

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. 5833981110SG
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: SLW 13067 Yr Regn: 28/5/22
 Type: M. Car / M. Cyclo / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Audi A5 c.c. 1984
 Colour: Blue A/C: Insured / Std / Nil / NA
 Sp. Reading: 1073 T/Radio: Insured / Std / Nil / NA
 Eng/No: _____
 C/No: WAN 222 P56 MA 062407
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or _____
 Brake: In order / Jammed / Leaked / Burnt or _____
 Modl: NII / S/Bim / STD A/Rim or _____
 Tyre Size: F: 205/40R18
 R: 11

(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

BS / DUN / EXNOVA / GY / FS / LIZ / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or. Hankook
 Front R/Bal. 5 mm Rear R/Bal. 5 mm
 L/Bal. 5 mm L/Bal. 5 mm
 D.O.A. 22/6/22 D.O.I. 23/6/22
 Survey held at Premium
 Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or
Rear RH
 The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>MY-240K</u>
<u>24/06/22 @ 3.54pm</u>	<u>revert to AIG via Merimen.</u>
<u>24/06/22 @ 7.30pm</u>	<u>Kok CHong informed C/A via Merimen.</u>
<u>27/06/22 @ 9.32am</u>	<u>Informed Jennis C/A & ex: \$0/- by email.</u>

Date/Time, File Pass to? : Prel. Report
 : Final Report
 1) _____
 Date/Time, File Return to?
 2) _____
 Report Format: _____
 Lump Sum / L.S.f. (\$) _____

Days Of Repair: _____
 Resurvey No. of Trip: _____
 Add Fee: : Site Insp (\$) _____
 : Interview (\$) _____
 : Tech, Invs (\$) _____
 : Weekend (\$) _____
 Survey Fee: _____
 Transportation: _____
 \$ + RS. \$ _____
 Police _____
 Others _____
 TOTAL _____

 **PREMIUM AUTOMOBILES**



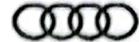
55 UBI ROAD 1, SINGAPORE 408699
TEL : 6366 2323 FAX : 6841 1183
EMAIL: NORA.KHAI@PREMIUMAUTO.COM.SG / CLAIMS@PREMIUMAUTO.COM.SG

ESTIMATE : ACCIDENT REPAIRS
WORKSHOP : UBI ROAD 1
CONTACT NO : 6366 2323
FAX NO : 6841 1183
REFERENCE : PA/OD/0515/2022/JT
DATE : 22-Jun-22
WIP : 29875

VEHICLE IN WORKSHOP. KINDLY ARRANGE FOR SURVEY ON 23/6/22

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 : MR WANG TAO
ADDRESS : 33 YISHUN ST 51
#08-26
SINGAPORE 767991
TELEPHONE : HP +65 98006481
TYPE OF CLAIM : OWN DAMAGE CLAIM
POLICY NO : 7220057330
VEHICLE NO : SLW 1306 Z
MODEL CODE : AUDI A5 SB 2.0 TFSI
MODEL YEAR : 28/5/2022
ENGINE NO : DEM 034245
CHASSIS NO : WAUZZF56MA062407
MILEAGE : -
DATE IN : -
ESTIMATED BY : JOHNNY BOO / ALLAN WU
ACCIDENT DATE : 22-Jun-22
PLACE OF ACCIDENT : ANG MO KIO AVE 3 UNDER FLYOVER AT CTE



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ESTIMATED LABOUR CHARGES FOR ACCIDENT VEHICLE SLW 1306 Z

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 RENEW 1/4 GLASS TO FACILITATE RENEWAL OF RHS REAR FENDER.	S/N \$	300.00 /	
3	TO CARRY OUT WATER SEEPAGE FOR 1/4 GLASS.	S/N \$	200.00 150	
4	TO INSTALL SOLAR FILM FOR 1/4 GLASS AND RHS REAR DOOR WINDOW GLASS.	S/N \$	400.00 /	
5	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 \$	1,600.00 /	(photo)
6	TO REMOVE AND REINSTALL REAR SEAT, BACK REST, HAT TRAY, CD PILLAR TRIMS, LUGGAGE COMPARTMENT TRIMS. DISLODGE ROOF LINER AND DISENGAGE CURTAIN ETC.	S/N \$	1,600.00 /	(photo)
SUB TOTAL LABOUR CHARGES		:	\$ 4,460.00	



