

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.

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: SNB1607Y Yr Regn: 24/8/21Type: ☒ M. Car / ☐ M. Cycle / ☐ Bus / ☐ Van / ☐ Lorry / ☐ Taxi / ☐ Prime Mover /

Truck / Trailer or

Make: Audi A5 c.c. 1984Colour: Black A/C: ☒ Insured / ☐ Std / ☐ NI / ☐ NASp. Reading: 22541 T/Radio: ☒ Insured / ☐ Std / ☐ NI / ☐ NA

Eng/No: _____

C/No: WVU222F55MA032788Gen. Cond: ☒ Good / ☐ Fair / ☐ Poor / ☐ BurntSteering: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt orBrake: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt orModl: ☒ Nil / ☐ S/Rim / ☐ STD A/Rim orTyre Size: F: 245/40R18R: 11

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

TOYO / YOKO or Hankook

Front _____ Rear _____

R/Bal. 4 mm R/Bal. 4 mmL/Bal. 4 mm L/Bal. 4 mmD.O.A. 16/9/22 D.O.I. 20/9/22Survey held at PremiumDes. of Damages: Frt / Rear / O/S ☒ N/S ☐ UIC / Rooftop or

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

MV-107K

Date/Time, File Pass to?

☐ : Prel. Report

1) _____

☐ : Final Report

Date/Time, File Return to?

2) _____

Report Format: _____

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

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/0810/2022/CCS
DATE : 19-Sep-22
WIP :

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 : MS LUO DANNI
ADDRESS : BLK 692A CHOA CHU KANG CRESCENT
#23-06
SINGAPORE 681692
TELEPHONE : HP +65 97306556
TYPE OF CLAIM : OWN DAMAGE CLAIM
POLICY NO : 7210091715-01
VEHICLE NO : **SND 4607 Y**
MODEL CODE : AUDI A5 SPORTBACK 2.0 TFSI
MODEL YEAR : 24/8/2021
ENGINE NO : CDEM032932
CHASSIS NO : WAUZZZF55MA052788
MILEAGE : -
DATE IN : 17-Sep-22
ESTIMATED BY : JOHNNY BOO / ALLAN WU
ACCIDENT DATE : 16-Sep-22
PLACE OF ACCIDENT : 1 RAFFLES PL, SINGAPORE 048616
BASEMENT 2 CARPARK

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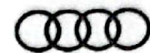
ESTIMATED LABOUR CHARGES FOR ACCIDENT VEHICLE SNB 4607 Y.

S/N	NATURE OF JOBS	ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATIONS
1	TO REMOVE AND TRANSFER FRONT WIRE HARNESS FOR HEADLIGHTS, HORNS, OUTSIDE TEMPERATURE SENSOR, HEADLIGHT WASHER ASSY AND FRONT PARKING AID.	S/N \$ 480.00 ✓	
2	TO REMOVE AND TRANSFER LHS FRONT AND REAR DOOR'S MULTI-LOCK SYSTEM AND POWER WINDOW DEVICES. INSPECT FOR DAMAGES.	S/N \$ 800.00 ✓ 400 x 2	
3	TO REMOVE AND REINSTALL REAR SEAT BENCH, BACK REST, HAT TRAY. DISENGAGE CURTAIN AIRBAG. (phib)	S/N \$ 1,400.00 ✓	
4	TO DISLOSCE AND REINSTALL REAR WIRE HARNESS FOR LIGHTS, BATTERY MANAGER, FUSE AND RELAY TRAYS, ELECTRICAL AND AUDIO EQUIPMENT. (phib)	S/N \$ 1,400.00 ✓	
5	TO DISMANTLE AND RENEW FRONT BUMPER, LHS FRONT FENDER, LHS FRONT AND REAR DOORS AND LHS SIDE MEMBER TRIM. CUT AND WELD LHS REAR FENDER LOWER SECTION. RENEW ALL DAMAGED TRIMS. REINSTALL ALL PARTS REMOVED. 7.5 x 500	\$ 6,800.00 3750 75 (for lower section)	
TOTAL LABOUR CHARGES		\$ 10,880.00	

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ESTIMATED LABOUR CHARGES FOR ACCIDENT VEHICLE SNB 4607 Y.

