

Steve

AIG

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.

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
N/S	O/S
<input type="checkbox"/>	<input type="checkbox"/>

Bal. or Market Value: _____

IDAC Accident Report: _____ 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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SKM 5128J Yr Regn: 28/12/21
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Audi A5 c.c. 1984
 Colour: White A/C: Insured / Std / NI / NA
 Sp. Reading 13146 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: WAAZZZFSXNA002843
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or _____
 Brake: In order / Jammed / Leaked / Burnt or _____
 Modl: NII / S/Rim / STD A/Rim or _____
 Tyre Size: F: 245/40R18
 R: 11
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Pionkook
 Front Rear
 R/Bal. 5 mm R/Bal. 5 mm
 L/Bal. 5 mm L/Bal. 5 mm
 D.O.A. 16/9/22 D.O.I. 16/9/22
 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>MV-213K</u>

Date/Time, File Pass to?

☐ : Prel. Report☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Date/Time, File Return to?

Transportation: _____

2)

Add Fee: ☐ : Site Insp (\$ _____)

\$ + RS. \$

☐ : Interview (\$ _____)

Photos

☐ : Tech. Invs (\$ _____)

Others

☐ : Weekend (\$ _____)

TOTAL

Report Format: _____

Lump Sum / I.B.F. (\$ _____)

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/0809/2022/EQ
DATE : 19-Sep-22
WIP : 42312

VEHICLE IN WORKSHOP. KINDLY ARRANGE FOR SURVEY ON 20/09/2022

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 : MR YAP ZONG XING, ERIC
ADDRESS : 21 ANCHORVALE CRESENT
#09-24
SINGAPORE 544654
TELEPHONE : HP +65 90102301
TYPE OF CLAIM : OWN DAMAGE CLAIM
POLICY NO : 7210154384
VEHICLE NO : **SKM 5128 J**
MODEL CODE : AUDI A5 SPORTBACK 2.0 TFS
MODEL YEAR : 28/12/2021
ENGINE NO : DEM 034426
CHASSIS NO : WAUZZZF5XNA002843
MILEAGE : -
DATE IN : -
ESTIMATED BY : JOHNNY BOO / ALLAN WU
ACCIDENT DATE : 16-Sep-22
PLACE OF ACCIDENT : CTE BEFORE BRADDELL EXIT, FIRST LANE

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ESTIMATED LABOUR CHARGES FOR ACCIDENT VEHICLE SKM 51281

S/N	NATURE OF JOBS	ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATIONS
1	TO REMOVE AND TRANSFER FRONT WIRE HARNESS FOR HEADLIGHTS, HORNS, FOG LAMPS, OUTSIDE TEMPERATURE SENSOR, HEADLIGHT WASHER ASSY, FRONT PARKING AID AND FRONT CAMERA ASSY.	S/N \$ 480.00 ✓	
2	TO REMOVE AND TRANSFER BOTH HEADLIGHTS CONTROL UNIT AND POWER MODULE. <i>150 x 2</i>	S/N \$ 800.00 <i>500</i>	
3	TO REMOVE AND REINSTALL AIRCON CONDENSER, RADIATOR AND CHARGED AIR COOLER. RENEW IF NECESSARY. CHECK ELECTRICAL FANS AND CONTROL UNIT. TO PRESSURISE COOLING SYSTEM.	S/N \$ 1,600.00 ✓	
4	TO CARRY OUT VACCUM AND REGAS FOR R1234.	S/N \$ 1,200.00 ✓	
5	TO DISMANTLE AND RENEW FRONT BUMPER, ¹ BOTH FRONT FENDERS, BONNET AND BOTH HEADLIGHTS. RENEW FRONT LOCK CARRIER AND ALIGN TO POSITION. RE-ORGANISE FRONT CRASH MANAGEMENT COMPONENTS. REINSTALL ALL PARTS REMOVED. <i>3.5 x 500</i>	\$ 6,400.00 <i>1750</i>	
TOTAL LABOUR CHARGES		: \$ 10,480.00	

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S/N	NATURE OF JOBS	ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATIONS
6	TO REMOVE AND REINSTALL BOTH FRONT DOOR PANEL TRIMS AND WING MIRROR ASSY FOR BOTH DOORS REPAIR. RENEW BOTH FRONT DOOR WINDOW SLOT SEAL.	S/N \$ 720.00	\$60
7	TO RESPRAY FRONT BUMPER, BOTH FRONT FENDERS, BONNET, HINGES, BOTH A-PILLARS, AND BOTH FRONT DOORS.	\$ 6,800.00	3300
8	TO CARRY OUT DIAGNOSTIC CHECK.	S/N \$ 192.00	✓
TOTAL LABOUR CHARGES		: \$ 18,192.00	

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MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SKM 51281

