

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop m/s _____
 of _____
 Insured: _____
 Policy No. _____
 Claims No. 4610375304SG
 Sum Insured: _____ Excess: 300
 (Client's Record)
 Make of Veh: _____

Veh No: SLV43714 Yr Regn: 28/12/17
 Type: Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Audi A4 c.c. 1395
 Colour: White A/C: Insured / Std / Nil / NA
 Sp. Reading: 92719 T/Radio: Insured / Std / Nil / NA
 Eng/No: _____
 C/No: WAUZZZ8VJA093310
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jaimmed / Leaked / Burnt or _____
 Brake: In order / Jaimmed / Leaked / Burnt or _____
 Mod: Nil / S/Rim / STD A/Rim or _____
 Tyre Size: F: 245/40ZR18
 R: 1

N/S	O/S

(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: _____ days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or - _____
 Front _____ Rear _____
 R/Bal. 5 mm R/Bal. 5 mm
 L/Bal. 5 mm L/Bal. 5 mm
 D.O.A. 25/4/22 Premium D.O.I. 27/4/22
 Survey held at _____
 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
	<u>NIK-103K</u>
<u>29/04/22 @ 9.18am</u>	<u>revert to AIG via Merimen.</u>
<u>29/04/22 @ 4.24pm</u>	<u>Kok Chong informed C/A via Merimen.</u>
<u>29/04/22 @ 4.42pm</u>	<u>Informed Kee Siang C/A & ex:\$300 by email.</u>

Date/Time, File Pass to? : Prel. Report
 : Final Report

Days Of Repair: _____
 Resurvey No. of Trip: _____

1) _____ Date/Time, File Return to?
 2) _____
 Report Format: _____
 Lump Sum / L.B.F. (\$) _____

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

Survey Fee:	
Transportation:	
\$ + RS. \$	
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

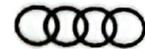
ESTIMATE : ACCIDENT REPAIRS
WORKSHOP : UBI ROAD 1
CONTACT NO : 6366 2323
FAX NO : 6841 1183
REFERENCE : PA/OD/0341/2022/JT
DATE : 26-Apr-22
WIP : 21563

VEHICLE IN WORKSHOP. KINDLY ARRANGE FOR SURVEY ON 27/4/22

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 TAN YI TING
ADDRESS : BLK 130 BEDOK RESERVOIR ROAD
#10-1353
SINGAPORE 470130
TELEPHONE : HP +65 91709070
TYPE OF CLAIM : OWN DAMAGE CLAIM
POLICY NO : 1700094139-04
VEHICLE NO : **SLV 4371 U**
MODEL CODE : AUDI A4 SEDAN 1.4 TFSI
MODEL YEAR : 28/12/2017
ENGINE NO : CVN 045312
CHASSIS NO : WAUZZZF41JA023310
MILEAGE : -
DATE IN : -
ESTIMATED BY : JOHNNY BOO / ALLAN WU
ACCIDENT DATE : 25-Apr-22
PLACE OF ACCIDENT : GRANDSTAND CAR PARK ZONE B



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ESTIMATED LABOUR CHARGES FOR ACCIDENT VEHICLE SLV 4371 U

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 HEADLIGHT'S CONTROL UNIT AND POWER MODULE.	S/N \$ 350.00	250
3	TO REMOVE AND REINSTALL AIRCON CONDENSER, CHARGE AIR COOLER AND RADIATOR. CHECK ELECTRICAL FANS AND CONTROL UNIT. TO CARRY OUT PRESSURISE, VACUUM AND REGAS.	S/N \$ 1,400.00	?
4	TO DISMANTLE AND RENEW FRONT BUMPER, RHS FRONT FENDER AND RHS HEADLIGHT. TO RENEW FRONT LOCK CARRIER AND ALIGN TO POSITION. RE-ORGANIZE CRASH MANAGEMENT COMPONENTS. REINSTALL ALL PARTS REMOVED.	\$ 4,200.00	1000
5	TO RESPRAY FRONT BUMPER AND RHS FRONT FENDER.	\$ 2,000.00	1650
6	TO CARRY OUT DIAGNOSTIC CHECK.	S/N \$ 192.00	/
TOTAL LABOUR CHARGES		: \$ 8,502.00	

PREMIUM AUTOMOBILES



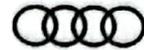
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MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SLV 4371 U

S/N	PARTS DESCRIPTION	QTY	DAMAGED PARTS & PRICES	
			S/NETT	REMARKS
1	FRONT BUMPER — BR	1	TBC	
2	FRONT BUMPER FIXING PARTS X	1	TBC	
3	FRONT BUMPER SECURING STRIP (RH) — DT	21	\$	79.00
4	FRONT BUMPER GRILLE - CENTER X	1	\$	219.00
5	FRONT BUMPER CLOSING ELEMENT - LOWER CENTER X	1	\$	254.00
6	FRONT BUMPER AIR GUIDE - RH ?	1	\$	72.00
7	RADIATOR GRILLE X	1	\$	1,277.00
8	FRONT BUMPER AIR GUIDE GRILLE - RH ?	1	\$	151.00
9	FRONT BUMPER FOAM FILLER PIECE ?	1	\$	139.00
10	FRONT BUMPER REINFORCEMENT BEAM ?	1	\$	899.00
11	FRONT BUMPER GUIDE SECTION - RH ?	1	\$	41.00
12	FRONT BUMPER BRACKET - RH ?	1	\$	254.00
13	FRONT BUMPER TOP COVER — BR	1	\$	143.00
14	CAUTION STICKER — BK	1	\$	16.00
15	AIR COND STICKER — BK	1	\$	9.00
16	FRONT BUMPER LOCK CARRIER BRACKET — BR	1	\$	154.00
17	FRONT BUMPER SUPPORT - LH / RH ?	2	\$	64.00
18	POP RIVET ?	4	\$	4.00
19	HORN - RH ?	1	\$	139.00
20	HORN SUPPORT - RH ?	1	\$	33.00
SUB TOTAL SPARE PARTS		:	\$	3,947.00

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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MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SLV 4371 U

S/N	PARTS DESCRIPTION	QTY	DAMAGED PARTS & PRICES	
			S/NETT	REMARKS
21	FRONT FENDER - RH / (OK)	1	\$ 861.00	
22	FRONT FENDER ATTACHMENT PARTS X	1	\$ 211.00	
23	FRONT FENDER CLOSING ELEMENT - RH / (OK)	1	\$ 81.00	
24	FRONT FENDER BRACKET - RH / (OK)	1	\$ 41.00	
25	FRONT FENDER BRACE - RH ?	1	\$ 132.00	
26	FRONT FENDER BRACKET CENTER - RH X	1	\$ 55.00	
27	FRONT WHEEL HOUSING LINER - RH (OK) ?	1	\$ 262.00	
28	FRONT WHEEL HOUSING LINER ATTACHMENT PARTS ?	1	TBC	
29	FRONT WHEEL SPOILER / BR	1	\$ 82.00	
30	FRONT WHEEL SPOILER LOWER - RH X	1	\$ 40.00	
31	FRONT WHEEL SPOILER STONE CHIP GUARD - RH X	1	\$ 57.00	
32	FRONT FENDER LEDGE COVER LONG - RH ?	1	\$ 35.00	
33	FRONT FENDER LEDGE COVER SHORT - RH / BR	1	\$ 26.00	
34	HEADLIGHT - RH / BR	1	TBC	
35	HEADLIGHT POWER MODULE ?	1	\$ 840.00	
36	HEADLIGHT CONTROL UNIT ?	1	\$ 840.00	
37	HEADLIGHT HOSE - RH ?	1	\$ 42.00	
38	SPACER ?	3	\$ 136.00	
39	LIFT CYLINDER - RH ?	1	\$ 231.00	
40	LIFT CYLINDER BRACKET ?	1	\$ 7.00	
SUB TOTAL SPARE PARTS		:	\$ 3,979.00	

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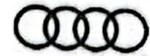
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MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SLV 4371 U

S/N	PARTS DESCRIPTION	QTY	DAMAGED PARTS & PRICES	
			S/NETT	REMARKS
41	LIFT CYLINDER CORRUGATED PIPE ?	1	\$	107.00
42	LIFT CYLINDER HOSE - INNER ?	1	\$	45.00
43	LOCK CARRIER ?	1	\$	1,127.00
44	OUTSIDE TEMPERATURE SENSOR BRACKET ?	1	\$	21.00
45	RADIATOR COOLANT ?	6	\$	282.00
46	RADIATOR AIR GUIDE INNER - RH ?	1	\$	32.00
47	RADIATOR AIR GUIDE OUTER - RH ?	1	\$	14.00
48	RADIATOR AIR GUIDE UPPER ?	1	\$	19.00
49	FRONT NO PLATE X	S/N	\$	120.00
50	SUNDRIES ?		\$	350.00
TOTAL SPARE PARTS		:	\$	10,043.00
TOTAL LABOUR CHARGES		:	\$	8,502.00
GRAND TOTAL		:	\$	18,545.00

ALL CHARGES ARE NOT INCLUSIVE OF GST
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 **PREMIUM AUTOMOBILES**



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 TEL: 6366 2323 FAX: 6841 1183
 EMAIL: NORA.KHAI@PREMIUMAUTO.COM.SG / CLAIMS@PREMIUMAUTO.COM.SG

NAME	:	Steve (LKR)	DD-MR
SURVEYED DATE	:	27/4/22, 3.00p	EXH-S-?
AUTHORISED DATE	:		PIP
EXCESS COST	:		BY BLG
LIABILITY	:		5 LPS
REMARKS	:		

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

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:

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	26/04/2022 12:49 (SGT)
Date of Accident	25/04/2022 17:05 (SGT)
Exact Location of Accident	200 Turf Club Rd, Singapore 287994
Additional Location Information	GRANDSTAND CAR PARK ZONE B
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV4371U
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	TAN YI TING
NRIC No	SXXXX541C
Email Address	BRYANASHFIELD@GMAIL.COM
Mobile Phone No	(Phone) +65-91993737
Alternative Phone No	+65-91993737

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	1395

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1700094139-04
Cover Note Number	-

DRIVER

Name of Driver	BRYAN LIM JUN YAN
NRIC No	SXXXX370A

Date Of Birth 19/09/1992
 Occupation Indoor
 Date Of Driving Pass 28/12/2013
 Driving experience 8 YEARS AND 4 MONTHS
 Gender Male
 Mobile Number
 Alt. Phone Number (Phone) +65-91709070
 Email Address -
 Address BRYANASHFIELD@GMAIL.COM
 Address complement BLK 130 BEDOK RESERVOIR ROAD
 Postcode #10-1353
 Is the driver the policyholder? 470130
 If No, Relationship of the Driver with the Insured No
 Does Driver Own Other Vehicles? Child
 Vehicle Registration Number of Other Vehicle Owned by Driver No
 Insurance Company of Other Vehicle Owned by Driver -

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Collision - Cross Junction
 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) 2
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No

PASSENGER 1

Name LYNN ONG YI JING
 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

I WAS REVERSING INTO A CAR PARK LOT AT THE GRANDSTAND, NEEDING TO RE-ALIGN MY VEHICLE. I CHECKED RIGHT & LEFT FOR ONCOMING VEHICLE. CONDITION WAS CLEAR, THEN I PROCEEDED TO RE-ALIGN MY VEHICLE. SUDDENLY, I FELT A MASSIVE IMPACT ON MY VEHICLE.

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 SMC241B
 Vehicle Manufacturer Mazda
 Vehicle Model 2
 Vehicle Variant -

Vehicle Colour	Black
Vehicle Category	Private car
Name of Driver	SEOW SZI RACHEL
Contact Number	(Phone) +65-90888269
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**.
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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/small 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.

JM, 26/04/22
9.41am

Policyholder's Signature / Date & Time

[Signature], 26/04/22
9.41am

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



Witnessed by Reporting Centre Personnel

Sketch Plan

A: SLU4371U
B: SMC241B



Describe Circumstances of the Accident

I was reversing into a carpark lot at the Grandstand, needing to re-align my vehicle, I checked Right then left for oncoming vehicle. I probably condition was clear, then I proceeded to re-align my vehicle. Suddenly I felt a massive impact on my vehicle.

Declaration

We declare the foregoing particulars are true in every respect

[Signature] 26/04/22
9.53 am

Policyholder's Signature / Date & Time

[Signature] 26/04/22
9.53 am

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



Witnessed by Reporting Centre Personnel