S/N	NATURE OF JOBS	ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATIONS
6	TO SPRAY PAINT ON FRONT BUMPER, LHS FRONT FENDER, LHS FRONT AND REAR DOORS, DOOR HANDLES, WING MIRROR COVER, LHS SIDE MEMBER TRIM, LHS REAR FENDER, LHS SILL PANEL AND DOOR ENTRANCE. TO CARRY OUT JOINT SEALER WORKS. <i>1.5</i>	\$ 7,400.00 <i>7.5 x 550 x 200</i>	<i>4325</i>
7	TO RENEW LHS FRONT AND REAR RIMS. CARRY OUT WHEEL ALIGNMENT.	S/N \$ 320.00 /	
8	TO CARRY OUT DIAGNOSTIC CHECK	S/N \$ 192.00 /	
TOTAL LABOUR CHARGES		: \$ 18,792.00	



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MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SNB 4607 Y

S/N	PARTS DESCRIPTION	QTY	DAMAGED PARTS & PRICES		REMARKS
			S/NETT		
1	FRONT BUMPER X R	1	\$	2,493.00	
2	FRONT BUMPER SIDE SENSOR H ?	1	\$	266.00	
3	FRONT SENSOR SEAL RING - nec	(6)	\$	15.00	
4	FRONT FENDER - LH / DD	1	\$	1,189.00	
5	FRONT FENDER ATTACHMENT PARTS X	1	\$	55.00	
6	FRONT FENDER CLOSING ELEMENT - LH / nec	1	\$	83.00	
7	FRONT FENDER BRACKET - LH FRONT ?	1	\$	65.00	
8	FRONT FENDER BRACKET - LH CENTER ?	2	\$	79.00	
9	FRONT FENDER BRACE - LH ?	1	\$	132.00	
10	FRONT BUMPER GUIDE - LH ?	1	\$	41.00	
11	FRONT FENDER RIVET / nec	(6)	\$	23.00	
12	FRONT FENDER TOP COVER - LH FRONT / nec	1	\$	18.00	
13	FRONT FENDER TOP COVER - LH OUTER / nec	1	\$	40.00	
14	FRONT WHEEL SPOILER - LH X	1	\$	82.00	
15	FRONT FENDER CHROME TRIM - LH / nec	1	\$	171.00	
16	FRONT DOOR - LH / DD	1	\$	3,977.00	
17	FRONT DOOR OUTER SEAL - LH / nec	1	\$	247.00	
18	BONDING AGENT / nec	1	\$	51.00	
19	CLEANING SOLUTION - nec	1	\$	74.00	
20	APPLICATOR / nec	1	\$	9.00	
TOTAL SPARE PARTS		:	\$	9,110.00	

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. SNB 4607 Y

S/N	PARTS DESCRIPTION	QTY	DAMAGED PARTS & PRICES		REMARKS
			S/NETT		
21	FRONT DOOR CHROME TRIM - LH / ne	1	\$	171.00	
22	FRONT DOOR CATCH - LH ?	1	\$	134.00	
23	FRONT DOOR HANDLE TRIM - LH / cut	1	\$	98.00	
24	FRONT DOOR HANDLE EXTERIOR - LH ?	1	\$	47.00	
25	FRONT DOOR HANDLE HOUSING - LH ?	1	\$	9.00	
26	FRONT DOOR HANDLE MOUNTING BAR - LH ?	1	\$	183.00	
27	FRONT WINDOW REGULATOR - LH ?	1	\$	392.00	
28	SIDE MIRROR MOUNTING - LH / cut	1	\$	2,137.00	
29	SIDE MIRROR COVER - LH X R	1	\$	308.00	
30	REAR DOOR - LH / DP	1	\$	3,977.00	
31	DOOR BOLTS / ne		\$	20.00	
32	REAR DOOR OUTER SEAL - LH / ne	1	\$	247.00	
33	BONDING AGENT / ne	1	\$	51.00	
34	CLEANING SOLUTION / ne	1	\$	74.00	
35	APPLICATOR / ne	1	\$	9.00	
36	REAR DOOR CATCH - LH ?	1	\$	134.00	
37	SIDE MEMBER TRIM - LH / cut	1	\$	916.00	
38	1 SET ATTACHMENT PARTS / ne	1	\$	136.00	
39	1 SET OF ADHESIDE TAPE / ne	1	\$	221.00	
40	REAR FENDER - LH / DP	1	\$	4,076.00	
			\$ 13,340.00		

