ASS. PLC. BY: REF: CC3/AIG22	010243/AV
ASS	EIGNMENT
From: Date:	Veh No: SCN3909A. Yr Regn: 2020 / Dec
Estimated Cost:	Type M.Car M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No:	Make: And A5 SB c.c 1884
at Workshop m/s	Colour While A/C: Insured / Std / NI / NA
of	Sp.Reading 12287 T/Radio: Insured / Std / NI / NA
nsured:	Eng/No:
Policy No. 2070172452-01	C/No: WAUZZZ F50MA 200 615
Claims No. 0288750460SG	Gen. Cond: Good Fair / Poor / Burnt
Sum Insured: Excess: 1600	Steering (Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder Dammed / Leaked / Burnt or
Make of Veh:	Modi: NII / S/Rim) STD A/Rim or
	Tyre Size: F: 245/40 R (8
(Policy Condition)	1 1918 SIZE. P. 245/40R18 -
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU (PIR / SUMI /
repair at the time of inspection.	TOYO / YOKO OF
ial. or Market Value:	
DAC Accident Rport: Consistent? : Yes or No	R/Rai 0/
GIA / PR Seen: Consistent? : Yes or No	L/Bel Oh
ist. Repairs: days Res.: Yes or No	D.O.A. 18/9/2022 D.O.I. 12/10/22
um Sum: % 3 Val.: Yes or No	Survey held at Poemium.
A / REV / REP. / 24 HRS	Des. of Damages ; Frt / Rear / O/S / N/S / U/C / Rooftop or
Vehicle: IN / OUT	E
ate:Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision
Date / Time Action / Instruction	
9/1/23 Final fig \$12,996 confirmed by email	I (Pod 6508 33%)
7 mai ng \$12,990 commined by emai	(Ned 0300, 3370)
mv: 1901C	
PV: 69.1K	
Nett: 120.9 1C	•
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te/Time, File Pass to?	•
. Freil. Report	Days Of Repair: 4
: Final Report	Resurvey No. of Trip: 1 Survey Fee:
Section of the sectio	Transportation:

Fepront Formst: Merimen

SP1422A80002 / PREMIUM AUTOMOBILES PTE LTD [408699] ENTRY DATE & TIME: 08/10/2022 13:13 (SGT) SUBMITTED BY: FOONG CHIN FONG VERSION: 1 (08/10/2022 13:13 (SGT))



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 witholding 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 08/10/2022 13:13 (SGT)

Reported by Driver Date of Accident 18/09/2022 18:30 (SGT)

Exact Location of Accident 700 Lor 1 Toa Payoh, Trellis Tower, Singapore 319773

TRELLIS TOWER, 700 TOA PAYOH LORONG 1, BASEMENT Additional Location Information

CARPARK Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SCN3909A

INSURED/POLICYHOLDER

Is company? No

CHEONG HON CHOY, DARREN Name Of Registered Owner NRIC No SXXXX142E **Email Address** DARRENCHEONGG@GMAIL.COM (Phone) +65-90252393 Mobile Phone No

Alternative Phone No +65-92364397

VEHICLE PARTICULARS

Manufacturer Audi Model A5

SPORTBACK 2.0 TFS Variant

Exact purpose for which vehicle was being used at time of Private use

Are you claiming under your own insurance policy for repair to Yes your vehicle? Vehicle Category Private car

Transmission Auto 1984 CC

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.

Policy Number / Cover Note Number 2070172452-01

DRIVER

Name of Driver SNG HUI JUAN, JANE NRIC No SXXXX738H Date Of Birth 09/08/1991

Occupation Indoor Date Of Driving Pass 14/03/2012 Driving experience 10 YEARS AND 6 MONTHS Gender Female Mobile Number (Phone) +65-94792422 Alt. Phone Number **Email Address** JANESNG.HJ@GMAIL.COM Address TRELLIS TOWER, 700 LORONG 1 TOA PAYOH Address complement #09-09 Postcode 319773 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Spouse 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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Translator's name	No
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	_

PASSENGER 1

Name	CHEONG HON CHOY DARREN
Gender	Male

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

AT AROUND 6.30 PM, 18 SEP, I WAS DRIVING INTO MY HOUSE CARPARK. AS I SAW A PARKING LOT, I TRIED TO ANGLE MY CAR IN ORDER TO DO REVERSE PARKING. I MISJUDGED MY TURNING CIRCLE AND COLLIDED WITH A PILLAR (FRONT FIRST). LATE FILING OF ACCIDENT REPORT DUE TO WORK (OVER THE WEEKENDS INCLUDED).

ATTACHMENT(S)

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

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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)

Lunderstand, 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
- (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 GM 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.

Putcyholder's Signature / Date &

Driver's Signature (If driver is not the policyholder) / Date & Time Witnessed by Reporting Centre Personnel

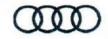
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Stetch Plan

A SCW 3909A

subaldada Ca	nature / Date &	Driver's Signate	are (if driver is not the	olicyholder) / Date	Witnessed by Reporting Centre
7	8 Oct		18	Ilan	Troin XV
				8 00	
e declare the f	oregoing particula	rs are true in ever	y respect.		1
claration					
included					
cute fi	ling of a	cident rep	out due to	, work (ove	the weekends
لف عنو	ided into	o a pilla	r (front fi	31).	ngle my car in ordi
to most	e do rev.	erre purt	ing. I milli	adjed my -	turning circle and
COL DON			1 1 2 2	111	

* PREMIUM AUTOMOBILES



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 : 6841 1183

FAX NO

51 (55 (555) (355

REFERENCE

: PA/OD/0869/2022/EQ

DATE

: 10-0ct-22

WIP

45338

VEHICLE NOT IN WORKSHOP. KINDLY ARRANGE FOR SURVEY ON 12/10/2022

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 CHEONG HON CHOY, DARREN

ADDRESS

: TRELLIS TOWER, 700 LORONG TOA PAYOH

#09-09

SINGAPORE 319773

TELEPHONE

: HP +65 90252393

TYPE OF CLAIM

: OWN DAMAGE CLAIM

POLICY NO

: 2070172452-01

VEHICLE NO

: SCN 3909 A

MODEL CODE

: AUDI A5 SPORTBACK 2.0 TFS

MODEL YEAR

: 14/12/2020

ENGINE NO

: DEM 025271

CHASSIS NO

: WAUZZZF50MA000615

MILEAGE

.

DATE IN

. .

ESTIMATED BY

: JOHNNY BOO / ALLAN WU

ACCIDENT DATE

18-Sep-22

PLACE OF ACCIDENT

: TRELLIS TOWER, 700 TOA PAYOH LORONG 1,

BASEMENT CARPARK





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 SCN 3909 A

S/N	NATURE OF JOBS		CHARGES 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 HEADLIGHT'S CONTROL UNIT AND POWER MODULE.	S/N	\$ 400.00	250
3	TO DISMANTLE AND RENEW FRONT BUMPER, LHS FRONT FENDER AND LHS HEADLIGHT. RE-ORGANIZE FRONT CRASH MANAGEMENT COMPONENTS. REINSTALL ALL PARTS REMOVED.		\$ 2,400.00	1000
4	TO RESPRAY FRONT BUMPER AND LHS FRONT FENDER.		\$ 1,900.00	1100
5	TO CARRY OUT DIAGNOSTIC CHECK	S/N	\$ 192.00	/
	TOTAL LABOUR CHARGES	:	\$ 5,372.00	





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

MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SCN 3909 A

DAMAGED PARTS & PRICES

S/N	PARTS DESCRIPTION	QTY		S/NETT	REMARKS
1	RONT BUMPER Deld	1	\$	2,493.00	
2	FRONT BUMPER CLOSING ELEMENT - LOWER CENTRE	1	\$	293.00 +	
3	FRONT BUMPER AIR GUIDE - LH Ne a	1	\$	72.00 t	
4	FRONT BUMPER AIR GUIDE GRILLE - LH LY	1	\$	151.00	
5	FRONT BUMPER TRIM - LH xte n	1	\$	54.00 A	
6	FRONT BUMPER GUIDE SECTION - LH	1	\$	41.00	
7	FRONT FENDER - LH Buddled-	1	\$	1,189.00	
8	FRONT FENDER ATTACHMENT PARTS	1	\$	55.00	
9	FRONT FENDER CLOSING ELEMENT - LH	1	\$	83.00 🖈	
10	FRONT FENDER BRACKET - LH REAR	1	\$	65.00	
11	FRONT FENDER BRACKET - LH CENTER	2	\$	79.00 €	
12	FRONT FENDER BRACE - LH	1	\$	132.00 ^K	
13	FRONT FENDER RIVET	10	\$	38.00	
14	FRONT FENDER LEDGE COVER - SHORT	1	\$	18.00	
15	FRONT FENDER LEDGE COVER - LONG 7	1	\$	40.00 7	
16	FRONT FENDER CHROME TRIM - LH	1	\$	171.00	
17	FRONT WHEEL SPOILER	1	\$	82.00 +	
18	FRONT WHEEL SPOILER STONE CHIP GUARD - LH	1	\$	57.00 t.	
19	HEADLIGHT-LH Lt	1	\$	8,172.00	
20	FRONT PARKING AID SENSOR - OUTER AT me	1	\$	266.00 🗶 .	
	SUB TOTAL SPARE PARTS	:	\$	13,551.00	

ALL CHARGES ARE NOT INCLUSIVE OF GST

REMARKS (OK) = APPROVED, REMARKS (X) = NOT APROVED LEGEND:

SPARE PARTS ARE SPECIAL NETT.





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MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SCN 3909 A

DAMAGED PARTS & PRICES

S/N	PARTS DESCRIPTION QTY		S/NETT		REMARKS
21	FRONT PARKING AID SENSOR - SIDE	1	\$	266.00	
22	FRONT PARKING AID SEAL RING	6	\$	15.00	
23	SUNDRIES		\$	300.00	
	TOTAL SPARE PARTS	:	\$	14,132.00	
	TOTAL LABOUR CHARGES	:	\$	5,372.00	
	GRAND TOTAL	:	\$	19,504.00	

ALL CHARGES ARE NOT INCLUSIVE OF GST

LEGEND:

REMARKS (OK) = APPROVED, REMARKS (X) = NOT APROVED

SPARE PARTS ARE SPECIAL NETT.

* PREMIUM AUTOMOBILES



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

NAME

SURVEYED DATE
AUTHORISED DATE

EXCESS COST

LIABILITY

REMARKS

Adrian 12/10/22

Atl Anthonsed, Of Rays.

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 <u>and</u> is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

JOHNNY BOO BODY REPAIR MANAGER

ALLAN WU CLAIMS CONSULTANT