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ESTIMATED LABOUR CHARGES FOR ACCIDENT VEHICLE SLW 1306 Z

S/N	NATURE OF JOBS	ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATIONS
7	TO REMOVE AND TRANSFER RHS REAR DOOR'S MULTI-LOCK SYSTEM AND POWER WINDOW DEVICES. INSPECT FOR DAMAGES.	S/N \$ 400.00	280 /
8	TO REMOVE AND RENEW RHS REAR WHEEL SUSPENSION ASSY WITH SUBFRAME.	S/N \$ 2,400.00	?
9	TO DISMANTLE AND RENEW REAR BUMPER AND RHS REAR DOOR. TO REMOVE AND REINSTALL RHS SILL PANEL TRIM. TO CUT OUT AND WELD RHS REAR FENDER, RHS REAR BOTTOM PLATE, RHS OUTER WHEEL HOUSING WITH CONNECTING PLATE AND RHS SIDE PANEL. RE-ORGANIZE CRASH MANAGEMENT COMPONENTS. REINSTALL ALL PARTS REMOVED.	\$ 11,000.00	3500
10	TO RESPRAY REAR BUMPER, RHS REAR FENDER, RHS REAR DOOR, DOOR HANDLE, RHS SILL PANEL, RHS SILL PANEL TRIM. RHS OUTER WHEEL HOUSING, BOTTOM PLATE, RHS SIDE PANEL, ROOF CHANNEL, DRAIN CHANNEL, DOOR ENTRANCE AND REAR END PANELLING.	\$ 9,000.00	3125
11	TO RENEW RHS REAR RIM WITH TYRE. TO CARRY OUT PRE/POST WHEEL ALIGNMENT.	S/N \$ 520.00	289
12	TO CARRY OUT DIAGNOSTIC CHECK.	S/N \$ 192.00	/
TOTAL LABOUR CHARGES		: \$ 27,972.00	

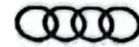


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MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SLW 1306 Z

S/N	PARTS DESCRIPTION	QTY	DAMAGED PARTS & PRICES	
			S/NETT	REMARKS
1	REAR BUMPER / DO ?	1	\$ 2,609.00	
2	REAR BUMPER GUIDE SECTION - LH / RH	2	\$ 75.00	
3	TAIL LIGHT OUTER - RH X	1	\$ 1,269.00	
4	REAR FENDER - RH / DO	1	\$ 4,076.00	
5	QUARTER WINDOW - RH / MC	1	\$ 798.00	
6	PRIMER / MC	1	\$ 22.00	
7	FUEL INSERT / MC	1	\$ 100.00	
8	FUEL FILLER FLAP / CUT	1	\$ 343.00	
9	REAR FENDER WHEEL HOUSING - RH OUTER ?	1	\$ 715.00	
10	REAR FENDER INNER - RH ?	1	\$ 1,332.00	
11	REAR VENT TRIM ?	1	\$ 75.00	
12	BOTTOM PLATE - RH OUTER ?	1	\$ 506.00	
13	ACTIVATED CHARCOAL CONTAINER ?	1	\$ 647.00	
14	ACTIVATED CHARCOAL CONTAINER BRACKET ?	1	\$ 123.00	
15	REAR DOOR - RH / DO	1	\$ 3,977.00	
16	REAR DOOR OUTER SEAL - RH / MC	1	\$ 247.00	
17	BONDING AGENT / MC	1	\$ 51.00	
18	CLEANING SOLUTION / MC	1	\$ 74.00	
19	APPLICATOR / MC	1	\$ 8.00	
20	REAR DOOR ATTACHMENT PARTS ?	1	\$ 180.00	
SUB TOTAL SPARE PARTS			\$ 17,227.00	

