

REF: CS/CTI22006430/Aqy3

ASS. FEO. BY:

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. **SNM22D204615/C02**
 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 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

N/S	O/S

Veh No: **SJA775SK.** Yr Regn: **30/01/2019**
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: **Audi A4** c.c. **1984**
 Colour: **Black** A/C: Insured / Std / NI / NA
 Sp. Reading: **27896** T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: **WAU222** * **F46KN006240**
 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: **205/60R16.**
 R: **205/60R16.**
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or **Continental.**
 Front _____ Rear _____
 R/Bal. **06** mm R/Bal. **06** mm
 L/Bal. **06** mm L/Bal. **06** mm
 D.O.A. _____ D.O.I. **07/07/22**
 Survey held at **Premium.**
 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
	TP Chiau.
26/07/22 @ 2.40pm	revised to Jacqueline Tan via Merimen.
	MV :
	PV :
	Nett :

Date/Time, File Pass to? : Preli. Report : Final Report

1) _____

Date/Time, File Return to? _____

2) _____

Report Format: _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: : Site Insp (\$) : Interview (\$) : Tech. Invs (\$)

Survey Fee: _____
 Transportation: _____
 Photos _____
 Others _____

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 13:31 (SGT)
Reported by	Both
Date of Accident	01/07/2022 18:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG PASIR PANJANG ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJA7755K
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ZAINUDIN BIN ABU BAKAR
NRIC No	S1616775D
Email Address	zainudin.baker@gmail.com
Mobile Phone No	(Phone) +65-90882155
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A4
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?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1984

INSURANCE COMPANY

Name of Insurance Company	ECICS Limited
Policy Number / Cover Note Number	MPC22P00019000

DRIVER

Name of Driver	ZAINUDIN BIN ABU BAKAR
NRIC No	S1616775D
Date Of Birth	02/09/1963
Occupation	Indoor

Date Of Driving Pass 29/01/1997
 Driving experience 25 YEARS AND 6 MONTHS
 Gender Male
 Mobile Number (Phone) +65-90882155
 Alt. Phone Number -
 Email Address zainudin.baker@gmail.com
 Address 25 WEST COAST CRESCENT #21-17
 Address complement -
 Postcode 128047
 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 - Head to Rear
 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) 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? No
 Was notice of intended Prosecution given? No
 If yes, against whom? -

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ACCIDENT SKETCH PLAN

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLC5584R
 Vehicle Manufacturer Mercedes
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car
 Name of Driver HO VANNIE
 - S9713331Z

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

Veh A: QJA 7955K
Veh B: 8LC 5584K

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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

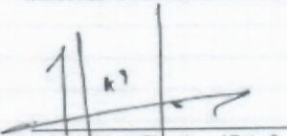
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(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.

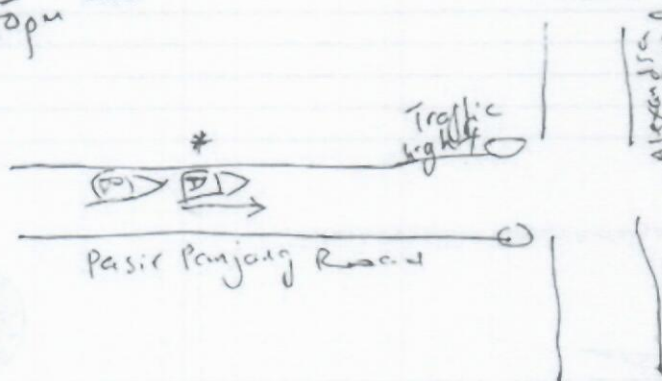
*I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS


 Policyholder's Signature / Date & Time
 2/7/2022
 Sketch Plan 12.50pm

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



Witnessed by Reporting Centre Personnel
 Alexia Tan



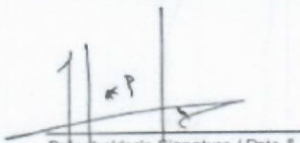
Describe Circumstances of the Accident

VMA SJA 7755K
 VME 9LC 5584R

On 1 Jul 2022 at around 6:45 pm while stopping at the traffic light along Pasir Panjang Road, suddenly I felt a bang at my bumper. My bumper was hit by another car travelling behind my car.

