

Steve

AIG

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. _____

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

Lump Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SMV492T Yr Regn: 14/9/20

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

Truck / Trailer or

Make: Audi A3 c.c. 1395Colour: Red A/C: Insured / Std / Nil / NASp. Reading: 30326 T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: WAV222F37L1116763

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: _____

R: _____

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

TOYO / YOKO or _____

Front

Rear

R/Bal. 4 mmR/Bal. 4 mmL/Bal. 4 mmL/Bal. 4 mmD.O.A. 30/6/22D.O.I. 17/7/22

Survey held at

PremiumDes. 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
	<u>MY-167K</u>

Date/Time, File Pass to?

☐

: Prel. Report

Days Of Repair: _____

1)

☐

: Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

2)

Add Fee:

☐

: Site Insp (\$ _____)

☐

: Interview (\$ _____)

☐

: Tech. Invs (\$ _____)

☐

: Weekend (\$ _____)

Survey Fee:

Transportation:

\$ + RS. \$ _____

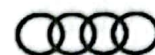
Photos

Others

TOTAL

Report Format: _____

Lump Sum / I.B.F. (\$ _____)



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/0546/2022/JT
DATE : 30-Jun-22
WIP : 30928

VEHICLE IN WORKSHOP. KINDLY ARRANGE FOR SURVEY ON 1/7/22

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 : MRS CHONG SI MIN, BERICA
ADDRESS : 10 TAO CHING ROAD
#18-19
SINGAPORE 618725
TELEPHONE : HP +65 93827057
TYPE OF CLAIM : OWN DAMAGE CLAIM
POLICY NO : 2070132145
VEHICLE NO : SMV 492 T
MODEL CODE : AUDI Q3 1.4 TFSI S TRONIC
MODEL YEAR : 14/9/2020
ENGINE NO : CZD 897824
CHASSIS NO : WAUZZZF37L1116763
MILEAGE : -
DATE IN : -
ESTIMATED BY : JOHNNY BOO / ALLAN WU
ACCIDENT DATE : 29-Jun-22
PLACE OF ACCIDENT : FOUNTAIN ROUNDABOUT

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ESTIMATED LABOUR CHARGES FOR ACCIDENT VEHICLE SMV 492 T - FRONT

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 TRANSFER RHS HEADLIGHT'S CONTROL UNIT AND POWER MODULE.	S/N \$ 400.00	X
3	TO REMOVE AND TRANSFER RHS FRONT DOOR AND RHS REAR DOOR'S MULTI-LOCK SYSTEM AND POWER WINDOW DEVICES. INSPECT FOR DAMAGES.	S/N \$ 800.00	560
4	TO REMOVE AND RENEW RHS FRONT WHEEL SUSPENSION ASSY WITH SUBFRAME.	S/N \$ 2,400.00	?
5	TO DISMANTLE AND RENEW FRONT BUMPER, RHS FRONT FENDER, RHS FRONT DOOR AND RHS REAR DOOR. RE-ORGANIZE CRASH MANAGEMENT COMPONENTS. REINSTALL ALL PARTS REMOVED.	\$ 4,000.00	1099
6	TO RESPRAY FRONT BUMPER, RHS FRONT FENDER, RHS FRONT DOOR, RHS WING MIRROR COVER, RHS REAR DOOR AND DOOR HANDLE.	\$ 4,500.00	
SUB TOTAL LABOUR CHARGES		\$ 12,580.00	2469

4 X 550 + 80 + 80 + 190

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ESTIMATED LABOUR CHARGES FOR ACCIDENT VEHICLE SMV 492 T - REAR

S/N	NATURE OF JOBS	ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATIONS
1	TO REMOVE AND TRANSFER REAR PARKING AND AND REAR LID KICK SENSOR.	S/N \$ 360.00 /	
2	TO DISMANTLE AND RENEW REAR BUMPER. TO REPAIR RHS REAR FENDER. RE-ORGANIZE CRASH MANAGEMENT COMPONENTS. REINSTALL ALL PARTS REMOVED.	\$ 1,600.00	500
3	TO RESPRAY REAR BUMPER AND RHS REAR FENDER.	\$ 2,000.00	550
4	TO RENEW RHS FRONT TYRE WITH RIM AND RHS REAR RIM. TO CARRY OUT PRE/POST WHEEL ALIGNMENT.	S/N \$ 560.00	280 /
5	TO CARRY OUT DIAGNOSTIC CHECK.	S/N \$ 192.00 /	
TOTAL LABOUR CHARGES		: \$ 17,292.00	

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MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SMV 492 T - FRONT

			DAMAGED PARTS & PRICES	
S/N	PARTS DESCRIPTION	QTY	S/NETT	REMARKS
1	FRONT BUMPER ✓ CR4 ?	1	\$ 1,073.00	
2	FRONT BUMPER CLOSING ELEMENT - RH	1	\$ 66.00	
3	FRONT BUMPER GRILLE - RH X	1	\$ 124.00	
4	FRONT BUMPER CLOSING ELEMENT X	1	\$ 212.00	
5	FRONT BUMPER SPOILER X	1	\$ 426.00	
6	FRONT BUMPER AIR GUIDE GRILLE - RH X	1	\$ 171.00	
7	HEADLIGHT MOUNTING - RH X	1	\$ 132.00	
8	HEADLIGHT - RH X	1	\$ 5,952.00	
9	LIFT CYLINDER - RH X	1	\$ 231.00	
10	LIFT CYLINDER HOSE X	1	\$ 92.00	
11	FRONT BUMPER GUIDE SECTION - RH X	1	\$ 43.00	
12	FRONT FENDER - RH X R	1	\$ 1,445.00	
13	FRONT FENDER ATTACHMENT PARTS X	1	\$ 66.00	
14	FRONT FENDER BRACE - RH X	1	\$ 98.00	
15	FRONT FENDER BRACKET - RH X	1	\$ 39.00	
16	FRONT FENDER CLOSING ELEMENT - RH X	1	\$ 37.00	
17	FRONT FENDER INSULATION - RH X	1	\$ 48.00	
18	FRONT WHEEL HOUSING LINER - RH ?	1	\$ 260.00	
19	FRONT WHEEL HOUSING LINER ATTACHMENT PARTS ?	1	\$ 105.00	
20	FRONT WHEEL HOUSING LINER COVER - RH X	1	\$ 18.00	
SUB TOTAL SPARE PARTS			\$ 10,638.00	

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. SMV 492 T - FRONT

		DAMAGED PARTS & PRICES		
S/N	PARTS DESCRIPTION	QTY	S/NETT	REMARKS
21	FRONT WHEEL ARCH COVER - LH / RH / CM	②	\$	566.00
22	FRONT DOOR - RH X R	1	\$	3,017.00
23	FRONT DOOR OUTER SEAL - RH X	1	\$	185.00
24	FRONT DOOR ATTACHMENT PARTS X	1	\$	164.00
25	FRONT DOOR CATCH - RH X	1	\$	134.00
26	FRONT DOOR COVER - RH / CUT	1	\$	283.00
27	WING MIRROR MOUNTING - RH / BR	1	\$	2,278.00
28	WING MIRROR CAP - RH / MT	1	\$	203.00
29	WING MIRROR GLASS - RH X	1	\$	1,052.00
30	FRONT DOOR CORNER TRIM - RH / CUT	1	\$	51.00
31	FRONT DOOR WINDOW GUIDE - RH X	1	\$	481.00
32	FRONT DOOR WINDOW SLOT SEAL TRIM STRIP - RH / CM	1	\$	287.00
33	FRONT DOOR WINDOW SLOT SEAL TRIM STRIP - RH OUTER	1	\$ / M	251.00
34	REAR DOOR - RH X R	1	\$	3,127.00
35	REAR DOOR OUTER SEAL - RH X	1	\$	151.00
36	REAR DOOR ATTACHMENT PARTS X	1	\$	324.00
37	REAR DOOR CATCH - RH X	1	\$	134.00
38	REAR SILL PANEL SEAL - RH X	1	\$	151.00
39	REAR DOOR COVER - RH / CM	1	\$	270.00
40	REAR WHEEL HOUSING LINER - RH X	1	\$	262.00
SUB TOTAL SPARE PARTS		:	\$ 13,371.00	

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PREMIUM AUTOMOBILES



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

MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SMV 492 T - FRONT

S/N	PARTS DESCRIPTION	QTY	DAMAGED PARTS & PRICES		REMARKS
			S/NETT		
41	REAR WHEEL SPOILER - RH X	1	\$	44.00	
42	SIDE MEMBER TRIM - RH X	1	\$	189.00	
43	REAR DOOR HANDLE, EXTERIOR - RH X R	1	\$	222.00	
44	REAR DOOR HANDLE HOUSING - RH X	1	\$	31.00	
SUB TOTAL SPARE PARTS		:	\$	486.00	

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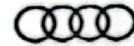
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MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SMV 492 T - REAR