			DAMAGED PARTS & PRICES	
S/N	PARTS DESCRIPTION	QTY	S/NETT	REMARKS
1	FRONT BUMPER / <i>00</i> ?	1	\$ 2,493.00	
2	FRONT BUMPER GRILLE - CENTER ?	1	\$ 219.00	
3	FRONT BUMPER CLOSING ELEMENT - LOWER CENTRE ?	1	\$ 293.00	
4	RADIATOR GRILLE STRIKER PLATE / <i>BR</i> ?	1	\$ 293.00	
5	FRONT BUMPER AIR GUIDE GRILLE - LH ?	1	\$ 151.00	
6	FRONT BUMPER OUTER GRILLE HOLE COVER - LH ?	1	\$ 54.00	
7	FRONT BUMPER AIR GUIDE GRILLE - RH ?	1	\$ 151.00	
8	FRONT BUMPER AIR GUIDE GRILLE TRIM COVER - RH ?	1	\$ 54.00	
9	FRONT BUMPER TRIM - CENTER ?	1	\$ 127.00	
10	RADIATOR GRILLE / <i>BR</i>	1	\$ 1,881.00	
11	"360" CAMERA COVER / <i>CVI</i>	1	\$ 141.00	
12	"360" CAMERA BRACKET / <i>BR</i>	1	\$ 19.00	
13	"360" CAMERA SECURING PLATE / <i>BR</i>	1	\$ 12.00	
14	FRONT CAMERA ?	1	\$ 1,264.00	
15	FRONT CAMERA ADAPTER CABLE ?	1	\$ 219.00	
16	FRONT CAMERA ADAPTER CABLE LOOM ?	1	\$ 319.00	
17	FRONT BUMPER FOAM FILLER PIECE / <i>BR</i>	1	\$ 163.00	
18	LOCK CARRIER BRACKET / <i>BR</i>	1	\$ 154.00	
19	FRONT BUMPER REINFORCEMENT BEAM / <i>BT</i>	1	\$ 899.00	
20	LOCK CARRIER SUPPORT - LH / RH / <i>HYC</i>	2	\$ 64.00	
SUB TOTAL SPARE PARTS			: \$ 8,970.00	

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



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S/N	PARTS DESCRIPTION	QTY	DAMAGED PARTS & PRICES		REMARKS
			S/NETT		
21	FRONT BUMPER TOP COVER - CRV	1	\$	143.00	
22	CAUTION SIGN STICKER - MC	1	\$	16.00	
23	AIR CONDITIONER STICKER - MC	1	\$	9.00	
24	FRONT FENDER - LH / RH - MC	1 2	\$	2,378.00	
25	FRONT FENDER ATTACHMENT PARTS - LH / RH ?	2	\$	110.00	
26	FRONT FENDER CLOSING ELEMENT - LH / RH ?	2	\$	166.00	
27	FRONT FENDER BRACKET - LH / RH ? / MC	1 2	\$	82.00	
28	FRONT FENDER RIVET - MC	10	\$	38.00	
29	FRONT FENDER BRACE - LH / RH ?	2	\$	264.00	
30	FRONT FENDER LEDGE COVER - LH / RH SHORT - BR (2)	2	\$	36.00	
31	FRONT FENDER UPPER SEAL - LH / RH LONG - MC	1 2	\$	80.00	
32	BONNET - MC	1	\$	3,491.00	
33	BONNET ATTACHMENT PARTS X	1	\$	128.00	
34	BONNET IMPACT PROTECTION - CENTER / RH / LH - MC	3	\$	93.00	
35	BONNET HINGE - LH / RH ?	2	\$	932.00	
36	BONNET LOCK - LH / RH ?	2	\$	455.00	
37	BONNET STRIKER - LH / RH ?	2	\$	112.00	
38	BONNET BOWDEN CABLE - CENTER ?	1	\$	64.00	
39	BONNET SOUND ABSORBER X	1	\$	382.00	
40	BONNET BOWDEN CABLE - CENTER ?	1	\$	64.00	
SUB TOTAL SPARE PARTS		:	\$	9,043.00	

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MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SKM 51281

			DAMAGED PARTS & PRICES		
S/N	PARTS DESCRIPTION	QTY	S/NETT	REMARKS	
41	HEADLIGHT - LH / RH <i>OK</i>	<i>(2)</i>	\$	16,344.00	
42	HEADLIGHT POWER MODULE <i>?</i>	1	\$	850.00	
43	LIFT CYLINDER - LH / RH <i>?</i>	2	\$	434.00	
44	LIFT CYLINDER BRACKET - LH / RH <i>?</i>	2	\$	34.00	
45	LIFT CYLINDER CORRUGATED PIPE <i>?</i>	1	\$	107.00	
46	LOCK CARRIER MOUNTING <i>?</i>	1	\$	1,478.00	
47	RADIATOR AIR GUIDE - LH / RH INNER <i>?</i>	2	\$	72.00	
48	RADIATOR AIR GUIDE - LH / RH OUTER <i>?</i>	2	\$	38.00	
49	RADIATOR AIR GUIDE - UPPER <i>?</i>	1	\$	19.00	
50	OUTSIDE TEMPERATURE SENSOR BRACKET <i>OK</i>	1	\$	21.00	
51	EXTERNAL TEMPERATURE SENSOR <i>?</i>	1	\$	64.00	
52	A/C CONDENSER <i>OK</i>	1	\$	683.00	
53	A/C REFRIGERANT PRESSURE SENSOR <i>?</i>	1	\$	206.00	
54	A/C SERVICE VALVE CORE <i>?</i>	1	\$	53.00	
55	CHARGE AIR COOLER <i>X</i>	1	\$	654.00	
56	CHARGE AIR COOLER SEAL RING <i>X</i>	1	\$	95.00	
57	RADIATOR <i>?</i>	1	\$	699.00	
58	RADIATOR SECURING PIN - UPPER LH / RH <i>?</i>	2	\$	6.00	
59	RADIATOR SLEEVE - UPPER LH / RH <i>?</i>	2	\$	19.00	
60	RADIATOR GROMMET - UPPER LH / RH <i>?</i>	2	\$	22.00	
SUB TOTAL SPARE PARTS			\$	21,898.00	

