

Steve

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

☒ DD / TP / WS / TP RES / OD RES / EVA / INV / MV

To inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. 1900108509

Claims No. 4312789649SG

Sum Insured: _____ Excess: 600

(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 Rpt: _____ 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: SML9740X Yr Regn. 13/6/19

Type: ☒ M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Audi A3

C.C. 999

Colour: Green

A/C: Insured / Std / Nil / NA

Sp. Reading 44039

T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: WAUZZZ8VA1025220

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: _____

R: _____

225/40R18

1)

BS / DUN / EXNOVA / ☒ GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or _____

Front

Rear

R/Bal. 4 mm

R/Bal. 4 mm

L/Bal. 4 mm

L/Bal. 4 mm

D.O.A. 17/3/22

D.O.I. 22/3/22

Survey held at

Premier

Des. of Damages: Fnt / Rear / O/S / ☒ N/S / U/C / Rooftop or

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

Date / Time	Action / Instruction
	MV-108X
7/11/22	Final fig \$6198.04 confirmed by email (red 12,876.96, 67%)

Date/Time, File Pass to?

☐

Preli. Report

Days Of Repair: 6

Resurvey No. of Trip: 1

Survey Fee:

1)

☐

Final Report

Date/Time, File Return to?

2) 16/11/22-typist

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

Transportation:

\$ + RG. SI

Photos

Others

TOTAL

Report Formset: Merimen

Lump Sum / L.B. : \$6198.04



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/0206/2022/JT
DATE : 18-Mar-22
WIP : 16206

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

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 KHOO RONGWEN (QIU YONGWEN)
ADDRESS : 73 ANCHORVALE CRESCENT
#09-07
SINGAPORE 544661
TELEPHONE : HP +65 96282254
TYPE OF CLAIM : OWN DAMAGE CLAIM
POLICY NO : 1900108509-01
VEHICLE NO : SML 9740 X
MODEL CODE : AUDI A3 SEDAN 1.0 TFSI
MODEL YEAR : 13/6/2019
ENGINE NO : CHZ C27820
CHASSIS NO : WAUZZZ8V0K1025220
MILEAGE : -
DATE IN : -
ESTIMATED BY : JOHNNY BOO / ALLAN WU
ACCIDENT DATE : 17-Mar-22
PLACE OF ACCIDENT : DEFU STREET 1

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:

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ESTIMATED LABOUR CHARGES FOR ACCIDENT VEHICLE SML 9740 X

S/N	NATURE OF JOBS	ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATIONS
1	TO REMOVE, CHECK AND REINSTALL FRONT BUMPER WIRE HARNESS FOR HEADLIGHTS, HORNS, OUTSIDE TEMPERATURE SENSOR AND HEADLIGHT WASHER ASSY.	S/N \$ 360.00	X
2	TO DISMANTLE AND REINSTALL FRONT BUMPER. RE-ORGANISE CRASH MANAGEMENT COMPONENTS. REINSTALL ALL PARTS REMOVE.	\$ 1,400.00	\$00
3	TO RESPRAY FRONT BUMPER.	\$ 1,400.00	\$50
4	TO REMOVE AND RENEW LHS FRONT WHEEL SUSPENSION ASSY WITH SUBFRAME.	S/N \$ 2,400.00	/
5	TO RENEW LHS FRONT RIM WITH TYRE AND LHS REAR RIM. TO CARRY OUT PRE/POST WHEEL ALIGNMENT.	S/N \$ 560.00	320
6	TO CARRY OUT PRE/POST DIAGNOSTIC CHECK.	S/N \$ 384.00	/
TOTAL LABOUR CHARGES		: \$ 6,504.00	

