

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. 2841518584SG

Sum Insured:

Excess:

(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 Report: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: days Res.: Yes or No

Lump Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted:

Vehicle: IN / OUT

Veh No:

Yr Regn:

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

Truck / Trailer or

Make:

c.c.

Colour:

A/C: Insured / Std / Nil / NA

Sp. Reading

T/Radio: Insured / Std / Nil / NA

Eng/No:

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

R:

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

TOYO / YOKO or:

Front

Rear

R/Bal.

R/Bal.

L/Bal.

L/Bal.

D.O.A.

D.O.I.

Survey held at

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

30/06/22@3.24pm revert to AIG via Merimen.

05/07/22@7.48am Kok Chong informed C/A via Merimen.

05/07/22@10.05am Informed Jennis C/A & ex:\$4500 by email.

Date/Time, File Pass to?

: Preli. Report

: Final Report

1)

Date/Time, File Return to?

2)

Report Format:

Lump Sum / L.B.A. (%)

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

\$ + RS. \$

Phone

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/0534/2022/JT
DATE : 28-Jun-22
WIP : 30495

VEHICLE NOT IN WORKSHOP. SURVEY TBC.

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 : PREMIUM AUTOMOBILES PTE LTD
ADDRESS : 55 UBI ROAD 1
SINGAPORE 408699
TELEPHONE : HP +65 68365223
TYPE OF CLAIM : OWN DAMAGE CLAIM
POLICY NO : 1220000165
VEHICLE NO : **SND 536 J**
MODEL CODE : AUDI A3 SEDAN 1.5 TFSI
MODEL YEAR : 30/11/2021
ENGINE NO : DFY 292072
CHASSIS NO : WAUZZZGY0NA004786
MILEAGE : -
DATE IN : -
ESTIMATED BY : JOHNNY BOO / ALLAN WU
ACCIDENT DATE : 27-Jun-22
PLACE OF ACCIDENT : SOUTH BUONA VISTA ROAD TO WEST COAST HIGHWAY

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ESTIMATED LABOUR CHARGES FOR ACCIDENT VEHICLE SND 536 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, HEADLIGHT WASHER ASSY AND FRONT PARKING AID.	S/N \$ 480.00 /	
2	TO REMOVE AND RENEW LHS FRONT WHEEL SUSPENSION ASSY WITH SUBFRAME <i>(photo)</i>	S/N \$ 2,400.00 /	
3	TO REMOVE AND RENEW LHS REAR WHEEL SUSPENSION ASSY WITH SUBFRAME. <i>(photo)</i>	S/N \$ 2,400.00 /	
4	TO DISMANTLE AND RENEW FRONT BUMPER. TO REPAIR LHS SILL PANEL. RE-ORGANIZE CRASH MANAGEMENT COMPONENTS. REINSTALL ALL PARTS REMOVED.	\$ 1,400.00	500
5	TO RESPRAY FRONT BUMPER, FRONT BUMPER LOWER SPOILER AND LHS SILL PANEL.	\$ 2,500.00	1100
6	TO RENEW LHS FRONT AND REAR RIMS WITH TYRES. TO CARRY OUT PRE/POST WHEEL ALIGNMENT. <i>2 times</i>	S/N \$ 560.00 /	
7	TO CARRY OUT PRE/POST DIAGNOSTIC CHECK.	S/N \$ 384.00 /	
TOTAL LABOUR CHARGES		: \$ 10,124.00	

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MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SND 536 J

