

ASSIGNMENT

Front: _____ 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. 1700090242Claims No. 6198530603SGSum 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
	X

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

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SJY 8869H Yr Regn: 16/12/17Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Audi A3 c.c. 999Colour: Red A/C: Insured / Std / NI / NASp. Reading: 70446 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: W147228V51097748Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModl: Nil / S/Rim / STD A/Rim orTyre Size: F: 225/45R17R: 11

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

TOYO / YOKO or Pirelli

Front: _____ Rear: _____

R/Bal. 5 mm R/Bal. 5 mmL/Bal. 5 mm L/Bal. 5 mmD.O.A. 29/3/22 D.O.I. 31/3/22Survey held at Premium

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

Rear RH

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

Date / Time	Action / Instruction
	<u>MV-8/K</u>
26/6/22	Final fig \$33,815.96 confirmed by email (Red 14,528.04, 30%)

Date/Time, File Pass to?

☐ : Preli. ReportDays Of Repair: 21

1)

☐ : Final ReportResurvey No. of Trip: 1

Survey Fee:

Transportation:

Photos

Others

TOTAL

Date/Time, File Return to?

2) 21/7/22-typist

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)Report Format: MerimenLump Sum / L.B.E. (\$ \$33,815.96)



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/0254/2022/JT
DATE : 30-Mar-22
WIP : 17811

VEHICLE IN WORKSHOP. KINDLY ARRANGE FOR SURVEY ON 31/3/22

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 : MS LIM HUI FANG IRA
ADDRESS : 41 HUME AVENUE
#09-02
SINGAPORE 598738
TELEPHONE : HP +65 98770808
TYPE OF CLAIM : OWN DAMAGE CLAIM
POLICY NO : 1700090242-04
VEHICLE NO : SJY 8869 H
MODEL CODE : AUDI A3 SEDAN 1.4 TFSI 8V
MODEL YEAR : 16/12/2017
ENGINE NO : CHZ 575944
CHASSIS NO : WAUZZZ8V7J1022748
MILEAGE : -
DATE IN : -
ESTIMATED BY : JOHNNY BOO / ALLAN WU
ACCIDENT DATE : 29-Mar-22
PLACE OF ACCIDENT : OPPOSITE CONCORDE HOTEL

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ESTIMATED LABOUR CHARGES FOR ACCIDENT VEHICLE SJY 8869 H

S/N	NATURE OF JOBS	ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATIONS
1	TO REMOVE AND TRANSFER REAR PARKING AID.	S/N \$ 280.00 /	
2	TO REMOVE AND TRANSFER REAR LID'S CONVENIENCE LOCK SYSTEM AND WIRE HARNESS FOR TAIL LIGHTS.	S/N \$ 280.00 /	
3	TO RENEW REAR WINDSCREEN AND RHS 1/4 GLASS TO FACILITATE THE RENEWAL OF LHS REAR FENDER.	S/N \$ 600.00 /	
4	TO INSTALL SOLAR FILM FOR AFFECTED GLASSES.	S/N \$ 400.00 /	
5	TO CARRY OUT WATER SEEPAGE TEST FOR REAR WINDSCREEN AND LHS 1/4 GLASS.	S/N \$ 200.00	150
6	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 /	(photo)
SUB TOTAL LABOUR CHARGES		: \$ 3,160.00	

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 SJY 8869 H

S/N	NATURE OF JOBS	ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATIONS
7	TO REMOVE AND REINSTALL REAR SEAT, BACK REST, HAT TRAY, ABCD PILLAR TRIMS, LUGGAGE COMPARTMENT TRIMS. DISLODGE ROOF LINER AND DISENGAGE CURTAIN AIRBAG ETC.	S/N \$ 1,400.00	(photo)
8	TO DISMANTLE AND RENEW REAR BUMPER AND REAR LID. TO CUT OUT AND WELD RHS REAR FENDER, RHS BOTTOM - 1 PLATE, RHS D-PILLAR REINFORCEMENT AND RHS WHEEL HOUSING OUTER. TO REPAIR SPARE WHEEL HOUSING. RE-ORGANIZE CRASH MANAGEMENT COMPONENTS. REINSTALL ALL PARTS REMOVED. <i>end panel - 3</i>	\$ 9,100.00 <i>10 by</i>	5000
9	TO RESPRAY REAR BUMPER, REAR LID, RHS REAR FENDER, FUEL CAP, RHS D-PILLAR REINFORCEMENT, RHS SILL PANEL, ROOF CHANNEL, DRAIN CHANNEL, DOOR ENTRANCE SPARE WHEEL HOUSING AND REAR END PANELLING. <i>3.5</i>	\$ 7,000.00 <i>6.5 x 550</i>	3575
10	TO CARRY OUT FIRST MEASUREMENT ON CAR O-LINER.	S/N \$ 800.00	?
11	TO SETUP THE VEHICLE ON CAR O-LINER TO FACILITATE THE REPAIR.	S/N \$ 2,400.00	?
12	TO TOW BACK THE VEHICLE FROM ACCIDENT SCENE.	S/N \$ 280.00	X
SUB TOTAL LABOUR CHARGES		: \$ 20,980.00	



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ESTIMATED LABOUR CHARGES FOR ACCIDENT VEHICLE SJY 8869 H

S/N	NATURE OF JOBS	ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATIONS
13	TO CARRY OUT WHEEL ALIGNMENT.	S/N \$ 240.00	?
14	TO CARRY OUT PRE/POST DIAGNOSTIC CHECK.	S/N \$ 384.00	/
TOTAL LABOUR CHARGES		: \$ 24,764.00	



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MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SJY 8869 H

S/N	PARTS DESCRIPTION	QTY	DAMAGED PARTS & PRICES		REMARKS
			S/NETT		
1	REAR BUMPER / <i>BR</i>	1	\$	1,944.00	
2	REAR BUMPER FIXING PARTS / <i>RL</i>	1	\$	201.00	
3	REAR BUMPER ADAPTER - LH / RH / <i>MIS</i>	<i>21</i>	\$	84.00	
4	REAR BUMPER GUIDE SECTION - LH / RH / <i>MIS</i>	<i>21</i>	\$	36.00	
5	REAR BUMPER LOCKING MECHANISM / <i>MIS</i>	1	\$	34.00	
6	REAR BUMPER SPOILER / <i>CUT</i>	1	\$	264.00	
7	REAR LIGHT REFLECTOR - RH / <i>BR</i>	1	\$	46.00	
8	TAIL LIGHT OUTER - RH / <i>CUT</i>	1	\$	974.00	
9	TAIL LIGHT OUTER TRIM - RH / <i>?</i>	1	\$	34.00	
10	TAIL LIGHT INNER - RH / <i>CUT</i>	1	\$	974.00	
11	TAIL LIGHT INNER TRIM - RH / <i>?</i>	1	\$	34.00	
12	REAR BUMPER REINFORCEMENT BEAM / <i>DD</i>	1	\$	642.00	
13	REAR BUMPER BRACKET - LH / RH / <i>BR</i>	<i>21</i>	\$	63.00	
14	REAR BUMPER GUIDE SECTION UPPER - RH / <i>MIS</i>	1	\$	74.00	
15	REAR PARKING AID SENSOR - INNER / OUTER / <i>?</i>	2	\$	530.00	
16	REAR PARKING AID SENSOR SEAL RING / <i>RL</i>	4	\$	10.00	
17	REAR BUMPER WIRING SET / <i>?</i>	1	\$	572.00	
18	REAR LID / <i>DD</i>	1	\$	3,657.00	
19	REAR LID ATTACHMENT PARTS / <i>X</i>	1	\$	308.00	
20	REAR LID HINGE - LH / RH / <i>X</i>	2	\$	570.00	
SUB TOTAL SPARE PARTS		:	\$	11,051.00	

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. SJY 8869 H

S/N	PARTS DESCRIPTION	QTY	DAMAGED PARTS & PRICES		REMARKS
			S/NETT		
21	REAR LID FLAP GASKET ?	1	\$	229.00	
22	REAR PACKING ADHESIVE / NK	1	\$	21.00	
23	AUDI EMBLEM / NK	1	\$	144.00	
24	"A3" EMBLEM / nc	1	\$	104.00	
25	"TFSI" EMBLEM / nc	1	\$	104.00	
26	REAR FENDER - RH - DD	1	\$	4,445.00	
27	RIVETTED CAP NUT - nc	2	\$	7.00	
28	REAR WINDSCREEN / NK	1	\$	905.00	
29	QUARTER WINDOW - RH - nc	1	\$	635.00	
30	PRIMER / NK	2	\$	44.00	
31	GROMMET - NK	2	\$	4.00	
32	FUEL INSERT / NK (photo)	1	\$	100.00	
33	BOTTOM PLATE - RH - DD	1	\$	206.00	
34	REAR WHEEL HOUSING LINER PART - RH REAR	1	\$	673.00	?
35	REAR WHEEL HOUSING LINER CONNECTING PLATE - RH	1	\$	109.00	?
36	D-PILLAR REINFORCEMENT - RH ?	1	\$	305.00	
37	REAR END PANEL / DD	1	\$	379.00	
38	REAR END PANEL REINFORCEMENT / DD	1	\$	773.00	
39	REAR END PANEL CONNECTING PLATE - LH / RH - NK	2	\$	322.00	
40	REAR VENT TRIM / BR	1	\$	75.00	
SUB TOTAL SPARE PARTS		:	\$	9,584.00	

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MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SJY 8869 H

