

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/TP/0295/2022/JT
DATE : 13-Apr-22
WIP : 19745

VEHICLE NOT IN WORKSHOP. SURVEY TBC

YOUR INSURED VEH NO : XE 4647 Y

ALLIANZ INSURANCE Singapore Pte. Ltd.

12 MARINA VIEW

#14-01 ASIA SQUARE TOWER 2

SINGAPORE 018961

Attn: Motor Claims Dept

Tel: 65 6297 8802

OWNER'S NAME : MR CHOW JI FENG
ADDRESS : BLK 666B JURONG WEST ST 65
#08-211
SINGAPORE 642666
TELEPHONE : HP +65 91170427
TYPE OF CLAIM : THIRD PARTY CLAIM
POLICY NO : 7210054905
VEHICLE NO : SNA 932 P
MODEL CODE : AUDI A3 SB 1.5 TFSI
MODEL YEAR : 31/5/2021
ENGINE NO : DFY 272063
CHASSIS NO : WAUZZZGYXMA101623
MILEAGE : -
DATE IN : -
ESTIMATED BY : JOHNNY BOO / ALLAN WU
ACCIDENT DATE : 12-Apr-22
PLACE OF ACCIDENT : BENOI ROAD & GUL CIRCLE

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 SNA 932 P

S/N	NATURE OF JOBS	ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATIONS
1	TO REMOVE AND TRANSFER REAR PARKING AID AND REAR LID KICK SENSOR.	S/N \$ 360.00 /	
2	TO REMOVE AND TRANSFER REAR LID'S CONVENIENCE LOCK SYSTEM, WIRE HARNESS FOR TAIL LIGHTS AND REAR LID WIPER ASSY.	S/N \$ 480.00 /	
3	TO RENEW REAR WINDSCREEN TO FACILITATE RENEWAL OF REAR LID.	S/N \$ 480.00 /	
4	TO INSTALL SOLAR FILM FOR REAR WINDSCREEN.	S/N \$ 400.00 /	
5	TO CARRY OUT WATER SEEPAGE FOR REAR WINDSCREEN.	S/N \$ 200.00 /	
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 7	
SUB TOTAL LABOUR CHARGES		: \$ 3,320.00	

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S/N	NATURE OF JOBS	ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATIONS
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.	\$ 4,200.00	1400
8	TO RESPRAY REAR BUMPER, REAR LID HINGES, REAR END PANELLING AND SPARE WHEEL HOUSING.	\$ 4,000.00	1500
9	TO CARRY OUT DIAGNOSTIC CHECK.	S/N \$ 192.00	/
10	TO RE-APPLY PAINT COATING ON ACCIDENT AFFECTED AREA.	S/N PRICE TBC	?
TOTAL LABOUR CHARGES		: \$ 11,712.00	



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MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SNA 932 P

S/N	PARTS DESCRIPTION	QTY	DAMAGED PARTS & PRICES		REMARKS
			S/NETT		
1	REAR BUMPER / M	1	\$	1,914.00	
2	REAR BUMPER FIXING PARTS X	1	\$	329.00	
3	REAR BUMPER LOCKING MECHANISM - LH / RH ?	2	\$	32.00	
4	REAR BUMPER TRIM - LH / RH X	2	\$	144.00	
5	REAR PARKING AID SENSOR SUPPORT - LH / RH OUTER X	2	\$	56.00	
6	REAR BUMPER SPOILER X	1	\$	226.00	
7	REAR LIGHT REFLECTOR - LH / RH X	2	\$	74.00	
8	TAIL LIGHT OUTER - LH / RH ? X	2	\$	2,098.00	
9	TAIL LIGHT TRIM OUTER - LH / RH X	2	\$	68.00	
10	TAIL LIGHT INNER - LH / RH ?	2	\$	1,552.00	
11	TAIL LIGHT INNER TRIM - LH / RH X	2	\$	60.00	
12	LICENCE PLATE LIGHT ?	2	\$	209.00	
13	REAR BUMPER REINFORCEMENT BEAM ?	1	\$	599.00	
14	REAR BUMPER BRACKET - LH / RH ?	2	\$	63.00	
15	REAR BUMPER GUIDE SECTION- LH / RH ?	2	\$	124.00	
16	REAR PARKING AID SENSOR - INNER ?	2	\$	530.00	
17	REAR PARKING AID SENSOR SEAL RING / M	4	\$	32.00	
18	REAR LID / M	1	\$	2,922.00	
19	REAR LID ATTACHMENT PARTS X	1	\$	535.00	
20	REAR LID HINGE - LH / RH X	2	\$	330.00	
SUB TOTAL SPARE PARTS			:	\$	11,897.00

