

ASSIGNMENT

Front: _____ 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

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SMD 86254 Yr Regn: 7/9/18Type: ☒ M.Car / ☐ M.Cycle / ☐ Bus / ☐ Van / ☐ Lorry / ☐ Taxi / ☐ Prime Mover /

Truck / Trailer or

Make: Audi A3 c.c. 999Colour: Black A/C: ☒ Insured / ☐ Std / ☐ Nil / ☐ NASp. Reading: 51419 T/Radio: ☒ Insured / ☐ Std / ☐ Nil / ☐ NA

Eng/No: _____

C/No: W/102228VX01065651Gen. Cond: ☒ Good / ☐ Fair / ☐ Poor / ☐ BurntSteering: ☒ Inorder / ☐ Jammed / ☐ Leaked / ☐ Burnt orBrake: ☒ Inorder / ☐ Jammed / ☐ Leaked / ☐ Burnt orModl: ☒ Nil / ☐ S/Rim / ☐ STD A/Rim orTyre Size: F: 205/55R16R: 205/55R16BS / ☒ DUN / ☐ EXNOVA / ☐ GY / ☐ FS / ☐ LIZA / ☐ MIC / ☐ OHTSU / ☐ PIR / ☐ SUMI /

TOYO / YOKO or _____

Front _____ Rear _____

R/Bal. 4 mm R/Bal. 4 mmL/Bal. 4 mm L/Bal. 4 mmD.O.A. 1/8/22 D.O.I. 5/8/22Survey 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

MIV-99K

Order/Time, File Pass to?

☐ : Prel. Report☐ : Final Report

Date/Time, File Return to?

2) _____

Report Format: _____

Lump Sum / L.B.A. (\$) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Survey Fee:

Transportation:

\$ + RS. \$ _____

Photos

Others

TOTAL

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/0663/2022/GW
DATE	:	5-Aug-22
WIP	:	22382

VEHICLE NOT IN WORKSHOP. KINDLY ARRANGE FOR SURVEY ON 6/5/22

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	:	PREMIUM LEASING PTE LTD
ADDRESS	:	9 LENG KEE RD SINGAPORE 159090
TELEPHONE	:	HP +65 85189509
TYPE OF CLAIM	:	OWN DAMAGE CLAIM
POLICY NO	:	
VEHICLE NO	:	SMD 8625 U
MODEL CODE	:	AUDI A3 SEDAN 1.0 TFSI 8V
MODEL YEAR	:	7/9/2018
ENGINE NO	:	CHZ936774
CHASSIS NO	:	WAUZZZZ8VXJ1065657
MILEAGE	:	-
DATE IN	:	-
ESTIMATED BY	:	JOHNNY BOO / ALLAN WU
ACCIDENT DATE	:	1-Aug-22
PLACE OF ACCIDENT	:	CAR PARK AT OCEAN WAY

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ESTIMATED LABOUR CHARGES FOR ACCIDENT VEHICLE SMD 8625 U

S/N	NATURE OF JOBS	ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATIONS
1	TO REMOVE AND REINSTALL REAR PARKING AID.	S/N \$ 280.00 ✓	
2	TO RENEW REAR WINDSCREEN AND 1/4 GLASS TO FACILITATE RENEWAL OF LHS REAR FENDER.	S/N \$ 600.00 ✓	
3	TO INSTALL SOLAR FILM FOR REAR WINDSCREEN AND 1/4 GLASS.	S/N \$ 400.00 X	
4	TO CARRY OUT WATER SEEPAGE TEST FOR REAR WINDSCREEN.	S/N \$ 200.00 ✓	150 ✓
5	TO DISLodge AND REINSTALL REAR WIRE HARNESS FOR LIGHTS, BATTERY MANAGER, FUSE AND RELAY TRAYS, ELECTRICAL AND AUDIO EQUIPMENT. INSPECT FOR DAMAGE AND RENEW WHERE NECESSARY.	S/N \$ 1,400.00 ✓	(photo)
6	TO REMOVE AND REINSTALL REAR SEAT, BACK REST, HAT TRAY, ABCD PILLAR TRIMS, LUGGAGE COMPARTMENT TRIMS, DISLodge ROOF LINER AND DISENGAGE CURTAIN AIRBAG ETC.	S/N \$ 1,400.00 ✓	(photo)
SUB-TOTAL LABOUR CHARGES		: \$ 4,280.00	