			DAMAGED PARTS & PRICES	
S/N	PARTS DESCRIPTION	QTY	S/NETT	REMARKS
1	FRONT BUMPER / CUT	1	\$ 1,677.00	
2	FRONT BUMPER AIR GUIDE GRILLE - LH X	1	\$ 171.00	
3	FRONT BUMPER CLOSING ELEMENT - LOWER CENTER X	1	\$ / 14 265.00	
4	FRONT BUMPER SPOILER X	1	\$ 326.00	
5	FRONT WHEEL HOUSING LINER - LH / CUT	1	\$ 183.00	
6	FRONT WHEEL HOUSING LINER CLOSING ELEMENT - LH / 14	1	\$ 22.00	
7	FRONT WHEEL SPOILER - LH REAR X	1	\$ 32.00	
8	NOISE INSULATION X	1	\$ 352.00	
9	NOISE INSULATION FIXING PARTS X	1	\$ 126.00	
10	UNDERBODY TRIM X	1	\$ 200.00	
11	ALUMINIUM RIM / CUT	2	\$ 2,870.00	
12	RUBBER VALVE / RE	2	\$ 15.00	
13	FRONT TRACK CONTROL ARM - LH / BT	1	\$ 393.00	
14	SCREW / RE	3	\$ 37.00	
15	FRONT WHEEL BEARING HOUSING - LH ?	1	\$ 627.00	
16	FRONT WHEELHUB WITH BEARING ?	1	\$ 553.00	
17	FRONT GUIDE JOINT - LH / BT	1	\$ 137.00	
18	SCREW / RE	6	\$ 34.00	
19	FRONT COUPLING ROD - LH ?	1	\$ 105.00	
20	FRONT SHOCK ABSORBER - LH ?	1	\$ 443.00	
SUB TOTAL SPARE PARTS		:	\$ 8,568.00	

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

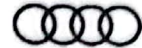


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MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SND 536 J

S/N	PARTS DESCRIPTION	QTY	DAMAGED PARTS & PRICES		REMARKS
			S/NETT		
21	FRONT SUBFRAME ?	1	\$	751.00	
22	BONDED RUBBER BUSHES - UPPER / LOWER ?	1	\$	178.00	
23	SCREW / new	5	\$	68.00	
24	FRONT BRAKE DISC (VENTED) ?	1	\$	165.00	
25	FRONT BRAKE DISC COVER PLATE - LH / BR	1	\$	53.00	
26	FRONT BRAKE DISK BRAKE PAD SET X	1	\$	176.00	
27	REAR BRAKE DISC / OR	1	\$	135.00	
28	REAR BRAKE DISC COVER PLATE - LH ?	1	\$	53.00	
29	SCREW / new	5	\$	13.00	
30	REAR BRAKE CALLIPER HOUSING - LH X	1	\$	503.00	
31	REAR BRAKE CALLIPER CARRIER X	1	\$	219.00	
32	REAR BRAKE DISK BRAKE PADS SET X	1	\$	167.00	
33	BRACING SPRINGS X	1	\$	55.00	
34	RETAINING SPRING X	1	\$	18.00	
35	BRAKE CALLIPER HOUSING SERVOMOTOR - LH X	1	\$	1,204.00	
36	REAR TRACK ROD - LH ?	1	\$	121.00	
37	SCREW ?	3	\$	38.00	
38	RETAINING WASHER ?	1	\$	9.00	
39	REAR COUPLING ROD - LH ?	1	\$	64.00	
40	SCREW ?	3	\$	18.00	
SUB TOTAL SPARE PARTS		:	\$	4,008.00	

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MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SND 536 J

