

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
☒ TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop m/s _____
 of _____
 Insured: _____
 Policy No. 1700012850
 Claims No. 3896013997SG
 Sum Insured: _____ Excess: 4400
 (Client's Record)
 Make of Veh: _____

N/S	O/S

(Policy Condition)
 Remark: The veh had commenced its repair at the time of inspection.

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

Veh No: SLD 78182 Yr Regn: 31/5/16
 Type: ☒ Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Audi A5 c.c. 1984
 Colour: Black A/C: Insured / Std / Nil / NA
 Sp. Reading: 56496 T/Radio: Insured / Std / Nil / NA
 Eng/No: _____
 C/No: W4U2228FXEN012562
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Mod: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 245/40ZR18
 R: 2
 BS / DUN / EXNOVA / GY / FS / LIZA / MIO / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____
 Front Rear
 R/Bal. 5 mm R/Bal. 5 mm
 L/Bal. 5 mm L/Bal. 5 mm
 D.O.A. 13/10/22 D.O.I. 18/10/22
 Survey held at Premium
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Front RH
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>MV-130K</u>
	<u>PR-68,707</u>
	<u>NV-61,293</u>
30/11/22	Final fig \$13,617.60 confirmed by email (Red 39,811.40, 74%)

Date/Time, File Pass to? ☐ : Prel. Report
☐ : Final Report
 Date/Time, File Return to?

2) 15/12/22-typist

Report Format: Merimen
 Lump Sum / L.B. (\$) \$13,617.60

Days Of Repair: 6

Resurvey No. of Trip: 1

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/0888/2022/NK
DATE : 12-Oct-22
WIP : 45359

VEHICLE NOT IN WORKSHOP. KINDLY ARRANGE FOR SURVEY ON 13/10/2022

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 : MS HAY YEE
ADDRESS : 19 JALAN AMPANG
SINGAPORE 268602

TELEPHONE : HP +65 96821202
TYPE OF CLAIM : OWN DAMAGE CLAIM
POLICY NO : 1700012850-05
VEHICLE NO : **SLD 7818 Z**
MODEL CODE : AUDI A5 CAB 2.0 TFSI QU
MODEL YEAR : 31/5/2016
ENGINE NO : CNC 048413
CHASSIS NO : WAUZZZ8FXEN012562
MILEAGE : -
DATE IN : -
ESTIMATED BY : JOHNNY BOO / ALLAN WU
ACCIDENT DATE : 15-Oct-22
PLACE OF ACCIDENT : CARPARK EXIT B2 OF ARMENIAN ST

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ESTIMATED LABOUR CHARGES FOR ACCIDENT VEHICLE SLD 7818 Z

S/N	NATURE OF JOBS	ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATIONS
1	TO REMOVE, CHECK AND TRANSFER FRONT WIRE HARNESS FOR HEADLIGHTS, HORNS, OUTSIDE TEMPERATURE SENSOR, HEADLIGHT WASHER ASSY.	S/N \$ 360.00 ✓	
2	TO REMOVE AND TRANSFER RHS HEADLIGHT'S CONTROL UNIT AND POWER MODULE.	S/N \$ 400.00 250	
3	TO REMOVE AND RENEW AIR CON CONDENSER, CHARGE AIR COOLER AND RADIATOR. CHECK ELECTRICAL FANS AND CONTROL UNIT. PRESSURISE COOLING SYSTEM. TO CARRY OUT VACUUM AND REGAS	S/N \$ 1,600.00 ?	
4	TO DISMANTLE AND RENEW FRONT BUMPER, BONNET, RHS FRONT FENDER AND RHS HEADLIGHT. TO REPAIR RHS FRONT FENDER TOP SUPPORT. TO RENEW FRONT LOCK CARRIER AND ALIGN TO POSITION. RE-ORGANISE CRASH MANAGEMENT COMPONENTS. REINSTALL ALL PARTS REMOVED.	\$ 6,000.00 1000	
5	TO RESPRAY FRONT BUMPER, RHS FRONT FENDERS RHS FRONT FENDER TOP SUPPORT AND BONNET.	\$ 4,000.00 1650	
TOTAL LABOUR CHARGES		: \$ 12,360.00	