			DAMAGED PARTS & PRICES	
S/N	PARTS DESCRIPTION	QTY	S/NETT	REMARKS
41	AERIAL FOR KESSY ?	1	\$ 79.00	
42	REAR WHEEL HOUSING LINER / MIS	1	\$ 260.00	
43	STONE CHIP / MC	S/N	\$ 180.00	
44	METAL FILLER POWDER - MC	S/N	\$ 280.00	
45	ARYLIC SEALANT - MC	S/N	\$ 180.00	
46	CAVITY WAX - MC	S/N	\$ 140.00	
47	1/4 GLASS SEALANT - MC	S/N	\$ 100.00	
48	REAR WINDSCREEN SEALANT - MC	S/N	\$ 200.00	
49	SUNDRIES ?		\$ 400.00	
TOTAL SPARE PARTS		:	\$ 22,454.00	
TOTAL LABOUR CHARGES		:	\$ 24,764.00	
GRAND TOTAL		:	\$ 47,218.00	

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PREMIUM AUTOMOBILES



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NAME :
SURVEYED DATE :
AUTHORISED DATE :
EXCESS COST :
LIABILITY :
REMARKS :

Steve (LKK)
31/3/22, 12.22pm

OD-MNL
EXCER-?

PIP

RL RL y

17 Lys

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 aforesaid.

ACCIDENT STATEMENT

Date of Submission	30/03/2022 11:56 (SGT)
Date of Accident	29/03/2022 16:30 (SGT)
Exact Location of Accident	Near 22 Cavenagh Rd, Singapore 229617
Additional Location Information	OPPOSITE CONCORDE HOTEL
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJY8869H
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LIM HUI FANG IRA
NRIC No	SXXXX567C
Email Address	FANGAKACHRIS@HOTMAIL.COM
Mobile Phone No	(Phone) +65-98770808
Alternative Phone No	+65-98770808

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	1700090242-04
Cover Note Number	-

DRIVER

Name of Driver	LIM HUI FANG IRA
NRIC No	SXXXX567C

Date Of Birth
 Occupation
 Date Of Driving Pass
 Driving experience
 Gender
 Mobile Number
 Alt. Phone Number
 Email Address
 Address
 Address complement
 Postcode
 Is the driver the policyholder?
 If No, Relationship of the Driver with the Insured
 Does Driver Own Other Vehicles?
 Vehicle Registration Number of Other Vehicle Owned by Driver
 Insurance Company of Other Vehicle Owned by Driver

12/05/1981
 Indoor
 13/08/2003
 18 YEARS AND 7 MONTHS
 Female
 (Phone) +65-98770808
 +65-98770808
 FANGAKACHRIS@HOTMAIL.COM
 41 HUME AVE
 #09-02
 598738
 Yes
 -
 No
 -
 -

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident
 Weather Conditions
 Road Surface

Collision - Change/cross lane
 Raining
 Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?
 Number of vehicles involved in the accident
 Was anybody injured in the Accident?
 Was any injured conveyed to hospital by ambulance?
 Was any other vehicle or property damaged?
 Number of Passengers (Including Driver)
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

No
 2
 No
 -
 Yes
 1
 No

DETAILS OF POLICE ACTION

Was the accident reported to the police?
 Was notice of intended Prosecution given?
 If yes, against whom?

No
 No
 -

CIRCUMSTANCES OF ACCIDENT

IT WAS RAINING AND I WAS ALONG ORCHARD ROAD. THE RIGHTMOST LANE WAS EMPTY SO I SIGNAL & FILTER RIGHT. AFTER FILTERING, SUDDENLY I FEEL MY CAR HAS A BANG AND SKID TO THE RIGHT. THERE WAS A CAR BEHIND THAT BANGED INTO MY CAR.

ATTACHMENT(S)

Are accident photos available for attachment?
 Was there any video captured by Car Camera?
 Was there any audio recorded?

Yes
 No
 No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number
 Vehicle Manufacturer
 Vehicle Model
 Vehicle Variant
 Vehicle Colour
 Vehicle Category
 Name of Driver
 Contact Number

SJK1975D
 Honda
 -
 -
 Black
 Private car
 LOW WEE WEE CHRIS
 (Phone) +65-98574803

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 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 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 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/or 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

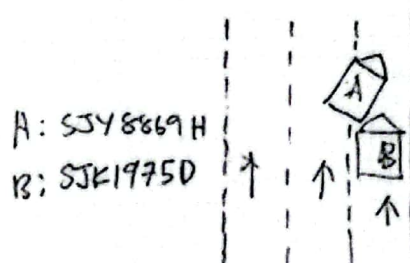
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel

Sketch Plan

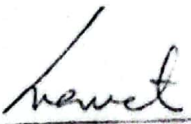


Describe Circumstances of the Accident

It was raining and I was along Orchard road. The right most lane was empty so I signal & filter right. After filter, suddenly I feel my car has a bang and skid to the right. There was a car behind that bang into 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


Witnessed by Reporting Centre Personnel