

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
☒ TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop m/s _____
 of _____
 Insured: _____
 Policy No. _____
 Claims No. 5723169825SG
 Sum Insured: _____ Excess: 1100
 (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: 8 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: SDJ 946X Yr Regn: 21/5/18
 Type: M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Audi A4 c.c. 1984
 Colour: White A/C: Insured / Std / NI / NA
 Sp. Reading: 69075 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: WVAU222F43JA147482
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modl: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 225/50ZR17
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Pirelli
 Front _____ Rear _____
 R/Bal. 5 mm R/Bal. 5 mm
 L/Bal. 5 mm L/Bal. 5 mm
 D.O.A. 13/3/22 D.O.I. 15/3/22
 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

MR. JLOK

17/03/22 @ 12.09pm revert to AIG via Merimen

23/03/22 @ 4.24pm Kok Chong informed C/A via Merimern.

24/03/22 @ 9.09am Informed Zoey C/A & ex: \$1100 by email

07/06/22 @ 12.13pm confirmed with Jia Yee final fig \$21145.68, 8 days. (Red \$21533.32, 50%)

Date/Time, File Pass to?

☐ : Prel. ReportDays Of Repair: 8

1)

☐ : Final ReportResurvey No. of Trip: 3

Date/Time, File Return to?

Survey Fee:

2)

Transportation:

Report Format: MER-OD

Add Fee:

☐ : Site Insp (\$ _____)

\$ + RS. \$

☐ : Interview (\$ _____)

Photos

☐ : Tech. Invs (\$ _____)

Others

☐ : Weekend (\$ _____)

TOTAL

Lump Sum / I.B.F. (\$ 21145.68)

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/0186/2022/JT
DATE : 14-Mar-22
WIP : 15480

VEHICLE IN WORKSHOP. KINDLY ARRANGE FOR SURVEY ON 16/3/22

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 LEONG CHEE KIN
ADDRESS : BLK 8 KIM TIAN PLACE
#07-51
SINGAPORE 163008
TELEPHONE : HP +65 96449440
TYPE OF CLAIM : OWN DAMAGE CLAIM
POLICY NO : 1800056754-02
VEHICLE NO : SDJ 946 X
MODEL CODE : AUDI A4 SEDAN 2.0 TFSI
MODEL YEAR : 21/5/2018
ENGINE NO : CVK 058935
CHASSIS NO : WAUZZZF43JA147482
MILEAGE : -
DATE IN : -
ESTIMATED BY : JOHNNY BOO / ALLAN WU
ACCIDENT DATE : 14-Mar-22
PLACE OF ACCIDENT : YOTEL CAR PARK



PREMIUM AUTOMOBILES



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ESTIMATED LABOUR CHARGES FOR ACCIDENT VEHICLE SDJ 946 X

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 LHS HEADLIGHT'S CONTROL UNIT AND POWER MODULE.	S/N \$ 350.00	250
3	TO DISMANTLE AND LHS FRONT DOOR PANEL TRIM. TO REMOVE AND REINSTALL LHS WING MIRROR ASSY TO FACILITATE RESPRAYING OF LHS FRONT DOOR.	S/N \$ 280.00	X
4	TO RENEW LHS FRONT FENDER INNER AIRCON PIPE. TO CARRY OUT VACUUM AND REGAS.	S/N \$ 280.00	?
5	TO RENEW LHS FRONT WHEEL SUSPENSION ASSY WITH SUBFRAME.	S/N \$ 2,400.00	?
SUB TOTAL LABOUR CHARGES		: \$ 3,790.00	



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ESTIMATED LABOUR CHARGES FOR ACCIDENT VEHICLE SDJ 946 X

S/N	NATURE OF JOBS	ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATIONS
6	TO DISMANTLE AND RENEW FRONT BUMPER, LHS FRONT FENDER AND LHS HEADLIGHT. RE-ORGANIZE CRASH MANAGEMENT COMPONENTS. REINSTALL ALL PART REMOVED. <i>500 x 2</i>	\$ 2,100.00	<i>1090</i>
7	TO RESPRAY FRONT BUMPER, LHS FRONT FENDER, BONNET AND LHS FRONT DOOR. <i>2 x 550</i>	\$ 3,500.00	<i>1190</i>
8	TO RENEW LHS FRONT RIM WITH TYRE. TO CARRY OUT PRE/POST WHEEL ALIGNMENT.	S/N \$ 520.00	/
9	TO TOW BACK THE VEHICLE FROM ACCIDENT SCENE.	S/N \$ 280.00	X
10	TO CARRY OUT DIAGNOSTIC CHECK.	S/N \$ 384.00	/
TOTAL LABOUR CHARGES		: \$ 10,574.00	