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ESTIMATED LABOUR CHARGES FOR ACCIDENT VEHICLE SMD 8625 U

S/N	NATURE OF JOBS	ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATIONS
7	TO REMOVE AND TRANSFER LHS FRONT DOOR AND LHS REAR DOOR'S MULTI LOCK SYSTEM AND POWER WINDOW DEVICES. INSPECT FOR DAMAGES. <i>350x2</i>	S/N \$ 700.00 ✓	
8	TO DISMANTLE AND RENEW REAR BUMPER, LHS REAR DOOR, LHS FRONT DOOR. TO CUT OUT AND WELD LHS REAR FENDER. RE-ORAGNISE CRASH MANAGEMENT COMPONENTS. REINSTALL ALL PARTS REMOVED. <i>100x2</i>	\$ 6,300.00	<i>4000</i>
9	TO RESPRAY REAR BUMPER, LHS REAR DOOR, DOOR HANDLE, LHS FRONT DOOR, LHS REAR FENDER, ROOF CHANNEL, LHS SILL PANEL, DRAIN CHANNEL, DOOR ENTRANCES AND REAR END PANELLING. <i>3-5</i>	\$ 7,000.00	<i>4325</i>
10	TO RENEW LHS REAR RIM. TO CARRY OUT WHEEL ALIGNMENT.	S/N \$ 280.00 X	
11	TO CARRY OUT DIAGNOSTIC CHECK.	S/N \$ 192.00 ✓	
TOTAL LABOUR CHARGES		: \$ 18,752.00	



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MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SMD 8625 U

		DAMAGED PARTS & PRICES		
S/N	PARTS DESCRIPTION	QTY	S/NETT	REMARKS
1	REAR BUMPER <i>XR</i>	1	\$ 2,317.00	
2	REAR WHEEL HOUSING LINER ADAPTER - LH <i>X NN</i>	1	\$ 42.00	
3	REAR BUMPER GUIDE SECTION - LH <i>X NN</i>	1	\$ 75.00	
4	REAR FENDER - LH <i>DD</i>	1	\$ 4,445.00 ✓	3556
5	REAR WINDSCREEN <i>nc</i>	1	\$ 905.00 ✓	724
6	REAR SIDE WINDOW - LH <i>nc</i>	1	\$ 635.00 ✓	508
7	PRIMER <i>nc</i>	2	\$ 44.00 ✓	34.72
8	REAR WHEEL HOUSING LINER - LH <i>? X NN</i>	1	\$ 260.00	
9	FRONT DOOR - LH <i>DD</i>	1	\$ 3,265.00 ✓	2612
10	FRONT DOOR OUTER SEAL - LH <i>nc</i>	1	\$ 179.00 ✓	142.80
11	BONDING AGENT <i>nc</i>	1	\$ 51.00 ✓	40.56
12	CLEANING SOLUTION <i>nc</i>	1	\$ 74.00 ✓	58.96
13	APPLICATOR <i>nc</i> <i>X NN</i>	1	\$ 9.00	
14	FRONT DOOR ATTACHMENT PARTS - LH <i>X NN</i>	1	\$ 134.00	
15	FRONT DOOR CATCH - LH <i>? X NN</i>	1	\$ 105.00	
16	FRONT DOOR MOUNTING BAR - LH <i>? X NN</i>	1	\$ 182.00	
17	FRONT DOOR BOWDEN CABLE <i>X NN</i>	1	\$ 58.00	
18	FRONT WINDOW REGULATOR WITHOUT MOTOR - LH <i>X NN</i>	1	\$ 286.00	
19	FRONT DOOR HANDLE - LH <i>X NN</i>	1	\$ 398.00	
20	FRONT DOOR HANDLE HOUSING - LH <i>XR</i>	1	\$ 58.00	
SUB TOTAL SPARE PARTS		:	\$ 13,522.00	

