

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/555/2022/NK
DATE : 5-Jul-22
WIP : 31502

VEHICLE IN WORKSHOP. KINDLY ARRANGE FOR SURVEY ON 06/07/2022

MS First Capital Insurance Limited

36 Robinson Road
#16-01 City House
Singapore 068877

OWNER'S NAME : MR HUN YEW CHUA
ADDRESS : 267 GREENWOOD AVENUE
#267
SINGAPORE 286871
TELEPHONE : HP +65 9168 4077
TYPE OF CLAIM : OWN DAMAGE CLAIM
POLICY NO : D- 21098055MVPC
VEHICLE NO : **SLS 1640 D**
MODEL CODE : AUDI A3 SEDAN 1.0 TFSI 8V
MODEL YEAR : 11/9/2017
ENGINE NO : CHZ 511028
CHASSIS NO :
MILEAGE : -
DATE IN : -
ESTIMATED BY : JOHNNY BOO / ALLAN WU
ACCIDENT DATE : 3-Jul-22
PLACE OF ACCIDENT : BUKIT TIMAH, SUNSET AVENUE

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ESTIMATED LABOUR CHARGES FOR ACCIDENT VEHICLE SLS 1640 D

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.	S/N \$ 360.00 /	
2	TO REMOVE AND TRANSFER RHS HEADLIGHT'S CONTROL UNIT AND POWER MODULE.	S/N \$ 350.00 /	
3	TO REMOVE AND RENEW AIRCON CONDENSER AND CHARGE AIR COOLER. TO REINSTALL 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, BONNET, RHS FRONT FENDER AND RHS HEADLIGHT. TO RENEW FRONT LOCK CARRIER AND ALIGN TO POSITION. RE-ORGANIZE CRASH MANAGEMENT COMPONENTS. REINSTALL ALL PARTS REMOVED.	\$ 4,900.00 2100 700 X 3	
5	TO RESPRAY FRONT BUMPER, BONNET, HINGES AND RHS FRONT FENDER.	\$ 3,000.00 2200 700 X 3 + 100	
6	TO CARRY OUT DIAGNOSTIC CHECK.	\$ 192.00 /	
TOTAL LABOUR CHARGES		\$ 10,202.00	



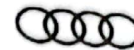
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MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SLS 1640 D

S/N	PARTS DESCRIPTION	QTY	DAMAGED PARTS & PRICES		REMARKS
			S/NETT		
1	FRONT BUMPER <i>BR</i>	1	\$	2,432.00	
2	FRONT BUMPER FIXING PARTS <i>?</i>	1	\$	195.00	
3	FRONT BUMPER GUIDE SECTION RH <i>BT</i>	1	\$	43.00	
4	FRONT BUMPER CENTRE GRILLE <i>?</i>	1	\$	179.00	
5	FRONT BUMPER CLOSING ELEMENT LOWER CENTRE <i>?</i>	1	\$	571.00	
6	FRONT BUMPER CLOSING ELEMENT RH <i>BR</i>	1	\$	318.00	
7	FRONT BUMPER COVER TRIM RH <i>?</i>	1	\$	182.00	
8	FRONT BUMPER WHEEL HOUSING LINER ADAPTER RH <i>?</i>	1	\$	42.00	
9	RADIATOR GRILLE <i>CUT</i>	1	\$	1,577.00	
10	RADIATOR CLOSING ELEMENT <i>?</i>	1	\$	210.00	
11	FRONT BUMPER AIR GUIDE GRILLE RH <i>CUT</i>	1	\$	210.00	
12	FRONT REINFORCEMENT BEAM <i>?</i>	1	\$	847.00	
13	FRONT BUMPER FOAM FILLER PC <i>?</i>	1	\$	211.00	
14	FRONT COVER TOP COVER <i>?</i>	1	\$	136.00	
15	STICKER FOR AIR CONDITIONER <i>OK</i>	1	\$	9.00	
16	STICKER FOR "CAUTION" <i>OK</i>	1	\$	16.00	
17	SIGNAL HORN LOW TONE RH <i>?</i>	1	\$	213.00	
18	FRONT FENDER RH <i>OK</i>	1	\$	954.00	
19	POP RIVET <i>OK</i>	5	\$	19.00	
20	FRONT FENDER ATTACHMENTS PARTS <i>?</i>	1	\$	75.00	
SUB TOTAL SPARE PARTS			:	\$	8,439.00

