

Ass. REC. BY:

REP:

### 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. \_\_\_\_\_

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: SND1217Z Yr Regn: 2021 / Dec.

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Audi Q7 C.C. 1984

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

Sp. Reading: 8051 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: WAUZZZ4MOND006828

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: 255/55R19

R: 255/55R19

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front Rear

R/Bal. 06 mm R/Bal. 06 mm

L/Bal. 06 mm L/Bal. 06 mm

D.O.A. \_\_\_\_\_ D.O.I. 30/09/22

\*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
	<u>TPAIG</u>
	<u>MV :</u>
	<u>PV :</u>
	<u>Nett :</u>

Date/Time, File Pass to?

☐ : Preli. Report  
☐ : Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_)

☐ : Interview (\$ \_\_\_\_\_)

☐ : Tech. Inve (\$ \_\_\_\_\_)

Report Form:

Number of Pages: 1 to 10

## 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	16/09/2022 10:38 (SGT)
Reported by	Driver
Date of Accident	14/09/2022 16:55 (SGT)
Exact Location of Accident	1 Seletar Rd, Singapore 807011
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SND1217Z
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	AW XIAOYING, ELEANOR
NRIC No	S8905369B
Email Address	eleanor_aw@hotmail.com
Mobile Phone No	(Phone) +65-96164023
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Audi
Model	Q7
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	ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number	DMPG22010492

#### DRIVER

Name of Driver	AW YING YING, ELICIA (HU YING YING, ELICIA)
NRIC No	S7918868I
Date Of Birth	01/07/1979
Occupation	Indoor



Date Of Driving Pass	22/09/1998
Driving experience	24 YEARS
Gender	Female
Mobile Number	(Phone) +65-96164023
Alt. Phone Number	-
Email Address	eleanor_aw@hotmail.com
Address	26 SEA AVENUE #04-05
Address complement	-
Postcode	424246
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 - Major/Minor Rd
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

ON 14/09/2022 AT ABOUT 1655HRS, I WAS DRIVING VEHICLE A (SND1217Z) IN THE BASEMENT OF GREENWICH V, 1 SELETAR ROAD. WHEN SUDDENLY VEHICLE B (SMP2938T) CAME OUT FROM THE PARKING LOT AND HIT THE RIGHT PORTION OF MY VEHICLE. NO INJURY.

#### 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	SMP2938T
Vehicle Manufacturer	BMW
Vehicle Model	X5
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	ZAKARIAN EP SANDSTROM MAGALI
Passport No/FIN	G5411553P
Contact Number	(Phone) +65-81333386
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLANIMPORTANT 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. 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)**

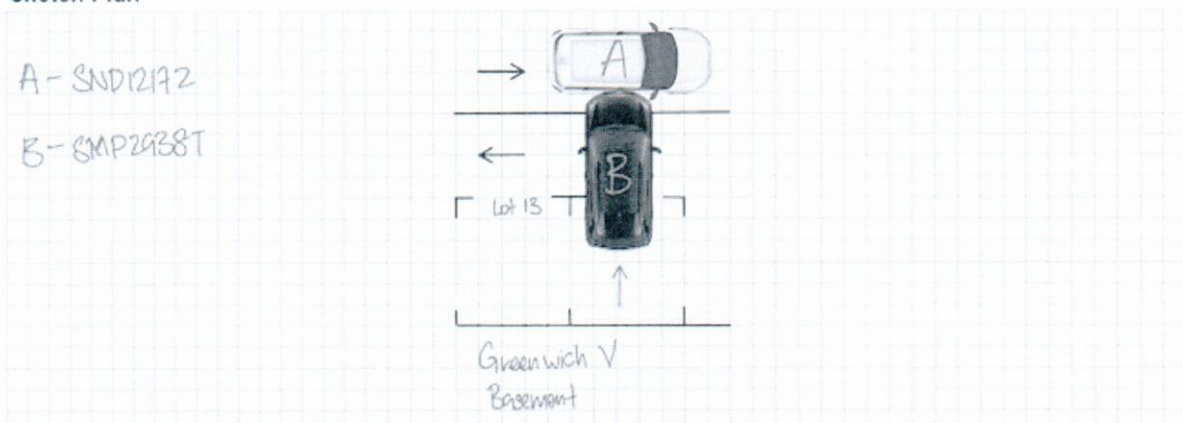
I understand, acknowledge, agree and consent that:

- (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.

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time 15/09/22 1535

Witnessed by Reporting Centre Personnel Amin

Sketch Plan

Describe Circumstances of the Accident

ON 14/09/2022 AT ABOUT 1655HRS, I WAS DRIVING VEHICLE A (SND1217Z) IN THE BASEMENT OF GREENWICH V, 1 SELETAR ROAD. WHEN SUDDENLY VEHICLE B (SMP2938T) CAME OUT FROM THE PARKING LOT AND HIT THE RIGHT PORTION OF MY VEHICLE. NO INJURY.

