

ASS. FEO. BY:

REF:

CS/CTI22006430/Aqy3

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.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: **3** days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: **SJA77SSK.** 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 / NASp. Reading **27896** T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: **WAU222** * **F46KN006240**Gen. Cond: **Good** / Fair / Poor / BurntSteering: **In order** / Jammed / Leaked / Burnt orBrake: **In order** / Jammed / Leaked / Burnt orModi: Nil / **S/Rim** / STD A/Rim orTyre 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** mmL/Bal. **06** mm L/Bal. **06** mmD.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 Chin.**26/07/22@2.40pm revised to Jacqueline Tan via Merimen.**

MV :

PV :

Nett :

20/09/22@10.18am We will be advising our Principal a cost of repair of \$7,535.60 before GST with 3 days of repair, subject to their approval. (Red \$4719.40, 39%)

Date/Time, File Pass to?

☐ : Preli. ReportDays Of Repair: **3**1) **20/09 Typist**☐ : Final ReportResurvey No. of Trip: **1**

Date/Time, File Return to?

Survey Fee:

Transportation:

2)

Add Fee: ☐ : Site Insp (\$ _____)

_____ 3 + RS. _____ SI

☐ : Interview (\$ _____)

Photos

☐ : Tech. Insp (\$ _____)

Others

Report Format:

MER-TP

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 7755 K
Veh B: SLC 5584 R

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 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' law yers/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' law yers/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 yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

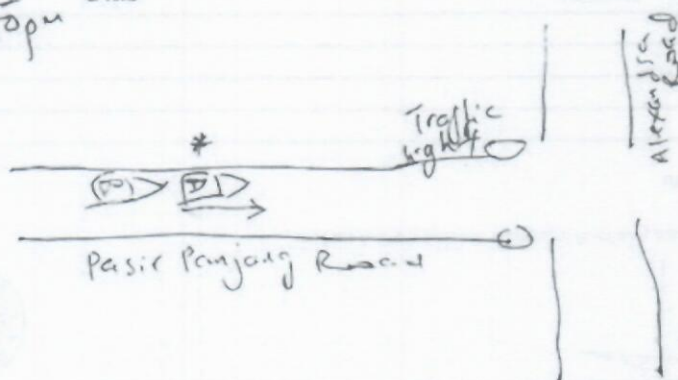
*I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

Policyholder's Signature / Date & Time
11/1/2022
Sketch Plan 12.50pm

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



Witnessed by Reporting Centre Personnel (Name)



Describe Circumstances of the Accident

Veh A: SJA 7955K

Veh B: 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

1/1
 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 (Gloria 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	

55 UBI ROAD 1, SINGAPORE 408699

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>let</i>	1	\$ 276.00	✓
5	REAR BUMPER TRIM <i>crushed</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>} new</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.

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

NAME : *Adrian Lij*
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