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S/N	PARTS DESCRIPTION	QTY	DAMAGED PARTS & PRICES		REMARKS
			S/NETT		
61	RADIATOR RUBBER BUSH - LOWER LH / RH 1	2	\$	20.00	
62	RADIATOR RUBBER BUSH - LOWER LH / RH 2	2	\$	28.00	
63	READY-MIX COOLANT 1	4	\$	198.00	
64	FRONT FENDER CHROME TRIM - LH / RH ✓ Mc (2)	2	\$	342.00	
65	FRONT DOOR CHROME TRIM - LH / RH ✓ Mc (2)	2	\$	342.00	
66	FRONT WINDOW SLOT SEAL TRIM STRIP - LH / RH X	2	\$	892.00	
67	FRONT NO PLATE ✓ MIS	S/N	\$	100.00	
68	SUNDRIES 1		\$	800.00	
TOTAL SPARE PARTS		:	\$	42,633.00	
TOTAL LABOUR CHARGES		:	\$	18,192.00	
GRAND TOTAL		:	\$	60,825.00	

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NAME :
SURVEYED DATE :
AUTHORISED DATE :
EXCESS COST :
LIABILITY :
REMARKS :

Star (LKK)
20/9/22, 4.30 pm

OP-14 AL
EXCESS - ?

P/P

by Bel
8 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

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	19/09/2022 10:59 (SGT)
Reported by	Both
Date of Accident	16/09/2022 22:08 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	CTE BEFORE BRADDELL EXIT, FIRST LANE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKM5128J
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	YAP ZONG XING, ERIC
NRIC No	SXXXX454C
Email Address	ERICYAPZX@GMAIL.COM
Mobile Phone No	(Phone) +65-90102301
Alternative Phone No	+65-90699529

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A5
Variant	SPORTBACK 2.0 TFS
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	1984

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7210154384

DRIVER

Name of Driver	YAP ZONG XING, ERIC
NRIC No	SXXXX454C
Date Of Birth	06/09/1986
Occupation	Indoor

Date Of Driving Pass 06/09/2012
 Driving experience 10 YEARS
 Gender Male
 Mobile Number (Phone) +65-90102301
 Alt. Phone Number +65-90699529
 Email Address ERICYAPZX@GMAIL.COM
 Address 21 ANCHORVALE CRESENT
 Address complement #09-24
 Postcode 544654
 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

I WAS DRIVING ON THE FIRST LANE ALONG CTE ON 16/09/2022, AROUND 10 PM. I KEPT A DISTANCE BETWEEN MYSELF AND THE VEHICLE AHEAD. I SAW THE VEHICLE IN FRONT APPLY THE BRAKES AND DID SO PROMPTLY, BUT I COULD NOT STOP IN TIME TO AVOID A COLLISION. THERE WERE MANY CARS STOPPED IN FRONT AS WELL - ROUGHLY 10 TO 15 CARS.

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 SMX9309X
 Vehicle Manufacturer BMW
 Vehicle Model 216i
 Vehicle Variant -
 Vehicle Colour Black
 Vehicle Category Private car

Name of Driver	SEAH BEE LENG
Contact Number	(Phone) +65-91774759
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	3


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. 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 an 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.

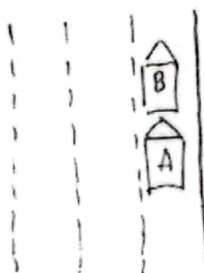

 Policyholder's Signature / Date & Time
 12/09/22
 10:50 AM

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

Witnessed by Reporting Centre Personnel

Sketch Plan

A: SM45128J
 B: SMX9309X




Describe Circumstances of the Accident

I was driving on the first lane along CTE on 16/09/22, at around 10pm I kept a distance between myself and the vehicle ahead. I saw the vehicle & tried to apply the brakes and did so promptly, but could not stop in time to avoid a collision. There were many cars lined up in front as well - roughly 10 to 15 cars.

Declaration

We declare the foregoing particulars are true in every respect.

 16/09/2022
10:52:00
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel