

REF: CS/SMR22004619/Avy3

ASS. REC. BY:

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: **SHF 179S**

Policy No. _____

Claims No. **TAX/05/22/2046**

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

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

Veh No: **SmZ 6888A** Yr Regn: **2020/ Oct.**Type: **M.Car** / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: **Audi Q3** C.C. **1395**Colour: **Blue** A/C: Insured / Std / NI / NASp. Reading: **29762** T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: **WAUZZ2F31M1013064**Gen. Cond: **Good** / Fair / Poor / BurntSteering: **Inorder** / Jammed / Leaked / Burnt orBrake: **Inorder** / Jammed / Leaked / Burnt or

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

Tyre Size: F: **235/50R19**R: **235/50R19**

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

TOYO / YOKO or **Falken**

Front _____ Rear _____

R/Bal. **06** mm R/Bal. **06** mmL/Bal. **06** mm L/Bal. **06** mmD.O.A. **15/5/2022** D.O.I. **24/03/22**Survey held at **Premium**Des. of Damages: Frt / **Rear** / O/S / N/S / U/C / Rooftop or

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

Date / Time	Action / Instruction
	TP SMRT.
15/8/22	Final fig \$6131 confirmed by email (red 6142, 50%)
	MV :
	PV :
	Nett :

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2) **15/8/22-typist**Report Format: **TP**Final Sum / TP / CS **\$6131**Days Of Repair: **3**Resurvey No. of Trip: **1**

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Inve (\$

Survey Fee:

Transportation:

3 + RS. SI

Photos

Others

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	17/05/2022 15:23 (SGT)
Date of Accident	15/05/2022 12:13 (SGT)
Exact Location of Accident	Bukit Batok West Ave 6, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMZ6888A
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEE JING LEONG
NRIC No	SXXXX230D
Email Address	JINGLEONG1686@GMAIL.COM
Mobile Phone No	(Phone) +65-91996409
Alternative Phone No	(Office) +65-91996409

VEHICLE PARTICULARS

Manufacturer	Audi
Model	Q3
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	1400

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	GA582022/1
Cover Note Number	-

DRIVER

Name of Driver	LEE JING LEONG
NRIC No	SXXXX230D

Date Of Birth	14/01/1984
Occupation	Indoor
Date Of Driving Pass	17/07/2007
Driving experience	14 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91996409
Alt. Phone Number	(Office) +65-91996409
Email Address	JINGLEONG1686@GMAIL.COM
Address	89 ROSEWOOD DRIVE
Address complement	#03-95
Postcode	-
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 GOT HIT FROM BEHIND BY CAR B AT THE SLIP ROAD OF BUKIT BATOK WEST AVE 6. PLEASE SEE THE UPLOADED VIDEO.

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

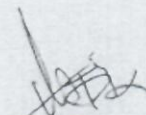
Vehicle Registration Number	SHA179S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	-
Address	-
Address complement	-

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.
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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 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.



Policyholder's Signature / Date & Time

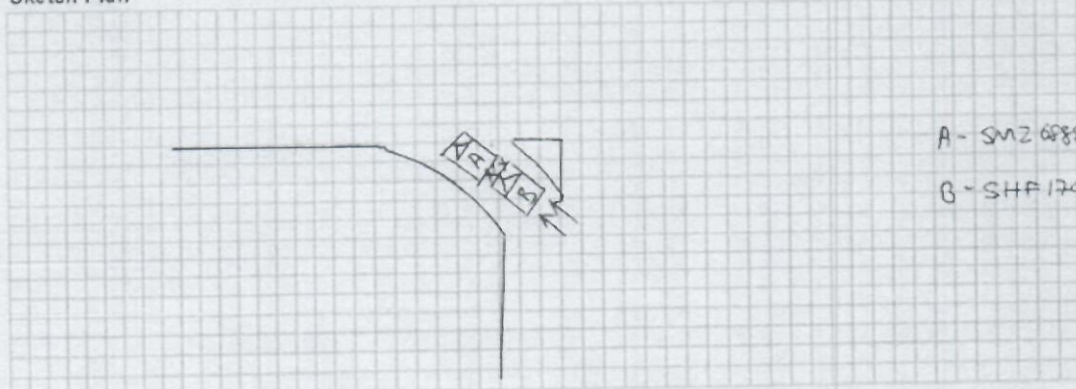
Driver's Signature (If driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel

17/5/2022 @ 1140

Sketch Plan



A - SMZ 688A

B - SHF 1795

Describe Circumstances of the Accident


I got hit from behind by car B at the slip road of Bukit Bekk west
 Ave 6. Please see the uploaded video.

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
 17/5/2022 01:46

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/0403/2022/JT
DATE : 18-May-22
WIP : 24436

VEHICLE NOT IN WORKSHOP. KINDLY ARRANGE SURVEY 24/5/22

YOUR INSURED VEH NO : SHF 179 S

MS FIRST CAPITAL INSURANCE Ltd

36 ROBINSON ROAD

#16-01 CITY HOUSE

SINGAPORE 068877

Attn: Motor Claims Dept

Tel: 6854 3909 - Fax: 6507 3849

OWNER'S NAME : MR LEE JINGLEONG
ADDRESS : 89 ROSEWOOD DRIVE
#03-95
SINGAPORE 737792
TELEPHONE : HP +65 91996409
TYPE OF CLAIM : THIRD PARTY CLAIM
POLICY NO : GA582022/1
VEHICLE NO : **SMZ 6888 A**
MODEL CODE : AUDI Q3 SB 1.4 TFSI
MODEL YEAR : 13/10/2020
ENGINE NO : CZD C06668
CHASSIS NO : WAUZZZF31M1013064
MILEAGE : -
DATE IN : -
ESTIMATED BY : JOHNNY BOO / ALLAN WU
ACCIDENT DATE : 15-May-22
PLACE OF ACCIDENT : BUKIT BATOK WEST AVE 6

55 UBI ROAD 1, SINGAPORE 408699
TEL : 6366 2323 FAX : 6841 1183
EMAIL: NORA.KHAI@PREMIUMAUTO.COM.SG / CLAIMS@PREMIUMAUTO.COM.SG

ESTIMATED LABOUR CHARGES FOR ACCIDENT VEHICLE SMZ 6888 A

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 DISMANTLE AND RENEW REAR BUMPER. TO REPAIR REAR END PANELLING. RE-ORGANIZE CRASH MANAGEMENT COMPONENTS. REINSTALL ALL PARTS REMOVED.	\$ 1,600.00 800 ✓	Spoiler 800
3	TO RESPRAY REAR BUMPER, REAR END PANELLING AND BOTH REAR WHEEL ARCH TRIMS.	\$ 3,000.00 2200 ✓	Bumper 800
4	TO CARRY OUT DIAGNOSTIC CHECK.	S/N \$ 192.00 ✓	Wheel Arc x 2 = 600
TOTAL LABOUR CHARGES		: \$ 5,152.00	<u>2200</u>

55 UBI ROAD 1, SINGAPORE 408699
TEL : 6366 2323 FAX : 6841 1183
EMAIL: NORA.KHAI@PREMIUMAUTO.COM.SG / CLAIMS@PREMIUMAUTO.COM.SG

MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SSMZ 6888 A

			DAMAGED PARTS & PRICES	
S/N	PARTS DESCRIPTION	QTY	S/NETT	REMARKS
1	REAR BUMPER <i>3 behind</i>	1	\$ 1,738.00	✓
2	REAR BUMPER SPOILER	1	\$ 510.00	✓
3	REAR BUMPER GRILLE - RH	1	\$ 170.00	+
4	REAR PARKING AID SENSOR SUPPORT - RH <i>3 rear</i>	1	\$ 28.00	+
5	REAR BUMPER ADAPTER - LH / RH	2	\$ 190.00	+
6	REAR BUMPER CROSS REINFORCEMENT - CENTER <i>new</i>	1	\$ 108.00	+
7	REAR BUMPER BRACKET <i>3</i>	1	\$ 53.00	+
8	REAR LIGHT REFLECTOR - RH <i>3 rear</i>	1	\$ 46.00	+
9	BOOT LID CONTROL UNIT	1	\$ 454.00	+
10	TAILGATE SENSOR LINE	1	\$ 228.00	+
11	REAR BUMPER SHOCK ABSORBER <i>new</i>	1	\$ 95.00	+
12	REAR BUMPER REINFORCEMENT <i>?</i>	1	\$ 693.00	?
13	REAR BUMPER HOLDING STRAP - LH / RH <i>?</i>	2	\$ 64.00	?
14	REAR PARKING AID SENSOR <i>3 not \$</i>	3	\$ 795.00	+
15	REAR PARKING AID SENSOR SEAL RING <i>3 new</i>	4	\$ 10.00	+
16	REAR BUMPER WIRING SET	1	\$ 449.00	+
17	REAR WHEEL ARCH COVER - LH / RH <i>new</i>	2	\$ 1,132.00	✓
18	UNDERBODY TRIM - RH <i>new</i>	1	\$ 58.00	+
19	SUNDRIES <i>?</i>		\$ 300.00	?
TOTAL SPARE PARTS		:	\$ 7,121.00	
TOTAL LABOUR CHARGES		:	\$ 5,152.00	
GRAND TOTAL		:	\$ 12,273.00	

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

55 UBI ROAD 1, SINGAPORE 408699

TEL : 6366 2323 FAX : 6841 1183

EMAIL: NORA.KHAI@PREMIUMAUTO.COM.SG / CLAIMS@PREMIUMAUTO.COM.SG

NAME : Adnan
SURVEYED DATE : 24/05/22
AUTHORISED DATE :
EXCESS COST :
LIABILITY :
REMARKS : Not Authorised, 03 Days

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

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: