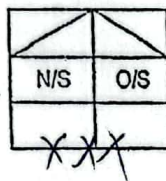


ASSIGNMENT

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. 7210067405
 Claims No. 0464728499SG
 Sum Insured: _____ Excess: 1000
 (Client's Record)
 Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
 repair at the time of inspection.



Bal. or Market Value: _____
 IDAC Accident Report: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: _____ days Res.: Yes or No
 Turn Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SNA 6558Y Yr Regn. 30/6/21
 Type: M. Car M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Audi Q5 c.c. 1984
 Colour: white A/C: Insured / Std / NI / NA
 Sp. Reading: 3667 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: W AU 222 FY DM 204 3341
 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: 235/55R19
 R: 11
 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. 15/3/22 Premium D.O.I. 16/3/22
 Survey held at _____
 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
	<u>MV-208X</u>
22/9/22	Final fig \$24,558.12 confirmed by email (Red 30,881.88, 55%)

Date/Time, File Pass to?

☐ : Preli. Report

Days Of Repair: 12

Resurvey No. of Trip: 1

Survey Fee:

Date/Time, File Return to?

☐ : Final Report

Transportation:

2) 28/9/22-typist

Add Fee: ☐ : Site Insp (\$ _____)

\$ + RS. \$ _____

☐ : Interview (\$ _____)

Photos

☐ : Tech. Invs (\$ _____)

Others

☐ : Weekend (\$ _____)

TOTAL

Report Format: Merimen

Turnup Sum / B.B. (\$ \$24,558.12)

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/0199/2022/JT
DATE : 15-Mar-22
WIP : 15787

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 ROBERT CLARKE
ADDRESS : 74 ENG NEO AVE
SINGAPORE 289548
TELEPHONE : HP +65 81829229
TYPE OF CLAIM : OWN DAMAGE CLAIM
POLICY NO : 7210067405
VEHICLE NO : SNA 6558 Y
MODEL CODE : AUDI Q5 S LINE 2.0 TFSI
MODEL YEAR : 15/3/2022
ENGINE NO : DGK 002185
CHASSIS NO : WAUZZZFYM2043341
MILEAGE : -
DATE IN : -
ESTIMATED BY : JOHNNY BOO / ALLAN WU
ACCIDENT DATE : 15-Mar-22
PLACE OF ACCIDENT : JUNCTION ROAD AT COMMOMWEALTH DRIVE
AND QUEENSWAY

55 UBI ROAD 1, SINGAPORE 408699
TEL : 6366 2323 FAX : 6841 1183
EMAIL: NORA.KHAI@PREMIUMAUTO.COM.SG / CLAIMS@PREMIUMAUTO.COM.SG

ESTIMATED LABOUR CHARGES FOR ACCIDENT VEHICLE SNA 6558 Y

S/N	NATURE OF JOBS	ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATIONS
1	TO REMOVE AND TRANSFER REAR PARKING AID AND REAR LID KICK SENSOR. CHECK FUNCTION.	S/N \$ 360.00 ✓	
2	TO REMOVE AND REINSTALL REAR LID'S CONVENIENCE LOCK SYSTEM, WIRE HARNESS FOR TAIL LIGHTS AND REAR LID WIPER ASSY.	S/N \$ 480.00 ✓	
3	TO DISLodge AND REINSTALL REAR WIRE HARNESS FOR LIGHTS, BATTERY MANAGER, FUSE AND RELAY TRAYS, ELECTRICAL AND AUDIO EQUIPMENT. INSPECT FOR DAMAGE AND RENEW WHERE NECESSARY.	S/N \$ 1,400.00 ?	
4	TO RENEW REAR WINDSCREEN TO FACILITATE RENEWAL FOR REAR LID.	S/N \$ 480.00 ✓	
5	TO INSTALL SOLAR FILM FOR REAR WINDSCREEN.	S/N \$ 400.00 ✗	
SUB TOTAL LABOUR CHARGES		: \$ 3,120.00	

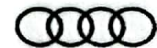
55 UBI ROAD 1, SINGAPORE 408699
TEL : 6366 2323 FAX : 6841 1183
EMAIL: NORA.KHAI@PREMIUMAUTO.COM.SG / CLAIMS@PREMIUMAUTO.COM.SG