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MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SDJ 946 X

S/N	PARTS DESCRIPTION	QTY	DAMAGED PARTS & PRICES	
			S/NETT	REMARKS
1	FRONT BUMPER / OK	1	\$ 2,379.00	
2	FRONT BUMPER FIXING PARTS X	1	\$ 613.00	
3	FRONT BUMPER SECURING STRIP ?	2	\$ 79.00	
4	FRONT BUMPER GRILLE - CENTER X	1	\$ 219.00	
5	FRONT BUMPER CLOSING ELEMENT - LOWER CENTER ?	1	\$ 254.00	
6	FRONT BUMPER AIR GUIDE - LH ?	1	\$ 72.00	
7	RADIATOR GRILLE X	1	\$ 1,478.00	
8	FRONT BUMPER AIR GUIDE GRILLE - LH ?	1	\$ 151.00	
9	FRONT BUMPER GUIDE SECTION - LH / OK	1	\$ 41.00	
10	FRONT BUMPER TOP COVER X	1	\$ 143.00	
11	CAUTION STICKER X	1	\$ 16.00	
12	AIR COND STICKER X	1	\$ 9.00	
13	FRONT PARKING AID SENSOR - INNER / OUTER X	1	\$ 265.00	
14	FRONT PARKING AID SENSOR SEAL RING / MC	4	\$ 10.00	
15	FRONT FENDER - LH - DD	1	\$ 861.00	
16	FRONT FENDER ATTACHMENT PARTS X	1	\$ 211.00	
17	FRONT FENDER CLOSING ELEMENT - LH / MC	1	\$ 81.00	
18	FRONT FENDER BRACKET - LH ?	1	\$ 41.00	
19	FRONT FENDER BRACE - LH ?	1	\$ 132.00	
20	POP RIVET ? - MC	6	\$ 23.00	
SUB TOTAL SPARE PARTS		:	\$ 7,078.00	

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. SDJ 946 X

			DAMAGED PARTS & PRICES	
S/N	PARTS DESCRIPTION	QTY	S/NETT	REMARKS
21	FRONT FENDER BRACKET CENTER - LH ?	1	\$ 55.00	
22	FRONT FENDER BRACKET END - LH ?	1	\$ 36.00	
23	FRONT WHEEL HOUSING LINER - LH / CRU	1	\$ 260.00	
24	FRONT WHEEL HOUSING LINER ATTACHMENT PARTS / MC	1	\$ 149.00	
25	FRONT WHEEL SPOILER ?	1	\$ 82.00	
26	FRONT WHEEL SPOILER LOWER - LH ?	1	\$ 39.00	
27	FRONT FENDER STONE CHIP GUARD - LH ?	1	\$ 57.00	
28	FRONT FENDER LEDGE LONG COVER - LH ?	1	\$ 35.00	
29	FRONT FENDER LEDGE SHORT COVER - LH ?	1	\$ 26.00	
30	HEADLIGHT - LH / CUT	1	\$ 8,301.00	
31	HEADLIGHT POWER MODULE X	1	\$ 840.00	
32	HEADLIGHT CONTROL UNIT X	1	\$ 840.00	
33	HEADLIGHT HOSE - LH X	1	\$ 42.00	
34	SPACER X	3	\$ 136.00	
35	LIFT CYLINDER - LH ?	1	\$ 231.00	
36	LIFT CYLINDER BRACKET ?	1	\$ 7.00	
37	LIFT CYLINDER CORRUGATED PIPE X	1	\$ 107.00	
38	OUTSIDE TEMPERATURE SENSOR BRACKET X	1	\$ 21.00	
39	REFRIGERANT PIPE ?	1	\$ 585.00	
40	REFRIGERANT PIPE BRACKET ?	1	\$ 9.00	
SUB TOTAL SPARE PARTS		:	\$ 11,858.00	