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. SLW 1306 Z

			DAMAGED PARTS & PRICES		
S/N	PARTS DESCRIPTION	QTY	S/NETT		REMARKS
21	REAR DOOR CATCH - RH ?	1	\$	134.00	
22	REAR DOOR HANDLE TRIM PLATE - RH ?	1	\$	98.00	
23	REAR DOOR HANDLE COVER - RH ?	1	\$	7.00	
24	REAR DOOR HANDLE HOUSING - RH ?	1	\$	9.00	
25	REAR DOOR HANDLE SENSOR - RH ?	1	\$	255.00	
26	REAR DOOR HANDLE, EXTERIOR - RH ?	1	\$	47.00	
27	REAR DOOR HANDLE MOUNTING BAR - RH ?	1	\$	183.00	
28	REAR DOOR LOCK - RH ?	1	\$	630.00	
29	REAR DOOR HANDLE STRIKER X	1	\$	111.00	
30	REAR DOOR HANDLE UNDERLAY STRIKER ?	1	\$	38.00	
31	ROOF MOLDING CHROME - RH - BT	1	\$	706.00	
32	REAR DOOR EDGE PROTECTION - RH ?	1	\$	172.00	
33	REAR DOOR WINDOW - RH X	1	\$	322.00	
34	REAR DOOR SEAL, INNER - RH ?	1	\$	657.00	
35	AUDI RING EMBLEM STICKER - MC	1		TBC	
36	SILL PANEL ATTACHMENT PARTS - MC	1	\$	136.00	
37	SILL PANEL ADHESIVE TAPES - MC	1	\$	221.00	
38	REAR WHEEL HOUSING LINER - RH ?	1	\$	299.00	
39	REAR ALUMINIUM RIM - CM	1	\$	1,889.00	
40	RUBBER VALVE - MC	1	\$	15.00	
SUB TOTAL SPARE PARTS			:	\$ 5,929.00	

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MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SLW 1306 Z

			DAMAGED PARTS & PRICES	
S/N	PARTS DESCRIPTION	QTY	S/NETT	REMARKS
41	SUSPENSION SUPPORT FRAME ?	1	\$ 3,643.00	
42	WISHBONE ALUMINIUM - LOWER ?	1	\$ 963.00	
43	WISHBONE - RH UPPER ?	1	\$ 624.00	
44	WISHBONE - RH FRONT ?	1	\$ 137.00	
45	WISHBONE - RH REAR ?	1	\$ 501.00	
46	TRACK ROD - RH ?	1	\$ 188.00	
47	WHEEL BEARING HOUSING - RH ?	1	\$ 1,097.00	
48	WHEELHUB BEARING ?	1	\$ 723.00	
49	WHEEL BEARING STONE CHIP GUARD - RH ?	1	\$ 49.00	
50	GAS SHOCK ABSORBER ?	1	\$ 342.00	
51	COUPLING ROD ?	1	\$ 94.00	
52	ANTI-ROLL BAR ?	1	\$ 456.00	
53	LEVEL SENSOR - RH ?	1	\$ 363.00	
54	REAR PARKING AID SENSOR - SIDE ?	1	\$ 265.00	
55	REAR PARKING AID SENSOR SEAL RING	1	\$ 15.00	REC (6)
56	ARYLIC SEALANT - RC	S/N	\$ 180.00	
57	CAVITY WAX - RC	S/N	\$ 140.00	
58	STONE CHIP - RC	S/N	\$ 180.00	
59	METAL FILLER POWDER - RC	S/N	\$ 280.00	
60	1/4 GLASS SEALANT - RC	S/N	\$ 100.00	
61	RHS REAR TYRE X	S/N	TBC	
62	SUNDRIES ?		\$ 700.00	
TOTAL SPARE PARTS			\$ 34,196.00	
TOTAL LABOUR CHARGES			\$ 27,972.00	
GRAND TOTAL			\$ 62,168.00	

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 SPARE PARTS ARE SPECIAL NETT.

PREMIUM AUTOMOBILES



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

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

Steve (LKK)
 23/6/22, 12.30pm

OA M N
 EXcess - ?

P/P

My Bul y
 13 dys y

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 and after 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 22/06/2022 17:45 (SGT)
Date of Accident 22/06/2022 13:30 (SGT)
Exact Location of Accident Ang Mo Kio Ave 3, Singapore
Additional Location Information UNDER FLYOVER OF CTE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLW1306Z

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner WANG TAO
NRIC No SXXXX714F
Email Address WANGYAODA@GMAIL.COM
Mobile Phone No (Phone) +65-98006481
Alternative Phone No +65-98006481

VEHICLE PARTICULARS

Manufacturer Audi
Model A5
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 1984

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 7220057330
Cover Note Number -

DRIVER

Name of Driver WANG TAO
NRIC No SXXXX714F

Date Of Birth 26/11/1974
 Occupation Indoor
 Date Of Driving Pass 15/10/2010
 Driving experience 11 YEARS AND 8 MONTHS
 Gender Male
 Mobile Number (Phone) +65-98006481
 Alt. Phone Number +65-98006481
 Email Address WANGYAODA@GMAIL.COM
 Address 33 YISHUN ST 51
 Address complement #08-26
 Postcode 767991
 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 - Change/cross lane
 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? Yes
 Was any injured conveyed to hospital by ambulance? No
 Was any other vehicle or property damaged? Yes
 Number of Passengers (Including Driver) 3
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No

PASSENGER 1

Name YU ZHI QIN
 Gender Female

PASSENGER 2

Name WANG YAODA
 Gender Male

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 APPROACHING THE TRAFFIC JUNCTION AND PROCEEDED TO MOVE STRAIGHT AS GREEN LIGHT IN MY FAVOUR.
 OUT OF SUDDEN THE LORRY ON MY RIGHT SWERF INTO MY CAR DIRECTION. HE HIT THE REAR OF MY CAR.

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 GBK7258X

Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Commercial vehicle
 Name of Driver ZHONG HAI JUN
 Contact Number (Phone) +65-87148283
 Address *
 Address complement *
 Postcode *
 Insurance Company Name *
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) 2

INJURED PERSONS DETAILS

INJURED 1

Name of injured person YU ZHI QIN
 Gender Female
 Phone No (Phone) +65-97969086
 Address 33 YISHUN ST 51
 Address Complement #08-26
 Post Code 767991
 Approximate Age Years Old -
 Injuries Sustained -
 Injured person in which vehicle? SLW1306Z
 Were seat belts worn? -
 Was this injured conveyed to hospital by ambulance? -

INJURED 2

Name of injured person WANG YAODA
 Gender Male
 Phone No -
 Address 33 YISHUN ST 51
 Address Complement #08-26
 Post Code 767991
 Approximate Age Years Old -
 Injuries Sustained -
 Injured person in which vehicle? SLW1306Z
 Were seat belts worn? -
 Was this injured conveyed to hospital by ambulance? -

WITNESS DETAILS

WITNESS 1

Name NICHOLAS
 Phone (Phone) +65-92214102
 Email -

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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5. Any false reporting may be referred to the Police for investigation.
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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:

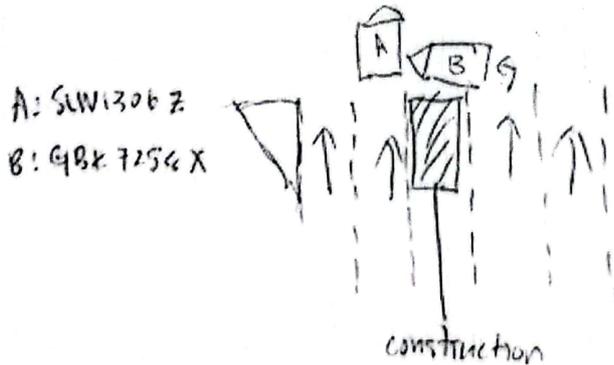
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

Wong / 22-6-2022
 Policyholder's Signature / Date & Time
 16:00

Sketch Plan

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

[Signature]
 Witnessed by Reporting Centre Personnel



Describe Circumstances of the Accident

I was approaching the ~~big~~ traffic junction and proceeded to
move straight as green light in my favour. Out of ~~a~~ sudden the lorry on
my right swerved into my car direction. He hit the rear of my car.

Declaration

I/We declare the foregoing particulars are true in every respect.

WZ/22-6-2022
Policyholder's Signature / Date &
Time
16:00

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



Witnessed by Reporting Centre
Personnel