

**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. \_\_\_\_\_

Claims No. \_\_\_\_\_

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

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

N/S	O/S
<input checked="" type="checkbox"/>	

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

Vehicle: IN / OUT

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Veh No: SJD 90325 Yr Regn: 25/11/15

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

Truck / Trailer or \_\_\_\_\_

Make: Audi A4 c.c. 1798

Colour: Grey A/C:  Insured /  Std /  NI /  NA

Sp. Reading: 110614 T/Radio:  Insured /  Std /  NI /  NA

Eng/No: \_\_\_\_\_

C/No: WAY 2228KOF A173783

Gen. Cond:  Good /  Fair /  Poor /  Burnt

Steering:  Inorder /  Jammed /  Leaked /  Burnt or

Brake:  Inorder /  Jammed /  Leaked /  Burnt or

Modi:  Nil /  S/Rim /  STD A/Rim or

Tyre Size: F: 245/40R18

R: 11

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. 14/4/72 D.O.I. 19/4/72

Survey held at Premium

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

Front RH

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

Date / Time	Action / Instruction
	<u>MV-638</u>
	<u>PV-48,354</u>
	<u>NV-22,646</u>

Date/Time, File Pass to?  : Prell. Report

1)  : Final Report

Date/Time, File Return to?

2) \_\_\_\_\_

Report Format: \_\_\_\_\_

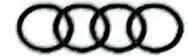
Lump Sum / I.B.F. (\$) \_\_\_\_\_

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

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

Survey Fee:	
Transportation:	
\$ + R.S. \$	
Photos	
Others	
TOTAL	



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/0301/2022/NK  
**DATE** : 18-Apr-22  
**WIP** : 19971

**VEHICLE NOT IN WORKSHOP. KINDLY ARRANGE FOR SURVEY ON 19/4/2022**

**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 SETHURAMAN ALAGAPPAN  
**ADDRESS** : BLK 251 CHOA CHU KANG AVE 2  
#13-296  
SINGAPORE 680251  
**TELEPHONE** : HP +65 98769036  
**TYPE OF CLAIM** : OWN DAMAGE CLAIM  
**POLICY NO** : 2100439845-06  
**VEHICLE NO** : **SJD 9032 J**  
**MODEL CODE** : AUDI A4 1.8T FSI MU  
**MODEL YEAR** : 25/11/2015  
**ENGINE NO** : CJE 111684  
**CHASSIS NO** : WAUZZZ8K0FA173783  
**MILEAGE** : -  
**DATE IN** : -  
**ESTIMATED BY** : JOHNNY BOO / ALLAN WU  
**ACCIDENT DATE** : 14-Apr-22  
**PLACE OF ACCIDENT** : NEW HDB BLOCK CONSTRUCTION  
IN MARGARET DRIVE

LKK Auto Consultants hence notify  
the Insurer of the facts  
of the accident and the damage  
to the vehicle.  
The Insurer is requested to  
be subject to the applicable insurance Company  
policy conditions.  
Acknowledged by Repairer  
Signature:  
Date:



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**ESTIMATED LABOUR CHARGES FOR ACCIDENT VEHICLE SJD 9032 ]**

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 AND HEADLIGHT WASHER ASSY.	S/N \$ 360.00	X
2	TO REMOVE AND TRANSFER RHS FRONT DOOR'S MULTI-LOCK SYSTEM AND POWER WINDOW DEVICES. INSPECT FOR DAMAGES.	S/N \$ 350.00	280
3	TO REMOVE AND REINSTALL FRONT SEAT ASSY, BACK REST, AB PILLAR TRIMS, SILL TRIMS, CARPETS, ELECTRONIC COMPONENTS AND FUSE TRAYS.	S/N \$ 1,800.00	/ (photos)
4	TO REMOVE CENTER CONSOLE AND DASHBOARD ASSY FOR A-PILLAR RENEWAL. INSPECT FRO DAMAGES.	S/N \$ 3,200.00	?
5	TO REMOVE AND RENEW RHS FRONT WHEEL SUSPENSION ASSY WITH SUBFRAME.	S/N \$ 2,400.00	?
6	TO DISMANTLE AND REINSTALL FRONT BUMPER. TO RENEW RHS FRONT FENDER AND RHS FRONT DOOR. TO CUT OUT AND WELD RHS A-PILLAR WITH RHS SILL PANEL. RE-ORGANIZE CRASH MANAGEMENT COMPONENTS. REINSTALL ALL PARTS REMOVED.	3 \$ 6,300.00	3000
7	TO RESPRAY RHS FRONT FENDER, RHS FRONT DOOR, HINGES, RHS A-PILLAR, RHS SILL PANEL AND DOOR ENTRANCE.	4 x 550 \$ 4,000.00	2200
8	TO RENEW RHS FRONT RIM WITH TYRE. TO CARRY OUT PRE/POST WHEEL ALIGNMENT.	S/N \$ 520.00	/
9	TO CARRY OUT DIAGNOSTIC CHECK	S/N \$ 192.00	/
<b>TOTAL LABOUR CHARGES</b>		<b>: \$ 19,122.00</b>	