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ESTIMATED LABOUR CHARGES FOR ACCIDENT VEHICLE SLD 7818 Z

S/N	NATURE OF JOBS		ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATIONS
6	TO RENEW RHS FRONT RIM. TO CARRY OUT PRE/ POST WHEEL ALIGNMENT.	S/N \$	520.00	280
7	TO RENEW RHS FRONT WHEEL SUSPENSION ASSY WITH SUBFRAME.	S/N \$	2,400.00	?
8	TO TOW BACK THE VEHICLE FROM ACCIDENT SCENE.	S/N \$	280.00	X
9	TO CARRY OUT PRE / POST DIAGNOSTIC CHECK.	S/N \$	384.00	/
TOTAL LABOUR CHARGES		:	\$ 15,944.00	



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MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SLD 7B18 Z

			DAMAGED PARTS & PRICES	
S/N	PARTS DESCRIPTION	QTY	S/NETT	REMARKS
1	FRONT BUMPER / OR	1	\$ 2,896.00	
2	FRONT BUMPER FIXING PARTS X	1	\$ 271.00	
3	FRONT BUMPER CLOSING ELEMENT LOWER - CENTER ?	1	\$ 254.00	
4	FRONT BUMPER PULL STRAP LOWER / MIS	3	\$ 174.00	
5	FRONT BUMPER ENGINE UNDERSHIELD ?	1	\$ 134.00	
6	FRONT BUMPER AIR GUIDE GRILLE - RH ?	1	\$ 254.00	
7	RADIATOR GRILLE / OR	1	\$ 966.00	
8	"QUATTRO" EMBLEM / MC	1	\$ 111.00	
9	"QUATTRO" EMBLEM CLIP - MC	2	\$ 17.00	
10	FRONT BUMPER WHEEL SPOILER FRONT - RH / CR4	1	\$ 66.00	
11	FRONT BUMPER FOAM FILLER - BR	1	\$ 144.00	
12	FRONT BUMPER REINFORCEMENT BEAM ?	1	\$ 985.00	
13	FRONT BUMPER SUPPORT ?	2	\$ 29.00	
14	FRONT BUMPER BRACKET - RH ?	1	\$ 255.00	
15	FRONT BUMPER TOP COVER - EM OR	1	\$ 143.00	
16	FRONT BUMPER GUIDE PC - BT	1	\$ 49.00	
17	"CAUTION" SIGN STICKER / MC	1	\$ 16.00	
18	AIRCONDITIONER STICKER X MC	1	\$ 34.00	
19	SIGNAL HORN LOW TONE - RH ?	1	\$ 214.00	
20	SPRING SHACKLE LOW TONE - RH ?	1	\$ 28.00	
SUB TOTAL SPARE PARTS		:	\$ 7,040.00	

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. SLD 7818 Z

			DAMAGED PARTS & PRICES	
S/N	PARTS DESCRIPTION	QTY	S/NETT	REMARKS
21	FRONT FENDER - RH ✓ OK	1	\$ 1,208.00	
22	FRONT FENDER ATTACHMENTS PARTS X	1	\$ 60.00	
23	FRONT FENDER BRACE LOWER - RH ?	1	\$ 163.00	
24	FRONT FENDER BRACKET FRONT / REAR - RH ✓ BT	2	\$ 130.00	
25	FRONT WHEEL HOUSING LINERS RH ✓ R4	1	\$ 197.00	
26	FRONT WHEEL HOUSING LINERS ATTACHMENT PARTS ?	1	\$ 47.00	
27	BONNET x R	1	\$ 3,491.00	
28	BONNET EDGE PROTECTION - FRONT ✓ Tn	1	\$ 31.00	
29	BONNET CATCH HOOK X	1	\$ 155.00	
30	BONNET LID LOCK - FRONT X	1	\$ 228.00	
31	BONNET LOCK COVER X	1	\$ 26.00	
32	HEADLIGHT MOUNTING ?	1	\$ 138.00	
33	HEADLIGHT BRACKETS- RH ?	1	\$ 118.00	
34	HEADLIGHT - RH ✓ OK	1	\$ 2,496.00	
35	HEADLIGHT HOSE - RH ?	1	\$ 42.00	
36	HEADLIGHT GAS DISCHARGE LAMP ?	1	\$ 454.00	
37	HEADLIGHT CONTROL UNIT ?	1	\$ 1,279.00	
38	HEADLIGHT POWER MODULE FOR DAY DRIVING ?	1	\$ 635.00	
39	HEADLIGHT LIFT CYCLINDER - RH ✓ OK	1	\$ 292.00	
40	HEADLIGHT LIFT CYCLINDER HOSE 5M ?	1	\$ 204.00	
SUB TOTAL SPARE PARTS		:	\$ 11,394.00	