PREMIUM AUTOMOBILES



55 HIRI 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. SML 9740 X

		DAMAGED PARTS & PRICES		
S/N	PARTS DESCRIPTION	QTY	S/NETT	REMARKS
1	SUSPENSION SUBFRAME ?	1	\$	1,105.00
2	BONDED RUBBER BUSHES ?	1	\$	116.00
3	TRACK CONTROL ARM / BT (phk)	1	\$	393.00
4	STABILIZER ?	1	\$	451.00
5	FRONT WHEEL BEARING HOUSING - ne (phk)	1	\$	627.00
6	FRONT WHEELHUB BEARING - ne (phk)	1	\$	553.00
7	FRONT GUIDE JOINT - LH - ne (phk)	1	\$	134.00
8	COUPLING ROD ?	1	\$	105.00
9	DRIVE SHAFT - LH ?	1	\$	1,517.00
10	GAS SHOCK ABSORBER / BT (phk)	1	\$	281.00
11	TRACK ROD - BT	1	\$	98.00
12	TIE ROD END - LH - BT	1	\$	126.00
13	STEERING GEAR ?	1	\$	5,538.00
14	FRONT WHEEL HOUSING LINER - LH X	1	\$	183.00
15	FRONT WHEEL HOUSING LINER ATTACHMENT PARTS X	1	\$	93.00
16	NOISE INSULATION ?	1	\$	376.00
17	LHS RIM - FRONT & REAR - (nt)	(2)		TBC
18	LHS FRONT TYRE - TN (80'1/2)	S/N		TBC
19	SUNDRIES ?		\$	700.00
TOTAL SPARE PARTS		:	\$	12,396.00
TOTAL LABOUR CHARGES		:	\$	6,504.00
GRAND TOTAL		:	\$	18,900.00

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

PREMIUM AUTOMOBILES



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NAME :

SURVEYED DATE :

AUTHORISED DATE :

EXCESS COST :

LIABILITY :

REMARKS :

Steve (LKK)
22/3/22, 11.15am

08-MAL
EXCH-?
PIP
R7 BL R
6 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. 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

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 storesaid.

ACCIDENT STATEMENT

Date of Submission 18/03/2022 16:25 (SGT)
Date of Accident 17/03/2022 17:30 (SGT)
Exact Location of Accident Near 39 Defu Lane 12, Singapore 539139
Additional Location Information DEFU STREET 1
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SML9740X

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner KHOO RONGWEN (QIU YONGWEN)
NRIC No SXXXX974Z
Email Address NUFCFANALIC@HOTMAIL.COM
Mobile Phone No (Phone) +65-96282254
Alternative Phone No +65-68833651

VEHICLE PARTICULARS

Manufacturer Audi
Model A3
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 999

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 1900108509-01
Cover Note Number -

DRIVER

Name of Driver KHOO RONGWEN (QIU YONGWEN)
NRIC No SXXXX974Z

Date Of Birth	28/06/1981
Occupation	Indoor
Date Of Driving Pass	09/04/2003
Driving experience	18 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96282254
Alt. Phone Number	+65-68833651
Email Address	NUFCFANALIC@HOTMAIL.COM
Address	73 ANCHORVALE CRESCENT
Address complement	#09-07
Postcode	544661
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	Wet

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)	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 RETURNING HOME FROM WORK AT DEFU SOUTH ST 1. AT AROUND 1730 PM. I RECEIVED A CALL AND I WAS DISTRACTED BY INCOMING CALL RESULTING MYSELF NOT BE ABLE TO SEE THE ROAD SIDE KERB. MY VEHICLE MOUNTED THE ROAD SIDE KERB AND I STOPPED MY VEHICLE TO CHECK ON THE DAMAGE OF 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	-
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, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me, as possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to a computerised and/or 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 and 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
Personnel *Tony Pong*

Sketch Plan

hit road kerb



Describe Circumstances of the Accident

While returning home from work at People's Bank Street I was driving at 50 km/h. I was distracted by the incoming call resulting in me not being able to see the road ahead. My vehicle mounted the road side kerb and I stopped my vehicle to check on the damage of my car.

Declaration

We declare the foregoing particulars are true in every respect

 11/10/2021
Policyholder's Signature / Date & Time 3:30 pm

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



Witnessed by Reporting Centre Personnel Tony Brown