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**MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SJD 9032 J**

S/N	PARTS DESCRIPTION	QTY	DAMAGED PARTS & PRICES	
			S/NETT	REMARKS
1	SECTIONAL PART RH / DD	1	\$	2,273.00
2	SILL TRIM STRIP FRONT RH / nec	1	\$	153.00
3	DATA TAG- SILVER X	1	\$	515.00
4	FRONT FENDERR RH / DD	1	\$	1,111.00
5	FRONT FENDER ATTACHMENTS PARTS ?	1	\$	60.00
6	FRONT FENDER CLOSING ELEMENT RH ?	1	\$	143.00
7	WHEEL HOUSING LINER / CRH	1	\$	260.00
8	STONE CHIP GUARD / CUT	1	\$	82.00
9	ADHESIVE TAPE / nec	21	\$	59.00
10	FRONT DOOR RH / DD	1	\$	4,175.00
11	FRONT DOOR OUTER SEAL RH / nec	1	\$	229.00
12	BONDING AGENT / nec	1	\$	51.00
13	CLEANING SOLUTION / nec	1	\$	74.00
14	APPLICATOR X	1	\$	8.00
15	FRONT DOOR CATCH ?	1	\$	134.00
16	FRONT DOOR HINGE UPPER / LOWER RH X	1	\$	167.00
17	DATA PLATE FOR TYRE PRESSURE / nec	1	\$	34.00
18	ALUMINIUM RIM / BT	1	\$	1,420.00
19	RUBBER VALVE / nec	4	\$	15.00
20	SUPPORT FRAME ?	1	\$	4,322.00
<b>SUB TOTAL SPARE PARTS</b>		:	<b>\$</b>	<b>15,285.00</b>

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. SJD 9032 J**

			DAMAGED PARTS & PRICES		
S/N	PARTS DESCRIPTION	QTY	S/NETT		REMARKS
21	FRONT WISHBONE FRONT RH ?	1	\$	605.00	
22	SUSPENSION GUIDE ?	1	\$	1,120.00	
23	SUSPENSION GUIDE UPPER/ LOWER ?	2	\$	1,210.00	
24	WHEEL BEARING HOUSING ?	1	\$	1,256.00	
25	SWIVEL JOINT ?	1	\$	214.00	
26	WHEEL HUB ?	1	\$	518.00	
27	WHEEL BEARING ASSEMBLY ?	1	\$	651.00	
28	COUPLING ROD ?	2	\$	258.00	
29	DRIVE SHAFT ?	1	\$	2,999.00	
30	SUSPENSION FORKS RH ?	1	\$	263.00	
31	GAS SHOCK ABSORBER ?	1	\$	337.00	
32	TRACK ROD ?	1	\$	109.00	
33	TIE ROD END ?	1	\$	195.00	
34	UNDERBODY TRIM FRONT RH ?	1	\$	51.00	
35	UNDERBODY TRIM RH ?	1	\$	493.00	
36	NOISE INSULATION FRONT ?	1	\$	709.00	
37	NOISE INSUALTION REAR ?	1	\$	437.00	
38	FRONT TYRE RHS - TH (50%)	1		TBC	
39	ACYRLIC SEALANT - AC	S/N	\$	180.00	
40	CAVITY WAX - AC	S/N	\$	140.00	
<b>SUB TOTAL SPARE PARTS</b>			:	<b>\$ 11,745.00</b>	

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**MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SJD 9032 ]**