S/N	PARTS DESCRIPTION	QTY	DAMAGED PARTS & PRICES	
			S/NETT	REMARKS
41	ANTI-ROLL BAR ?	1	\$ 284.00	
42	SCREW ?	6	\$ 45.00	
43	REAR SUPPORT FRAME ?	1	\$ 1,863.00	
44	SCREW ?	4	\$ 62.00	
45	SUSPENSION SUBFRAME BRACKET - LH ?	1	\$ 156.00	
46	SUSPENSION SUBFRAME BEARING SUPPORT COVER CAP - LH	1	\$ 7.00	?
47	SUSPENSION AXLE GUIDE - LH - RT (TRY ON)	1	\$ 346.00	
48	SCREW ?	7	\$ 65.00	
49	REAR WISHBONE LINK - LOWER LH / RT	1	\$ 331.00	
50	ECCENTRIC WASHER / ME	2	\$ 7.00	
51	ECCENTRIC BOLT / HL	1	\$ 23.00	
52	ECCENTRIC BOLT - ME	1	\$ 24.00	
53	REAR WISHBONE LINK - UPPER LH ?	1	\$ 299.00	
54	REAR WHEEL BEARING HOUSING - LH ?	1	\$ 596.00	
55	SCREW ?	4	\$ 39.00	
56	SHOULDERED BOLT ?	1	\$ 15.00	
57	CONTROL ARM WASHER - UPPER ?	1	\$ 5.00	
58	REAR WHEEL BEARING CAP ?	1	\$ 12.00	
59	REAR WHEELHUB WITH BEARING ?	1	\$ 553.00	
60	REAR SHOCK ABSORBER - LH ?	1	\$ 276.00	
SUB TOTAL SPARE PARTS		:	\$ 5,008.00	

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MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SND 536J

S/N	PARTS DESCRIPTION	QTY	DAMAGED PARTS & PRICES		REMARKS
			S/NETT		
61	SCREW ?	3	\$	23.00	
62	REAR SPEED SENSOR - LH ?	1	\$	217.00	
63	REAR WHEEL HOUSING LINER - LH ? X	1	\$	260.00	
64	STONE CHIP / MC	S/N	\$	180.00	
65	LHS FRONT TYRE / TN (80%)	S/N	\$	400.00	
66	LHS REAR TYRE X	S/N	\$	400.00	
67	SUNDRIES ?		\$	600.00	
TOTAL SPARE PARTS		:	\$	19,664.00	
TOTAL LABOUR CHARGES		:	\$	10,124.00	
GRAND TOTAL		:	\$	29,788.00	

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

Steve (LKK)
 29/6/22, 3pm

00-L1 12
 EXCESS ?
 P/P
 L R Y
 8 L

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	27/06/2022 17:09 (SGT)
Reported by	Driver
Date of Accident	27/06/2022 12:40 (SGT)
Exact Location of Accident	Near Opp Sci Pk 2/The Gemini, Singapore
Additional Location Information	SOUTH BUONA VISTA ROAD TO WEST COAST HIGHWAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SND536J
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	PREMIUM AUTOMOBILES PTE LTD
Company Reg No	1XXXXX271W
Email Address	CLAIMS@PREMIUMAUTO.COM.SG
Mobile Phone No	(Phone) +65-67689911
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A3
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	1498

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	1220000165

DRIVER

Name of Driver	BENEDICT TEO ZHEN YONG
NRIC No	SXXXX608A
Date Of Birth	01/10/1992
Occupation	Indoor

Date Of Driving Pass	28/10/2022
Driving experience	8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81687823
Alt. Phone Number	-
Email Address	CLAIMS@PREMIUMAUTO.COM.SG
Address	BLK 635 VEERASAMY ROAD
Address complement	#02-164
Postcode	200635
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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?	No
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Queenstown Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004719999
Alt. Police Station Phone No	(Fax) +65-64715299
Police Station Address	No. 3 Queensway #01-03 Singapore 149073
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

I WAS EXITING A LEFT BEND & WHILE ENTERING INTO THE RIGHT BEND (SHARP), I ACCIDENTALLY ACCELERATED INTO THE BEND & HIT THE KERB.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

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 making 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, process and/or process my personal data/personal information set out in this [form] and any other personal information provided by me, possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to any person who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in the accident, collectively referred to as the "Insurers"), the Insurers' law firms/law firms, the Monetary Authority of Singapore and any other 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 investigation 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 may 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' law firms/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 law firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



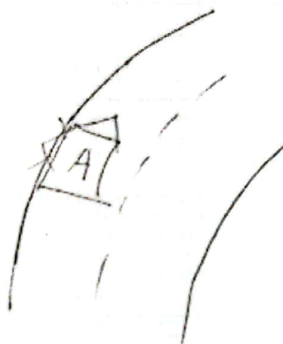
[Signature]

[Signature]

Policyholder's Signature / Date & Time
 27/6/2022
 Sketch Plan 15:52

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

Witnessed by Report Personnel
 Chang Aue Sing
 Pan



A = SND 536 J

Describe Circumstances of the Accident

I WAS EXITING ALBERT ROAD / WHILE ENTERING INTO THE RIGHT BEND (SHARP), I ACCIDENTALLY RAN INTO THE BEND / HIT THE KERB.