TOTAL SPARE PARTS

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MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SNB 4607 Y

S/N	PARTS DESCRIPTION	QTY	DAMAGED PARTS & PRICES		REMARKS
			S/NETT		
41	FRONT WHEEL HOUSING LINER - LH ?	1	\$	299.00	
42	1 SET ATTACHMENT FOR WHEEL LINER ?	1	\$	176.00	
43	FRONT FENDER STONE CHIP GUARD - LH / ry	1	\$	57.00	
44	STONR CHIP GUARD RIVET / R	3	\$	6.00	
45	ALUMINIUM RIM - LH FRONT & LH REAR / cut	(2)	\$	3,778.00	
46	RUBBER VALVE / R	2	\$	15.00	
47	TYRE - LH FRONT & LH REAR	1-2	\$	760.00	380
48	ACRYLIC SEALER / R	S/N	\$	180.00	
49	CAVITY WAX / R	S/N	\$	140.00	
50	STONE CHIP - R	S/N	\$	180.00	
51	METAL FILLER POWDER / R	S/N	\$	280.00	
52	SUNDRIES ?		\$	400.00	
TOTAL SPARE PARTS			:	\$ 28,721.00	
TOTAL LABOUR CHARGES			:	\$ 18,792.00	
GRAND TOTAL			:	\$ 47,513.00	

ALL CHARGES ARE NOT INCLUSIVE OF GST
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NAME :
SURVEYED DATE :
AUTHORISED DATE :
EXCESS COST :
LIABILITY :
REMARKS :

Steve (LKK)
20/9/11 5.00p

00-M AL
EXCESS - ?

P/P

My BL Y

14 dys

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 16:15 (SGT)
Reported by	Both
Date of Accident	16/09/2022 19:00 (SGT)
Exact Location of Accident	1 Raffles Pl, Singapore 048616
Additional Location Information	BASEMENT 2 CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNB4607Y
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LUO DANNI
NRIC No	SXXXX238I
Email Address	luodanni5@icloud.com
Mobile Phone No	(Phone) +65-97306556
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A5
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	1984

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7210091715-01

DRIVER

Name of Driver	LUO DANNI
NRIC No	SXXXX238I
Date Of Birth	12/07/1979
Occupation	Indoor

Date Of Driving Pass	10/01/2008
Driving experience	14 YEARS AND 8 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97306556
Alt. Phone Number	-
Email Address	luodanni5@icloud.com
Address	BLK 692A CHOA CHU KANG CRESCENT
Address complement	#23-06
Postcode	681692
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	Collided into Property
Weather Conditions	Clear
Road Surface	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

I WAS AT ONE RAFFLES PLACE, WHILE I WAS GOING UP FROM B2 TO B1 AT THE RAMP, I ACCIDENTALLY GRAZED ONTO THE WALL ON MY LEFT.

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 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 my insurer who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident are 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 investigation 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 may involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes and 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
 17/7/2008
 2:11:38

Sketch Plan

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

Witnessed by Report Personel




A = SNE 4407 1

Describe Circumstances of the Accident


I was at one of the floors while I was going from B2 to B1 at the ramp, I accidentally fell onto the wall on my left.

Declaration

We declare the foregoing particulars are true in every respect.


 Policyholder's Signature / Date & Time
 17/7/2022
 @ 11:35

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


 Witnessed by Reporting Personnel
 J. J. J.