ASS. REC. BY: Steve | CS/PC12200 6394/EVY3

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. D22002032MVPC

Sum Insured: _____ Excess: 500

(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 Rport: _____ 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: SLS1640D Yr Regn: 11/9/17

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or _____

Make: Audi A3 c.c 999

Colour Red A/C: Insured / Std / NI / NA

Sp.Reading 54719 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WAUZZZ8V1J100593

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

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

Tyre Size: F: 205/55R16

R: "

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or _____

Front		Rear	
R/Bal.	5 mm	R/Bal.	5 mm
L/Bal.	5 mm	L/Bal.	5 mm
D.O.A.	3/7/22	D.O.I.	6/7/22

Survey held at Premium

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or Front RH

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

Date / Time	Action / Instruction
	MV-TSR
14/9/22	Final fig $21,728.80 confirmed by email (~~Red 11,943.20, 35%~~)

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) 14/9/22-typist

☐ : Prell. Report

☐ : Final Report

Days Of Repair: 6

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech, Invs ($ _____)

☐ : Weekend ($ _____)

Survey Fee:

Transportation: ___$ + RS.___SI

Photos

Others

TOTAL

~~Report~~ Format : OD

~~Lump Sum~~ / I.B.I: ($ $21,728.80)

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/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. 700 X 3		$	4,900.00	
5	TO RESPRAY FRONT BUMPER, BONNET, HINGES AND RHS FRONT FENDER. 700 X 3 + 100		$	3,000.00	
6	TO CARRY OUT DIAGNOSTIC CHECK.		$	192.00	
	TOTAL LABOUR CHARGES	:	**$**	**10,202.00**	

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TEL : 6366 2323 FAX : 6841 1183
EMAIL: NORA.KHAI@PREMIUMAUTO.COM.SG / CLAIMS@PREMIUMAUTO.COM.SG

MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SLS 1640 D

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

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

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MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SLS 1640 D

S/N	PARTS DESCRIPTION	QTY	DAMAGED PARTS & PRICES S/NETT	REMARKS
21	FRONT FENDER BRACKET- RH	1	$ 46.00	
22	FRONT FENDER BRACE	1	$ 107.00	
23	BONNET LID HINGE - LH / RH	2	$ 136.00	
24	FRONT WHEEL HOUSING LINER - RH	1	$ 183.00	
25	BONNET	1	$ 3,348.00	
26	BONNET LID HINGE - LH / RH	2	$ 136.00	
27	BONNET EDGE PRTOECTION	1	$ 31.00	
28	BONNET CATCH HOOK	1	$ 100.00	
29	BONNET STRICKER- RH	1	$ 123.00	
30	BONNET LID LOCK W SWITCH	1	$ 228.00	
31	BONNET CATCH HOOK	1	$ 71.00	
32	BONNET BOWDEN CABLE CENTRE	1	$ 64.00	
33	BONNET COVER	1	$ 11.00	
34	LED HEADLIGHT RH	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	1	$ 156.00	
40	LED HEADLIGHT CYCLINDER HOSE	1	$ 78.00	
	SUB TOTAL SPARE PARTS		: **$ 13,035.00**	

ALL CHARGES ARE NOT INCLUSIVE OF GST
LEGEND: REMARKS (OK) = APPROVED, REMARKS (X) = NOT APROVED
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MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SLS 1640 D

S/N	PARTS DESCRIPTION	QTY	DAMAGED PARTS & PRICES S/NETT	REMARKS
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**	

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

PREMIUM AUTOMOBILES

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

NAME	:	Steve (LKK)
SURVEYED DATE	:	6/7/22, 11.00c
AUTHORISED DATE	:	
EXCESS COST	:	
LIABILITY	:	
REMARKS	:	

OD- LH RL
EXCH - T
P/P
RH RL

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

SC1R22740008 / ComfortDelGro Engineering Pte Ltd [579701]
ENTRY DATE & TIME: 04/07/2022 14:28 (SGT)
SUBMITTED BY: Sabrina Wong
VERSION: 1 (04/07/2022 14:28 (SGT))

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 witholding 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

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. [illegible] allow insurance companies to **repudiate policy liability**.
4. The issue and acceptance of this Form by insurance companies [illegible] admission of policy [illegible] companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. The report will be forwarded by the insurers to 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 [illegible]
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and [illegible] 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, [illegible] and/or process my personal data/personal information set out in this [form] and any other personal information provided [illegible] or possessed by my insurer (collectively the "**Personal Information**") and disclose and transfer such Personal Information [illegible] who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident [illegible] collectively referred to as the "**Insurers**"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any [illegible] 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 [illegible] 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 [illegible] 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 [illegible] (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 Report [illegible] Personnel
[signature]	[signature] 9/7/2022 12:10PM	

Sketch Plan

SKETCH PLAN #2

Describe Circumstances of the Accident

AT SUNSET AVENUE, I WAS MAKING A RIGHT TURN ONCOMING CAR [illegible]
WAS APPROACHING JUNCTION. ~~RE~~ UPON SEEING MY CAR [illegible]
~~THE~~ SUNSET AVE. DRIVER OF CAMRY APPEARED TO PANIC [illegible]
ACCELERATED INSTEAD OF SLOWING DOWN TO GIVE W[illegible]
SO I COULD COMPLETE THE TURN LEADING TO ACCIDENT. ~~[illegible]~~

ACCIDENT HAPPENED AT 11:25AM 3/7/2022

THEREAFTER BOTH PARTIES EXITED THE VEHICLE. DRIVER [illegible]
~~OF CAMRY ACL~~ OF CAMRY ACKNOWLEDGED ACCIDENT [illegible]
AS HER FAULT. WE EXCHANGED INFORMATION AFTER [illegible]
VEHICLES TO ROAD SIDE

~~PASSENGER~~ PASSENGERS IN AUDI CAR
KANAK HEMANI, M
MISHKA HEMANI, F

NO OTHER PASSENGERS IN A CAMRY.

Declaration

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

4/7/2022
12:16PM

Driver's Signature of [illegible]