Declaration

We declare the foregoing particulars are true in every respect



Policyholder's Signature / Date & Time

27/6/2022
3:15:52

[Signature]

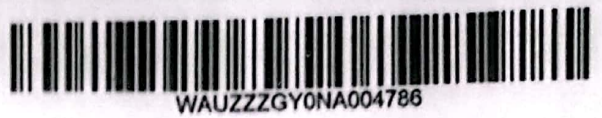
Driver's Signature (if driver is not the policyholder) / Date & Time



Witnessed by Report Personnel

Chang Hee Sing
Nov

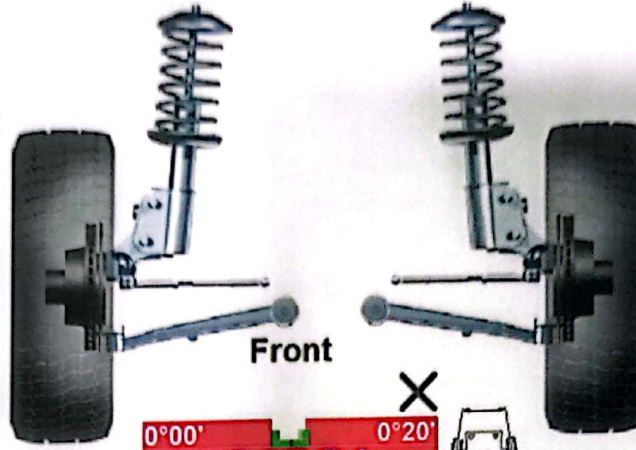
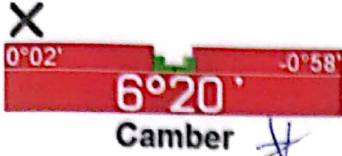
8666
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WQAY
SND536J
14037
27.6.22 15:12



A3 : 2020- (MQB - 8Y) : with Independent Rear Suspension : Standard Suspension (G01 C

Current Measurements

Left Front



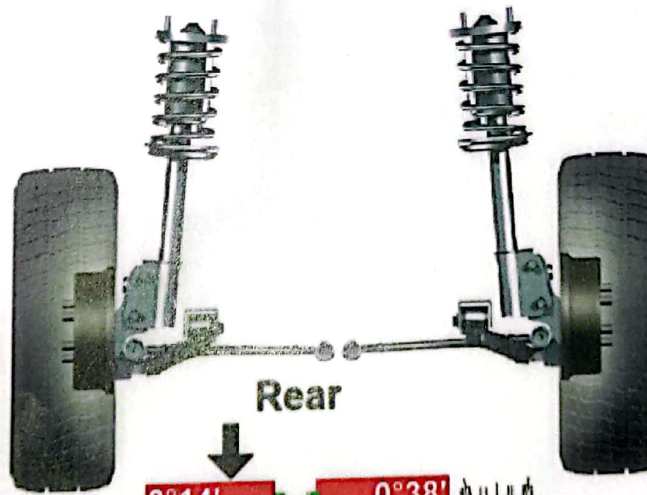
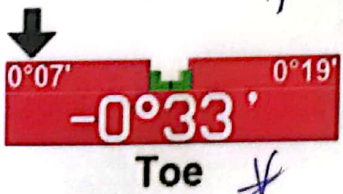
Front



Right Front



Left Rear



Rear



Right Rear



? One or more values are not within specification. Tire wear, handling and safety problems may result.