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

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S/N	PARTS DESCRIPTION	QTY	DAMAGED PARTS & PRICES		REMARKS
			S/NETT		
21	REAR LID LOCK X	1	\$	244.00	
22	REAR LID LOCK FLAP COVER CAP X	1	\$	6.00	
23	REAR LID LOCK ACTUATOR X	1	\$	215.00	
24	REAR LID LOCK STRIKER X	1	\$	102.00	
25	REAR LID SEAL ?	1	\$	176.00	
26	REAR LID CLIP / ne	2	\$	4.00	
27	REAR CAMERA CONTROL UNIT ?	1	\$	1,441.00	
28	REAR PACKING ADHESIVE / ne	1	\$	21.00	
29	AUDI EMBLEM / ne	1	\$	144.00	
30	"A3" EMBLEM / ne	1	\$	104.00	
31	REAR WINDSCREEN / ne	1	\$	726.00	
32	PRIMER / ne	1	\$	22.00	
33	REAR SPOILER - LH / RH / ne	2	\$	340.00	
34	REAR SPOILER ADHESIVE TAPES / ne	2	\$	275.00	
35	REAR LID TOP SPOILER FOAM STRIPS / ne	1	\$	114.00	
36	REAR LID TOP SPOILER ATTACHMENT PARTS / ne	1	\$	143.00	
37	REAR END PANEL ?	1	\$	460.00	
38	REAR END PANEL REINFORCEMENT ?	1	\$	1,407.00	
39	REAR END PANEL CONNECTING PLATE - LH / RH ?	2	\$	92.00	
40	REAR END PANEL TRIM ?	1	\$	171.00	
SUB TOTAL SPARE PARTS		:	\$	6,207.00	

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MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SNA 932 P

			DAMAGED PARTS & PRICES	
S/N	PARTS DESCRIPTION	QTY	S/NETT	REMARKS
41	REAR LID TRIM PANEL - LOWER <i>X</i>	1	\$ 533.00	
42	ARYLIC SEALANT <i>?</i>	S/N	\$ 180.00	
43	CAVITY WAX <i>?</i>	S/N	\$ 140.00	
44	STONE CHIP <i>?</i>	S/N	\$ 180.00	
45	METAL FILLER POWDER <i>?</i>	S/N	\$ 280.00	
46	REAR WINDSCREEN SEALANT <i>✓ ne</i>	S/N	\$ 200.00	
47	REAR NO PLATE <i>X</i>	S/N	\$ 100.00	
48	SUNDRIES <i>?</i>		\$ 400.00	
TOTAL SPARE PARTS		:	\$ 20,117.00	
TOTAL LABOUR CHARGES		:	\$ 11,712.00	
GRAND TOTAL		:	\$ 31,829.00	

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

Stev (LKK)
19/3/12, 300p

W AL
P/P
L AL Y
S djs

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	12/04/2022 18:17 (SGT)
Date of Accident	12/04/2022 07:15 (SGT)
Exact Location of Accident	Benoi Rd & Gul Cir, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNA932P
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	CHOW JI FENG
NRIC No	SXXXX975I
Email Address	CHOWJIFENG@GMAIL.COM
Mobile Phone No	(Phone) +65-91170427
Alternative Phone No	+65-91170427

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?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1435

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	7210054905
Cover Note Number	-

DRIVER

Name of Driver	CHOW JI FENG
NRIC No	SXXXX975I



Accident report SP0R224C0002

Date Of Birth	25/01/1976
Occupation	Indoor
Date Of Driving Pass	27/12/2004
Driving experience	17 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91170427
Alt. Phone Number	+65-91170427
Email Address	CHOWJIFENG@GMAIL.COM
Address	BLK 666B JURONG WEST ST 65
Address complement	#08-211
Postcode	642666
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	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 STATIONARY AT THE TRAFFIC LIGHT JUNCTION, BENOI ROAD JUNCTION WITH GUL CIRCLE. SUDDENLY I GOT HIT FROM THE BACK BY XE 4647 Y.

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	XE4647Y
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)	1

SKETCH PLAN

IMPORTANT NOTICE

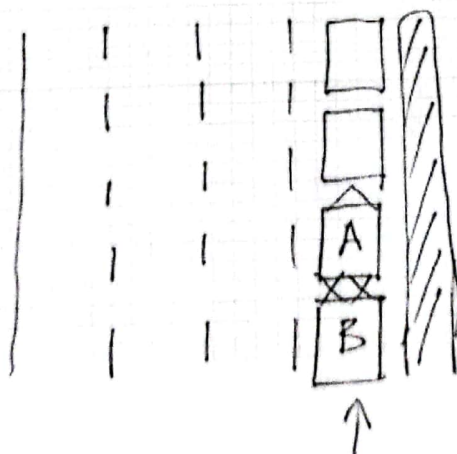
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to reputate 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 deposit 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 investigation 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 may involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelope or 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.

Chen Wei
Policyholder's Signature / Date & Time

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

Chong An Sing
Witnessed by Reporting Centre Personnel

Sketch Plan




A = SNA 932 P.
B = XE 4647 Y

Describe Circumstances of the Accident

I was stationary at the traffic light junction, Zeno Rd junction with Gyl Circle. Suddenly I got hit from the back by XE 16647 Y..

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
Chang Jia Sing
17/11/17