

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. 2892935223SG
 Sum Insured: _____ Excess: 800
 (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 Rpt: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 12 days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

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

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: WAV 2228KOP A173783
 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: 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. 14/4/12 D.O.I. 19/4/12
 Survey held at Premium
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Front RH
 The U/C / Chassis frame / Body Structure affected due to collision.

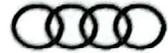
Date / Time	Action / Instruction
	MV-638
	PV-48,354
	NV-22,646
	fina fig : \$17656.92 and 12 days
	(red, 29585.08, 63%)

Date/Time, File Pass to? : Prel. Report
 : Final Report
 Date/Time, File Return to? _____
 2) _____
 Report Format : _____
 Lump Sum / I.B.F. (\$) 17656.92

Days Of Repair: 12
 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 hereby certify
the completion of the job.
This report is for the use of the insurance company.
Acknowledged by Repairer
Signature:
Date:



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ESTIMATED LABOUR CHARGES FOR ACCIDENT VEHICLE SJD 9032 J

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	/ (photo)
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.	S \$ 6,300.00 6 x 500	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	/
TOTAL LABOUR CHARGES		: \$ 19,122.00	



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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
1	SECTIONAL PART RH / <i>DD</i>	1	\$ 2,273.00	
2	SILL TRIM STRIP FRONT RH / <i>NEC</i>	1	\$ 153.00	
3	DATA TAG- SILVER <i>X</i>	1	\$ 515.00	
4	FRONT FENDERR RH / <i>DD</i>	1	\$ 1,111.00	
5	FRONT FENDER ATTACHMENTS PARTS <i>?</i>	1	\$ 60.00	
6	FRONT FENDER CLOSING ELEMENT RH <i>?</i>	1	\$ 143.00	
7	WHEEL HOUSING LINER / <i>CR4</i>	1	\$ 260.00	
8	STONE CHIP GUARD / <i>CUT</i>	1	\$ 82.00	
9	ADHESIVE TAPE / <i>NE</i>	<i>21</i>	\$ 59.00	
10	FRONT DOOR RH / <i>DD</i>	1	\$ 4,175.00	
11	FRONT DOOR OUTER SEAL RH / <i>NE</i>	1	\$ 229.00	
12	BONDING AGENT / <i>NE</i>	1	\$ 51.00	
13	CLEANING SOLUTION / <i>NE</i>	1	\$ 74.00	
14	APPLICATOR <i>X</i>	1	\$ 8.00	
15	FRONT DOOR CATCH <i>?</i>	1	\$ 134.00	
16	FRONT DOOR HINGE UPPER / LOWER RH <i>X</i>	1	\$ 167.00	
17	DATA PLATE FOR TYRE PRESSURE / <i>NE</i>	1	\$ 34.00	
18	ALUMINIUM RIM / <i>BT</i>	1	\$ 1,420.00	
19	RUBBER VALVE / <i>NE</i>	4	\$ 15.00	
20	SUPPORT FRAME <i>?</i>	1	\$ 4,322.00	
SUB TOTAL SPARE PARTS		:	\$ 15,285.00	

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

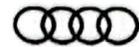


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MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SJD 9032]

			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 - TN (50%)	1		TBC	
39	ACYRLIC SEALANT - AC	S/N	\$	180.00	
40	CAVITY WAX - AC	S/N	\$	140.00	
SUB TOTAL SPARE PARTS			\$	11,745.00	

ALL CHARGES ARE NOT INCLUSIVE OF GST
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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
41	STONE CHIP - <i>nc</i>	S/N	\$ 180.00	
42	METAL FILLER POWDER - <i>nc</i>	S/N	\$ 280.00	
43	SUNDRIES ?	1	\$ 280.00	
TOTAL SPARE PARTS		:	\$ 27,770.00	
TOTAL LABOUR CHARGES		:	\$ 19,122.00	
GRAND TOTAL		:	\$ 46,892.00	

ALL CHARGES ARE NOT INCLUSIVE OF GST
 LEGEND: REMARKS (OK) = APPROVED, REMARKS (X) = NOT APPROVED
 SPARE PARTS ARE SPECIAL NETT.
 BL-30/03/22

PREMIUM AUTOMOBILES



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)
~~19/4/22~~ 19/4/22, 10:00am

DD- M AL
EXCESS ?
PIP
My BL 17
19 dys

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 Png

Sketch Plan



Describe Circumstances of the Accident

HOB HOUSE

Block 42A is a newly constructed house by HOB. I visited to my daughter's house at 434 Margaret Drive while leaving out of the block to road side. There is a curb which is very tall compared to other curbs. I recently turned right and accidently hit the curb. Hence my car front tier burst, and the door was ^{part} way a dent.

There was ^{no} third party ^{involve} involved. It is an accident by ^{the} owner of the car.

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 *Gay Fong*