Declaration

We declare the foregoing particulars are true in every respect


 Policyholder's Signature / Date & Time
 2/7/2022
 12.50 pm

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



 Witnessed by Reporting Centre Personnel (Gua Lai)



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/TP/559/2022/EQ
DATE : 05-Jul-22
WIP : 31447

VEHICLE NOT IN WORKSHOP. KINDLY ARRANGE SURVEY 07/07/2022
YOUR INSURED VEH NO : SLC 5584 R

China Taiping Insurance (S) Pte Ltd

3 Anson Road
#16-00 Springleaf Tower
Singapore 079909

OWNER'S NAME : MR ZAINUDIN BIN ABU BAKAR
ADDRESS : 25 WEST COAST CRESCENT
#21-17
SINGAPORE 128047
TELEPHONE : HP +65 9088 2155
TYPE OF CLAIM : THIRD PARTY CLAIM
POLICY NO : MPC22P00019000
VEHICLE NO : **SJA 7755 K**
MODEL CODE : AUDI A4 SEDAN 2.0 TFSI 8W
MODEL YEAR : 30-01-2019
ENGINE NO : CVK 075309
CHASSIS NO : WAUZZZF46KN006240
MILEAGE : -
DATE IN : -
ESTIMATED BY : JOHNNY BOO / ALLAN WU
ACCIDENT DATE : 01-Jul-22
PLACE OF ACCIDENT : ALONG PASIR PANJANG ROAD

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

ESTIMATED LABOUR CHARGES FOR ACCIDENT VEHICLE SJA 7755 K

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 DISMANTLE AND RENEW REAR BUMPER. TO REPAIR REAR END PANELLING. RE-ORGANISE CRASH MANAGEMENT COMPONENTS. REINSTALL ALL PARTS REMOVED.	\$	1,400.00	700 ✓
3	TO RESPRAY REAR BUMPER AND REAR END PANELLING	\$	2,000.00	700 ✓
6	TO CARRY OUT DIAGNOSTIC CHECK.	S/N \$	192.00	✓
TOTAL LABOUR CHARGES		:	\$ 3,952.00	



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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. SJA 7755 K

			DAMAGED PARTS & PRICES	
S/N	PARTS DESCRIPTION	QTY	S/NETT	REMARKS
1	REAR BUMPER <i>Rehand</i>	1	\$ 3,188.00	✓
2	REAR BUMPER FIXING PARTS <i>new</i>	1	\$ 480.00	+
3	REAR BUMPER SECURING STRIPS <i>new</i>	1	\$ 249.00	+
4	REAR BUMPER SPOILER <i>ok</i>	1	\$ 276.00	✓
5	REAR BUMPER TRIM <i>cracked</i>	1	\$ 326.00	✓
6	REAR BUMPER BRACKET - LH / RH <i>} new</i>	2	\$ 260.00	+
7	REAR LIGHT REFLECTOR REAR - LH / RH <i>} new</i>	2	\$ 92.00	+
8	REAR BUMPER REINFORCEMENT BEAM <i>?</i>	1	\$ 1,131.00	?
9	REAR BUMPER SEAL <i>?</i>	2	\$ 32.00	?
10	REAR BUMPER GUIDE SECTION - LH / RH <i>?</i>	2	\$ 52.00	+
11	REAR BUMPER GUIDE SECTION PIN <i>} new</i>	2	\$ 6.00	+
12	REAR BUMPER HOLDING STRAP <i>} new</i>	2	\$ 188.00	+
13	REAR BUMPER SENSOR INNER/ OUTER - RH <i>new</i>	2	\$ 265.00	+
14	REAR PARKING AID SEAL RING <i>} new</i>	4	\$ 10.00	+
15	REAR LID CONTROL UNIT <i>} new</i>	1	\$ 454.00	+
16	REAR LID KICK SENSOR LINE <i>} new</i>	1	\$ 228.00	+
17	REAR EXHAUST TAIL PIPE CHROME TRIM- LH / RH <i>new</i>	2	\$ 766.00	+
18	SUNDRIES <i>?</i>	1	\$ 300.00	?
TOTAL SPARE PARTS		:	\$ 19,382.00	8303
TOTAL LABOUR CHARGES		:	\$ 3,952.00	
GRAND TOTAL		:	\$ 23,334.00	12255

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



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

NAME : Adrian Lim
SURVEYED DATE : 07/07/22
AUTHORISED DATE :
EXCESS COST :
LIABILITY :
REMARKS : Not Authorised, 03 days.

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