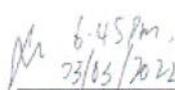
I was driving straight. The other car came from right side and hit my car.

Declaration

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

 6:45pm
23/03/2022

Witnessed by Reporting Centre Personnel