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MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SDJ 946 X

			DAMAGED PARTS & PRICES	
S/N	PARTS DESCRIPTION	QTY	S/NETT	REMARKS
41	SUSPENSION SUBFRAME ?	1	\$	2,096.00
42	WISHBONE LINK - LH ?	1	\$	605.00
43	WISHBONE SUSPENSION GUIDE - LH ?	1	\$	1,057.00
44	WISHBONE GUIDE UPPER - LH ?	1	\$	575.00
45	WISHBONE GUIDE - LH ?	1	\$	575.00
46	FRONT WHEEL BEARING HOUSING - LH ?	1	\$	1,070.00
47	WISHBONE SWIVEL JOINT ?	1	\$	214.00
48	WISHBONE WHEEL HUB ?	1	\$	498.00
49	WISHBONE FLANGE DOUBLE BALL BEARING - LH ?	1	\$	273.00
50	SUSPENSION FORKS - LH ?	1	\$	293.00
51	COUPLING ROD ?	2	\$	258.00
52	ANTI-ROLL BAR ?	1	\$	478.00
53	GAS SHOCK ABSORBER ?	1	\$	332.00
54	DRIVE SHAFT - LH ?	1	\$	2,999.00
55	TRACK ROD ?	1	\$	109.00
56	TIE ROD END ?	1	\$	217.00
57	NOISE INSULATION ?	1	\$	640.00
58	FRONT NO PLATE X	S/N	\$	60.00
59	LHS FRONT RIM X (To poshm)	S/N		TBC
60	LHS FRONT TYRE - 90% TN	S/N		TBC
61	SUNDRIES ?		\$	500.00
TOTAL SPARE PARTS		:	\$	31,785.00
TOTAL LABOUR CHARGES		:	\$	10,574.00
GRAND TOTAL		:	\$	42,359.00

ALL CHARGES ARE NOT INCLUSIVE OF GST
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NAME :

SURVEYED DATE :

AUTHORISED DATE :

EXCESS COST :

LIABILITY :

REMARKS :

Steve (LKK)
15/3/22, 3:00pm

on-M M
EXC
P/D
by RL M
S dy

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	14/03/2022 10:30 (SGT)
Date of Accident	13/03/2022 18:30 (SGT)
Exact Location of Accident	366 Orchard Rd, Singapore 238904
Additional Location Information	YOTEL CAR PARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SDJ946X

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEONG CHEE KIN
NRIC No	SXXXX023I
Email Address	HLEONGCK@SINGNET.COM.SG
Mobile Phone No	(Phone) +65-96449440
Alternative Phone No	+65-96449440

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A4
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	1800056754-02
Cover Note Number	-

DRIVER

Name of Driver	LEONG CHEE KIN
NRIC No	SXXXX023I

Date Of Birth	25/02/1954
Occupation	Indoor
Date Of Driving Pass	11/05/1976
Driving experience	45 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96449440
Alt. Phone Number	+65-96449440
Email Address	HLEONGCK@SINGNET.COM.SG
Address	BLK 8 KIM TIAN PLACE
Address complement	#07-51
Postcode	163008
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	Collided into Property
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
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	FIONA CHEAM
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

WAS DRIVING UP RAMP TO YOTEL ORCHARD ROAD AND A ONCOMING CAR WAS CUTTING INTO MY LANE. TO AVOID HITTING IT, I DROVE TOO CLOSE TO THE WALL AND COLLIDED INTO IT.

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	-
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	NA / Unknown
Name of Driver	-
Contact Number	-
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 willful 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, store 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 does involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes and packages); and/or


(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.


(collectively the "Purposes")

(b) all insurers 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.

 14/3/2022
Policyholder's Signature / Date & Time


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


2024 KUM. J. 14/3/2022
Witnessed by Reporting Centre Personnel

Sketch Plan




Describe Circumstances of the Accident


While driving up ramp to Hotel Sui Orchard Road and a car was cutting into my lane.
To avoid hitting it, I drove too close to the wall and collided into it.

Declaration

We declare the foregoing particulars are true in every respect.

 10/12/2022
Policyholder's Signature / Date & Time

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

2004 KUM 
Witnessed by Reporting Centre Personnel