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. SL5 1640 D

			DAMAGED PARTS & PRICES	
S/N	PARTS DESCRIPTION	QTY	S/NETT	REMARKS
21	FRONT FENDER BRACKET- RH ✓ <i>OK</i>	1	\$ 46.00	
22	FRONT FENDER BRACE <i>am</i> ?	1	\$ 107.00	
23	BONNET LID HINGE - LH / RH X	2	\$ 136.00	
24	FRONT WHEEL HOUSING LINER - RH ✓ <i>CR4</i>	1	\$ 183.00	
25	BONNET ✓ <i>OK</i>	1	\$ 3,348.00	
26	BONNET LID HINGE - LH / RH X	2	\$ 136.00	
27	BONNET EDGE PRTOECTION ✓ <i>OK</i>	1	\$ 31.00	
28	BONNET CATCH HOOK X	1	\$ 100.00	
29	BONNET STRICKER- RH X	1	\$ 123.00	
30	BONNET LID LOCK W SWITCH X	1	\$ 228.00	
31	BONNET CATCH HOOK X	1	\$ 71.00	
32	BONNET BOWDEN CABLE CENTRE X	1	\$ 64.00	
33	BONNET COVER X	1	\$ 11.00	
34	LED HEADLIGHT RH ✓ <i>OK</i>	1	\$ 5,878.00	
35	LED HEADLIGHT POWER MODULE ?	1	\$ 850.00	
36	LED HEADLIGHT CONTROL UNIT ?	1	\$ 625.00	
37	LED HEADLIGHT HEAT SINK RH ?	1	\$ 818.00	
38	LED HEADLIGHT HOSE RH ?	1	\$ 46.00	
39	LED HEADLIGHT LIFT CYCLINDER ✓ <i>OK</i>	1	\$ 156.00	
40	LED HEADLIGHT CYCLINDER HOSE ?	1	\$ 78.00	
SUB TOTAL SPARE PARTS			:	\$ 13,035.00

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MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SLS 1640 D

S/N	PARTS DESCRIPTION	QTY	DAMAGED PARTS & PRICES		REMARKS
			S/NETT		
41	LED HEADLIGHT BRACKET ? (sensor bracket)	1	\$	21.00	
42	RADIATOR COOLANT ?	1	\$	806.00	
43	COOLANT ?	6	\$	282.00	
44	AIR GUIDE RH ?	1	\$	28.00	
45	AIR GUIDE SEAL OUTER - RH ?	1	\$	9.00	
46	AIR GUIDE UPPER - CENTRE ?	1	\$	14.00	
47	NOISE INSULATION ?	1	\$	376.00	
48	FRONT NO PLATE - n/c	S/N	\$	60.00	
49	SUNDRIES ?	1	\$	400.00	
TOTAL SPARE PARTS			:	\$	23,470.00
TOTAL LABOUR CHARGES			:	\$	10,202.00
GRAND TOTAL			:	\$	33,672.00

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

Steve (LKK)
6/7/12, 11.00

00-L1 M
EX 11-7
P/P
W Bly
6 & 45

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	04/07/2022 14:28 (SGT)
Reported by	Both
Date of Accident	03/07/2022 11:28 (SGT)
Exact Location of Accident	Bukit Timah, Singapore
Additional Location Information	SUNSET AVENUE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLS1640D

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHUA HUN YEW
NRIC No	S8086334I
Email Address	HUNYEWCHUA@GMAIL.COM
Mobile Phone No	(Phone) +65-91684077
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	1968

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Policy Number / Cover Note Number	D-21098055MVPC

DRIVER

Name of Driver	CHUA KIT WEI
NRIC No	S8879757D
Date Of Birth	02/12/1988
Occupation	Indoor

Date Of Driving Pass 30/05/2015
 Driving experience 7 YEARS AND 2 MONTHS
 Gender Female
 Mobile Number (Phone) +65-83228359
 Alt. Phone Number
 Email Address KEETUMS@GMAIL.COM
 Address 312A CLEMENTI AVE 4 #27-169
 Address complement
 Postcode 121312
 Is the driver the policyholder? No
 If No, Relationship of the Driver with the Insured Sibling
 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 on collision
 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) 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 KAMSHK HEMANI
 Gender Male

PASSENGER 2

Name MISHKA HEMANI
 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

PLEASE REFER TO ATTACHED.

ATTACHMENT(S)

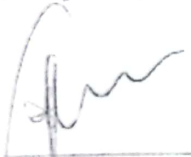
Are accident photos available for attachment? Yes
 Was there any video captured by Car Camera? Yes

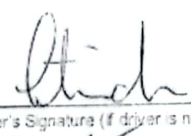
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJR1536B
Vehicle Manufacturer	Toyota
Vehicle Model	Camry
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	QUEK PECK HAR
NRIC No	S0005765G
Contact Number	(Phone) +65-98166040
Address	-
Address complement	-
Postcode	-
Insurance Company Name	NTUC Income Insurance Co-operative Ltd
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

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 Authorized Driver.**
3. Information on this form is **truthful and accurate** as far as this form is concerned. Any false information may lead to the insurer's refusal to **reimburse any liability**.
4. The issue and acceptance of this Form by Insured companies is not an admission of policyholder's liability in the accident.
5. **Any false reporting may be referred to the Police for investigation.**
6. The report will be forwarded by the insurers of the GIA (Insurance Management Corporation) to the Insurance Corporation of Singapore (ICS) for archiving and that copies of this report will be made available upon request by insured.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the insurer's office and 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 be permitted to collect, use, store and/or process my personal data/personal information set out in this [form] and any other personal information provided to 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 and 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 purposes(s) of:
(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigation related 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, and the disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of printed 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 be 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 (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
Sketch Plan

 4/7/2022 12:00 PM
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Report Made Person
Personal

A - SLS 16400

B - 21R 100

Describe Circumstances of the Accident

AT RIVIER AVENUE, I WAS MAKING A RIGHT TURN. MY CAR WAS APPROACHING THE JUNCTION. AS I WAS TURNING MY CAR WAS IN THE RIVIER AVE. DRIVER OF CAMRY APPEARED TO PASS ME. AS I LEAPED INSTEAD OF STOPPING DOWN TO GIVE ME A SPACE TO COMPLETE THE TURN, LEADING TO AN ACCIDENT.

INCIDENT HAPPENED AT 11:30 AM 3/7/2022

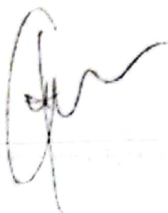
THEREAFTER BOTH PARTIES LEAVED THE VEHICLE. DRIVER OF CAMRY ACCEPTED RESPONSIBILITY FOR THE ACCIDENT. AFTER EXCHANGING INFORMATION, BOTH VEHICLES TOOK THE SAME SIDE.

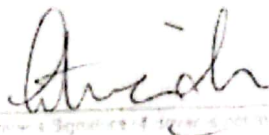
PASSENGERS IN MY CAR:
KAMRAN HEMANI, M
MUKHA HEMANI, F

NO OTHER PASSENGERS IN A CAMRY.

Declaration

We declare the foregoing particulars are true in every respect.



 4/7/2022
12:16 PM