S/N	PARTS DESCRIPTION	QTY	DAMAGED PARTS & PRICES		REMARKS
			S/NETT		
1	REAR BUMPER X R	1	\$	1,738.00	
2	REAR BUMPER FIXING PARTS X	1	\$	220.00	
3	REAR BUMPER SPOILER / CM	1	\$	510.00	
4	REAR BUMPER CROSS REINFORCEMENT - CENTER X	1	\$	108.00	
5	REAR BUMPER BRACKET - RH X	1	\$	53.00	
6	REAR LIGHT REFLECTOR - RH X	1	\$	46.00	
7	REAR BUMPER GUIDE SECTION - RH ?	1	\$	71.00	
8	REAR WHEEL ARCH COVER - LH / RH / CM	2	\$	566.00	
9	REAR ALUMINIUM RIM FM RH / CM ROR RH-?	21	\$	2,828.00	
10	RUBBER VALVE / RL	1	\$	15.00	
11	SUSPENSION SUBFRAME ASSEMBLY CARRIER ?	1	\$	751.00	
12	SUBFRAME BONDED BRUSHES - UPPER / LOWER ?	1	\$	178.00	
13	SUSPENSION TRACK CONTROL ARM ?	1	\$	511.00	
14	SUSPENSION WHEEL BEARING HOUSING - RH ?	1	\$	751.00	
15	SUSPENSION WHEELHUB BEARING ?	1	\$	549.00	
16	SUSPENSION GUIDE JOINT - RH ?	1	\$	145.00	
17	SUSPENSION DRIVE SHAFT - RH	1	\$	1,517.00	
18	COUPLING ROD ?	1		TBC	
19	STABILIZER ?	1	\$	456.00	
20	GAS SHOCK ABSORBER ?	1	\$	338.00	
SUB TOTAL SPARE PARTS		:	\$	11,351.00	

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MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SMV 492 T - REAR

S/N	PARTS DESCRIPTION	QTY	DAMAGED PARTS & PRICES		REMARKS
			S/NETT		
21	STEERING GEAR ?	1	\$	5,538.00	
22	TRACK ROD ?	1	\$	98.00	
23	TIE ROD END - RH ?	1	\$	126.00	
24	RHS FRONT TYRE - Tn (70%h)	S/N		TBC	
25	SUNDRIES ?		\$	900.00	
TOTAL SPARE PARTS		:	\$	42,508.00	
TOTAL LABOUR CHARGES		:	\$	17,292.00	
GRAND TOTAL		:	\$	59,800.00	

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

Steve CLKK)
117/92, 2.92P

00-1412
EXCESS ?

7-8 Lys

P/P

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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:

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	30/06/2022 15:16 (SGT)
Reported by	Both
Date of Accident	29/06/2022 16:25 (SGT)
Exact Location of Accident	Near 14 International Business Park Rd, Singapore 609922
Additional Location Information	FOUNTAIN ROUDABOUT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMV492T
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	CHONG SI MIN, BERICA
NRIC No	SXXXX461C
Email Address	CHONGBERICA@GMAIL.COM
Mobile Phone No	(Phone) +65-93827057
Alternative Phone No	-

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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1395

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	2070132145

DRIVER

Name of Driver	CHONG SI MIN, BERICA
NRIC No	SXXXX461C
Date Of Birth	22/11/1988
Occupation	Indoor

Date of Driving Pass
 Driving experience
 Gender
 Mobile Number
 Alt. Phone Number
 Email Address
 Address
 Address complement
 Postcode
 Is the driver the policyholder?
 If No, Relationship of the Driver with the Insured
 Does Driver Own Other Vehicles?
 Vehicle Registration Number of Other Vehicle Owned by Driver
 Insurance Company of Other Vehicle Owned by Driver

11/07/2007
 14 YEARS AND 11 MONTHS
 Female
 (Phone) +65-93827057
 -
 CHONGBERICA@GMAIL.COM
 10 TAO CHING ROAD
 #18-19
 618725
 Yes
 -
 No
 -
 -

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident
 Weather Conditions
 Road Surface

Side Swipe
 Clear
 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) 3
 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 -

PASSENGER 1

Name
 Gender

CHEW TECK SIONG
 Male

PASSENGER 2

Name
 Gender

ZARIUS CHEW
 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 DRIVING ALONG INTERNATIONAL BUSINESS PARK ROAD ON THE LEFT LANE. THERE WAS A TRUCK ON THE RIGHT LANE BESIDE ME AND THE VEHICLE COLLIDED INTO MY VEHICLE WHILE WE WERE TURNING INTO THE ROUNDABOUT.

ATTACHMENT(S)

Are accident photos available for attachment? Yes
 Was there any video captured by Car Camera? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YQ2791B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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 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. 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/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
- (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.


 9.34am
 30/06/2022
 Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel



 A: SMV492T
 B: YQ2991B

Describe Circumstances of the Accident


I was driving along International Business Park on the left lane.
There was a truck on the right lane beside me and the vehicle
collided into my vehicle while we were turning into the roundabout.

Declaration

We declare the foregoing particulars are true in every respect.


9 34 am
30/06/2022
Policyholder's Signature / Date &
Time

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


Witnessed by Reporting Centre
Personnel