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. SMD 8625 U

S/N	PARTS DESCRIPTION	QTY	DAMAGED PARTS & PRICES		REMARKS
			S/NETT		
21	REAR DOOR - LH <i>✓ M</i>	1	\$	3,265.00	<i>✓</i> 2612
22	REAR DOOR OUTER SEAL - LH <i>✓ NC</i>	1	\$	179.00	<i>✓</i> 142.80
23	BONDING AGENT <i>✓ LC</i>	1	\$	51.00	<i>✓</i> 40.56
24	CLEANING SOLUTION <i>✓ LC</i>	1	\$	74.00	<i>✓</i> 58.96
25	APPLICATOR <i>✓ LC X NN</i>	1	\$	9.00	
26	REAR DOOR ATTACHMENT PARTS - LH <i>✓ X NN</i>	1	\$	252.00	
27	REAR DOOR CATCH - LH <i>✓ X NN</i>	1	\$	116.00	
28	REAR ALUMINIUM RIM - LH <i>✓ X NN</i>	1	\$	1,303.00	
29	RUBBER VALVE <i>✓ X NN</i>	1	\$	4.00	
30	REAR WINDSCREEN SEALANT <i>✓ M</i>	S/N	\$	200.00	<i>✓</i>
31	ACRYLIC SEALANT <i>✓ LC</i>	S/N	\$	180.00	<i>✓</i>
32	CAVITY WAX <i>✓ LC</i>	S/N	\$	140.00	<i>✓</i>
33	STONE CHIP <i>✓ LC</i>	S/N	\$	180.00	<i>✓</i>
34	METAL FILLER POWDER <i>✓ LC</i>	S/N	\$	280.00	<i>✓</i>
35	1/4 GLASS SEALANT <i>✓ LC</i>	S/N	\$	100.00	<i>✓</i>
36	SUNDRIES <i>✓ NEC</i>		\$	400.00	<i>60.32 ✓</i>
TOTAL SPARE PARTS		:	\$	20,255.00	
TOTAL LABOUR CHARGES		:	\$	18,752.00	
GRAND TOTAL		:	\$	39,007.00	

ALL CHARGES ARE NOT INCLUSIVE OF GST
LEGEND: REMARKS (OK) = APPROVED, REMARKS (X) = NOT APPROVED
SPARE PARTS ARE SPECIAL NETT.
BL-22/07/22



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[illegible]

OD-III-1 AL
EXCH-?
PIP
my Bel L
14 dgs

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

- 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 legal 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 Actual 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	02/08/2022 18:32 (SGT)
Reported by	Owner
Date of Accident	01/08/2022 23:40 (SGT)
Exact Location of Accident	Ocean Way, Singapore
Additional Location Information	CAR PARK AT OCEAN WAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD8625U
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	PREMIUM LEASING PTE LTD
Company Reg No	2XXXXX676M
Email Address	WS.TAN@PREMIUMLEASING.COM.SG
Mobile Phone No	(Phone) +65-85189509
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	1000

INSURANCE COMPANY

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

DRIVER

Name of Driver	EL NABAWI SHERIF ADEL MOHAMED
Passport No/FIN	GXXXX951N
Date Of Birth	07/12/1976
Occupation	Indoor

Date Of Driving Pass	12/06/2018
Driving experience	4 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83166116
Alt. Phone Number	-
Email Address	SHERIF.ELNABAWI@GMAIL.COM
Address	3 OCEAN WAY
Address complement	W RESIDENCE
Postcode	986396
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Paid Driver
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
Weather Conditions
Road Surface

Collided into Property
Clear
Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	No
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

ON ENTRANCE IF THE CAR PARK THERE IS A PILLAR AT THE ENTRANCE TO THE UNIT. THIS PILLAR IS BADLY DESIGNATED AND A NUMBERS OF CARS GOT HIT BEFORE WHILE DOING THE TURN. I HIT THE LEFT SIDE OF THE CAR WHILE TURNING.

ATTACHMENT(S)

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

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claim process.
2. This Form must be completed by the Policyholder and/or the Authorized 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:

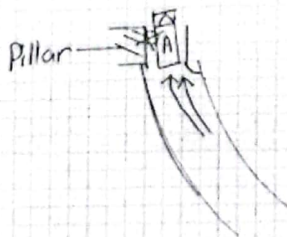
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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' 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.

Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel
2/8/2018 1800



A-SMP8625U

Describe Circumstances of the Accident

On entrance of the Car Park - there is a pillar at the entrance to the Unit. This Pillar is badly designed and a number of Cars got hit before while doing the turn. I hit the left Side of the Car while turning.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

21/8/2018