Declaration

I/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 15/09/22 1535

\_\_\_\_\_  
Witnessed by Reporting Centre  
Personnel Apin



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/0818/2022/EQ  
**DATE** : 21-Sep-22  
**WIP** : 42758

**VEHICLE NOT IN WORKSHOP. KINDLY ARRANGE FOR SURVEY ON 30/09/2022**

**YOUR INSURED VEH NO : SMP 2938 T**

**AIG Asia Pacific Insurance Pte Ltd**

78 Shenton Way

#07-16 AIG Building

Singapore 079120

Attn: Motor Claims Dept

**OWNER'S NAME** : MS AW XIAOYING, ELEANOR  
**ADDRESS** : 26 SEA AVENUE  
#04-05  
SINGAPORE 424246  
**TELEPHONE** : HP +65 96164023  
**TYPE OF CLAIM** : THIRD PARTY CLAIM  
**POLICY NO** : DMPG22010492  
**VEHICLE NO** : **SND 1217 Z**  
**MODEL CODE** : AUDI Q7 2.0 TFSI QU TIPTR  
**MODEL YEAR** : 6/12/2021  
**ENGINE NO** : CYR 105194  
**CHASSIS NO** : WAUZZZ4M0ND006828  
**MILEAGE** : -  
**DATE IN** : -  
**ESTIMATED BY** : JOHNNY BOO / ALLAN WU  
**ACCIDENT DATE** : 14-Sep-22  
**PLACE OF ACCIDENT** : 1 SELETAR ROAD, SINGAPORE 807011

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 SND 1217 Z

S/N	NATURE OF JOBS	ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATIONS
1	TO REMOVE AND TRANSFER RHS FRONT DOOR AND RHS REAR DOOR'S MULTI-LOCK SYSTEM AND POWER WINDOW DEVICES. INSPECT FOR DAMAGES.	S/N \$ <del>900.00</del>	720
2	TO DISMANTLE AND RENEW RHS FRONT DOOR AND RHS REAR DOOR. RE-ORGANIZE CRASH MANAGEMENT COMPONENTS. REINSTALL ALL PARTS REMOVED.	\$ <del>2,700.00</del>	1200
3	TO RESPRAY RHS FRONT DOOR, RHS REAR DOOR, DOOR HANDLE AND TWO DOOR COVERS.	\$ <del>3,500.00</del>	1700
4	TO CARRY OUT DIAGNOSTIC CHECK.	S/N \$ 192.00	✓
<b>TOTAL LABOUR CHARGES</b>		<b>: \$ <u>7,292.00</u></b>	



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. SND 1217 Z**

			DAMAGED PARTS & PRICES	
S/N	PARTS DESCRIPTION	QTY	S/NETT	REMARKS
1	FRONT DOOR - RH <i>Deated</i>	1	\$ 5,466.00	✓
2	FRONT OUTER DOOR SEAL - RH <i>Neu</i>	1	\$ 282.00	✓
3	BONDING AGENT ?	1	\$ 51.00	?
4	CLEANING SOLUTION ?	1	\$ 74.00	?
5	APPLICATOR ?	1	\$ 9.00	?
6	FRONT DOOR CATCH - RH ?	1	\$ 137.00	?
7	FRONT DOOR COVER - RH <i>Neu</i>	1	\$ 963.00	✓
8	REAR DOOR - RH <i>Deated</i>	1	\$ 5,708.00	✓
9	BONDING AGENT ?	1	\$ 51.00	?
10	CLEANING SOLUTION ?	1	\$ 74.00	?
11	APPLICATOR ?	1	\$ 9.00	?
12	REAR DOOR CATCH - RH ?	1	\$ 137.00	?
13	REAR OUTER DOOR SEAL - RH <i>Neu</i>	1	\$ 213.00	✓
14	REAR DOOR SILL PANEL WEARHER STRIP - RH <i>Neu</i>	1	\$ 282.00	✓
15	REAR DOOR COVER - RH <i>Neu</i>	1	\$ 883.00	✓
16	SUNDRIES ?		\$ 400.00	?
<b>TOTAL SPARE PARTS</b>		:	<b>\$ 14,739.00</b>	
<b>TOTAL LABOUR CHARGES</b>		:	<b>\$ 7,292.00</b>	
<b>GRAND TOTAL</b>		:	<b>\$ 22,031.00</b>	

ALL CHARGES ARE NOT INCLUSIVE OF GST

LEGEND: REMARKS (OK) = APPROVED, REMARKS (X) = NOT APROVED  
 SPARE PARTS ARE SPECIAL NETT.

55 UBI ROAD 1, SINGAPORE 408699

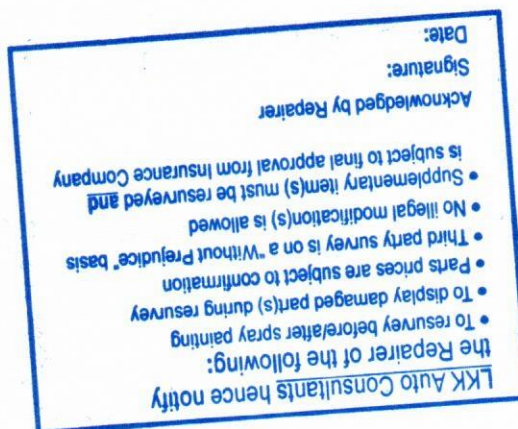
TEL : 6366 2323 FAX : 6841 1183

EMAIL: NORA.KHAI@PREMIUMAUTO.COM.SG / CLAIMS@PREMIUMAUTO.COM.SG

NAME : *Adrian Lj*  
SURVEYED DATE : *30/09/22*  
AUTHORISED DATE :  
EXCESS COST :  
LIABILITY :  
REMARKS : *Not Authorised, 05 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



JOHNNY BOO  
BODY REPAIR MANAGER

ALLAN WU  
CLAIMS CONSULTANT