ESTIMATED LABOUR CHARGES FOR ACCIDENT VEHICLE SNA 6558 Y

S/N	NATURE OF JOBS	ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATIONS
6	TO CARRY OUT WATER SEEPAGE FOR REAR WINDSCREEN.	S/N \$ 200.00	150
7	TO DISMANTLE AND RENEW REAR BUMPER AND REAR LID. TO CUT OUT AND WELD REAR END PANELLING. RE- ORGANIZE CRASH MANAGEMENT COMPONENTS. REINSTALL ALL PARTS REMOVED.	\$ 4,800.00	1900
8	TO RESPRAY REAR UPPER BUMPER, REAR LOWER BUMPER, REAR LID, HINGES, REAR END PANELLING AND BOTH REAR WHEEL ARCH TRIMS.	\$ 4,500.00	2325
9	TO CARRY OUT DIAGNOSTIC CHECK.	S/N \$ 192.00	
TOTAL LABOUR CHARGES		: \$ 12,812.00	



PREMIUM AUTOMOBILES



55 UBI ROAD 1, SINGAPORE 408699
TEL : 6366 2323 FAX : 6841 1183
EMAIL: NORA.KHAI@PREMIUMAUTO.COM.SG / CLAIMS@PREMIUMAUTO.COM.SG

MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SNA 6558 Y

DAMAGED PARTS & PRICES				
S/N	PARTS DESCRIPTION	QTY	S/NETT	REMARKS
1	REAR BUMPER / BR	1	\$ 2,548.00	
2	REAR BUMPER LOWER / BR	1	\$ 1,316.00	
3	REAR BUMPER TRIM - LH / RH X	2	\$ 258.00	
4	REAR BUMPER TOWING EYE COVER - LH / RH X	2	\$ 107.00	
5	REAR BUMPER SPOILER / Q. CUT (chrome)	1	\$ 968.00	
6	REAR BUMPER TRIM - CENTER ?	1	\$ 300.00	
7	REAR BUMPER CLOSING ELEMENT - LH / RH X	2	\$ 636.00	
8	REAR BUMPER CHORME TRIM - LH / RH X	2	\$ 574.00	
9	REAR BUMPER TAIL LIGHT - LH / RH BR /	2	\$ 1,558.00	
10	REAR BOOT LID TAIL LAMP - LH / RH X	2	\$ 12,520.00	
11	LICENCE PLATE LIGHT ?	2	\$ 113.00	
12	BOOT LID CONTROL UNIT ?	1	\$ 454.00	
13	TAILGATE SENSOR LINE ?	1	\$ 128.00	
14	REAR BUMPER REINFORCEMENT BEAM ?	1	\$ 1,043.00	
15	REAR BUMPER SEAL - LH / RH / MC	2	\$ 7.00	
16	REAR BUMPER HOLDING STRAP / MC	1	\$ 189.00	
17	REAR BUMPER GUIDE SECTION - LH / RH ?	2	\$ 190.00	
18	REAR PARKING AID SENSOR ?	3	\$ 798.00	
19	REAR PARKING AID SENSOR SEAL RING / MC	4	\$ 10.00	
20	REAR BUMPER WIRING SET ?	1	\$ 544.00	
SUB TOTAL SPARE PARTS		:	\$ 24,261.00	

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

55 UBI ROAD 1, SINGAPORE 408699
TEL : 6366 2323 FAX : 6841 1183
EMAIL: NORA.KHAI@PREMIUMAUTO.COM.SG / CLAIMS@PREMIUMAUTO.COM.SG

MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SNA 6558 Y

			DAMAGED PARTS & PRICES	
S/N	PARTS DESCRIPTION	QTY	S/NETT	REMARKS
21	REAR LID / <i>on</i>	1	\$ 4,975.00	
22	REAR LID HINGE - LH / RH <i>X</i>	2	\$ 510.00	
23	REAR LID ATTACHMENT PARTS <i>X</i>	1	\$ 170.00	
24	REAR LID FLAP GASKET <i>?</i>	1	\$ 431.00	
25	REAR LID DRIVE UNIT <i>?</i>	2	\$ 4,062.00	
26	REAR LID LOCK STRIKER <i>?</i>	1	\$ 96.00	
27	REAR LID LOCK MICROSWITCH <i>?</i>	1	\$ 252.00	
28	REAR LOCK COVER <i>?</i>	1	\$ 8.00	
29	BONNET ANTI-THEFT GUARD COVER <i>?</i>	1	\$ 17.00	
30	REAR LID LOCK ACTUATOR <i>?</i>	1	\$ 1,468.00	
31	REAR BUNGS / <i>nc</i>	4	\$ 14.00	
32	REAR PACKING ADHESIVE / <i>nc</i>	1	\$ 21.00	
33	AUDI EMBLEM / <i>nc</i>	1	\$ 144.00	
34	"Q5" EMBLEM / <i>nc</i>	1	\$ 104.00	
35	"QUATTRO" EMBLEM / <i>nc</i>	1	\$ 104.00	
36	REAR WINDSCREEN / <i>nc</i> (photo)	1	\$ 1,274.00	
37	PRIMER / <i>nc</i>	1	\$ 22.00	
38	REAR SPOILER - LH / RH / <i>nc</i>	2	\$ 520.00	
39	TAILGATE TRIM STRIP / <i>nc</i>	1	\$ 330.00	
40	TAILGATE SPOILER FIXING PARTS / <i>nc</i>	1	\$ 36.00	
SUB TOTAL SPARE PARTS		:	\$ 14,558.00	

ALL CHARGES ARE NOT INCLUSIVE OF GST

LEGEND: REMARKS (OK) = APPROVED, REMARKS (X) = NOT APPROVED
SPARE PARTS ARE SPECIAL NETT.

55 UBI ROAD 1, SINGAPORE 408699
TEL : 6366 2323 FAX : 6841 1183
EMAIL: NORA.KHAI@PREMIUMAUTO.COM.SG / CLAIMS@PREMIUMAUTO.COM.SG

MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SNA 6558 Y

			DAMAGED PARTS & PRICES	
S/N	PARTS DESCRIPTION	QTY	S/NETT	REMARKS
41	TAILGATE SPOILER FOAM STRIPS / <i>nc</i>	1	\$	36.00
42	REAR END PANEL ?	1	\$	632.00
43	REAR LOCK CARRIER REINFORCEMENT ?	1	\$	269.00
44	REAR SILENCER HEAT SHIELD ?	1	\$	159.00
45	REAR WHEEL ARCH COVER - LH / RH - <i>nc (pr)</i>	2	\$	1,230.00
46	REAR NO PLATE - <i>cut</i>	S/N	\$	60.00
47	ARYLIC SEALANT ?	S/N	\$	180.00
48	CAVITY WAX ?	S/N	\$	140.00
49	STONE CHIP ?	S/N	\$	180.00
50	METAL FILLER POWDER ?	S/N	\$	280.00
51	REAR WINDSCREEN SEALANT - <i>nc</i>	S/N	\$	200.00
52	SUNDRIES ?		\$	400.00
TOTAL SPARE PARTS		:	\$	42,585.00
TOTAL LABOUR CHARGES		:	\$	12,812.00
GRAND TOTAL		:	\$	55,397.00

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



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)
 16/3/22, 11-noon

00-14 AL
 EXCEL-?
 P/P
 My BIL ty
 8 days

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

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	15/03/2022 18:14 (SGT)
Date of Accident	15/03/2022 14:04 (SGT)
Exact Location of Accident	Queensway & Commonwealth Drive, Singapore
Additional Location Information	JUNCTION ROAD AT COMMONWEALTH DRIVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNA6558Y
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	ROBERT CLARKE
NRIC No	SXXXX227C
Email Address	RBCLARKE@GMAIL.COM
Mobile Phone No	(Phone) +65-81829229
Alternative Phone No	+65-63382132

VEHICLE PARTICULARS

Manufacturer	Audi
Model	Q5
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	7210067405
Cover Note Number	-

DRIVER

Name of Driver	ROBERT CLARKE
NRIC No	SXXXX227C

Date Of Birth	11/05/1977
Occupation	Indoor
Date Of Driving Pass	08/01/2008
Driving experience	14 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81829229
Alt. Phone Number	+65-63382132
Email Address	RBCLARKE@GMAIL.COM
Address	74 ENG NEO AVE
Address complement	-
Postcode	289548
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	Raining
Road Surface	Wet

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	LOH CHAN LI
Gender	Female

PASSENGER 2

Name	AIXI CLARKE
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

I WAS DRIVING IN RIGHT LANE AT QUEENSWAY ROAD. I BRAKED WHEN THE LIGHT CHANGED AND THE DRIVER BEHIND BRAKED BUT SLID INTO THE BACK OF MY CAR AND MY CAR WAS KNOCKED INTO THE INTERSECTION. IT WAS RAINY AND SLIZZLING.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No


DETAILS OF OTHER VEHICLE PROPERTY 1

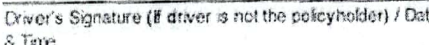
Vehicle Registration Number	GBJ1272Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
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 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 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 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 Officer / Date & Time

Sketch Plan

A: SNA 65584

B: GBJ1717Z




Describe Circumstances of the Accident

I was driving in ^{right} ~~left~~ lane at Queensway Rd. I reacted when the light changed and the driver behind braked but slid into the back of my car and my car was knocked into the intersection. It was rainy and slick.

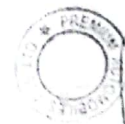
Declaration

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



Witnessed by Report Centre
Personal