S/N	PARTS DESCRIPTION	QTY	DAMAGED PARTS & PRICES		REMARKS
			S/NETT		
41	STONE CHIP <i>- nc</i>	S/N	\$	180.00	
42	METAL FILLER POWDER <i>- nc</i>	S/N	\$	280.00	
43	SUNDRIES <i>?</i>	1	\$	280.00	
<b>TOTAL SPARE PARTS</b>		:	\$	<b>27,770.00</b>	
<b>TOTAL LABOUR CHARGES</b>		:	\$	<b>19,122.00</b>	
<b>GRAND TOTAL</b>		:	\$	<b>46,892.00</b>	

ALL CHARGES ARE NOT INCLUSIVE OF GST  
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 SPARE PARTS ARE SPECIAL NETT.  
 BL-30/03/22



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

*Steve (LKK)  
19/4/22, 10:22am*

*DD- M AL  
EXCISE ?  
PII  
My BL 17  
19 4/22*

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	14/04/2022 18:51 (SGT)
Date of Accident	14/04/2022 14:25 (SGT)
Exact Location of Accident	42A Margaret Dr, Singapore
Additional Location Information	NEW HDB BLOCK CONSTRUCTION IN MARGARET DRIVE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJD9032J
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	SETHURAMAN ALAGAPPAN
NRIC No	SXXXX563F
Email Address	APPANPB@GMAIL.COM
Mobile Phone No	(Phone) +65-98769036
Alternative Phone No	+65-98769036

### 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	1798

### INSURANCE COMPANY

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

### DRIVER

Name of Driver	SETHURAMAN ALAGAPPAN
NRIC No	SXXXX563F

Date Of Birth ..... 28/06/1973  
Occupation ..... Indoor  
Date Of Driving Pass ..... 14/02/2008  
Driving experience ..... 14 YEARS AND 2 MONTHS  
Gender ..... Male  
Mobile Number ..... (Phone) +65-98769036  
Alt. Phone Number ..... +65-98769036  
Email Address ..... APPANPB@GMAIL.COM  
Address ..... BLK 251 CHOA CHU KANG AVE 2  
Address complement ..... #13-296  
Postcode ..... 680251  
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) ..... 4  
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? ..... No

PASSENGER 1

Name ..... ALAGAPPAN SUDHA  
Gender ..... Female

PASSENGER 2

Name ..... KANNAN CHIDAMBARAM  
Gender ..... Male

PASSENGER 3

Name ..... LAKSHMI ALAGAPPAN  
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

BLK 42A IS A NEWLY CONSTRUCT HDB HOUSE. I VISITED TO MY DAUGHTER'S HOUSE AT 43A MARGARET DRIVE. WHILE COMING OUT OF THE BLK TO ROADSIDE. THERE IS A CURB WHICH IS VERY TALL COMPARED TO OTHER CURBS. I TURN RIGHT AND ACCIDENTALLY HIT TO CURBS. HENCE MY CAR FRONT TYRE BURST AND THE FRONT DOOR NEAR TYRE WAS A DENT. THERE WAS NO THIRD PARTY INVOLVED. IT IS A ACCIDENT BY THE OWNER OF THE CAR.

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	-
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 or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to an insurer(s) 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.



*S. M. J.*

Policyholder's Signature / Date &  
Time 14.04.2022/5.55pm

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

Witnessed by Reporting Centre  
Personnel *Tony Poon*

**Sketch Plan**



Describe Circumstances of the Accident

HDB House

Block 42-A is a newly constructed house by HDB. I visited to my daughter's house at 43A Margaret Drive while coming out of the block to park side. There is a curb which is very tall compared to other curbs. I <sup>curb</sup> turned right and accidentally hit the curb. Hence my car front tier burst <sup>and</sup> the door <sup>was</sup> <sup>the</sup> <sup>front</sup> <sup>door</sup> <sup>was</sup> <sup>a</sup> <sup>dent</sup>.

There <sup>was</sup> <sup>no</sup> <sup>third</sup> <sup>party</sup> <sup>involved</sup> <sup>in</sup> <sup>the</sup> <sup>accident</sup> <sup>by</sup> <sup>the</sup> <sup>owner</sup> <sup>of</sup> <sup>the</sup> <sup>car</sup>.

Declaration

We declare the foregoing particulars are true in every respect.

*[Handwritten Signature]*

Policyholder's Signature / Date & Time 14.04.2022 / 5.55pm & Time

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



Witnessed by Reporting Centre Personnel *[Signature]*