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MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SLD 7818 Z

S/N	PARTS DESCRIPTION	QTY	DAMAGED PARTS & PRICES	
			S/NETT	REMARKS
41	HEADLIGHT LIFY CYLINDER SECURING BRACKET RH ?	1	\$ 32.00	
42	LOCK CARRIER ?	1	\$ 1,167.00	
43	LOCK CARRIER BRACE ?	1	\$ 50.00	
44	LOCK CARRIER SUPPORT ?	1	\$ 43.00	
45	CHARGE AIR COOLER ?	1	\$ 628.00	
46	PRESSURE HOSE- RH ?	1	\$ 466.00	
47	AIR CON CONDENSER ?	1	\$ 816.00	
48	AIR CON CONDENSER BRACKET ?	1	\$ 21.00	
49	AIR CON CONDENSER AIR GUIDE RH ?	1	\$ 74.00	
50	ALUMINIUM RIM - CM	1	\$ 1,458.00	
51	RUBBER VALVE - M ?	1	\$ 4.00	
52	FRONT SUPPORT FRAME ?	1	\$ 4,322.00	
53	FRONT WISHBONE LINK FRONT - RH ?	1	\$ 605.00	
54	FRONT SUSPENSION GUIDE ?	1	\$ 1,120.00	
55	FRONT LOWER ARM GUIDE - LOWER ?	1	\$ 605.00	
56	FRONT LOWER ARM GUIDE - UPPER ?	1	\$ 605.00	
57	FRONT WHEEL BEARING HOUSING ?	1	\$ 1,256.00	
58	FRONT SWIVEL JOINT ?	1	\$ 214.00	
59	FRONT WHEEL HUB ?	1	\$ 518.00	
60	FRONT WHEEL BEARING ASSEMBLY ?	1	\$ 651.00	
SUB TOTAL SPARE PARTS		:	\$ 14,655.00	

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MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SLD 7818 Z

			DAMAGED PARTS & PRICES	
S/N	PARTS DESCRIPTION	QTY	S/NETT	REMARKS
61	FRONT SUSPENSION FORKS RH ?	1	\$ 263.00	
62	FRONT COUPLING ROD ?	2	\$ 258.00	
63	FRONT SHOCK ABSORBERS ?	1	\$ 1,537.00	
64	FRONT TRACK ROD ?	1	\$ 109.00	
65	TIE ROD END- RH ?	1	\$ 195.00	
66	FRONT NO PLATE ? ✓ NPC	S/N	\$ 60.00	
67	FRONT TYRE - RHS - TN	1	TBC	
68	SUNDRIES ?	1	\$ 700.00	
TOTAL SPARE PARTS		:	\$ 36,211.00	
TOTAL LABOUR CHARGES		:	\$ 15,944.00	
GRAND TOTAL		:	\$ 52,155.00	

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TEL : 6366 2323 FAX : 6841 1183

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

NAME : *Steve (LKK)*
 SURVEYED DATE : *18/10/22, 2.22pm*
 AUTHORISED DATE :
 EXCESS COST : *OP-M AL*
 LIABILITY : *Exc - ?*
 REMARKS : *PIP, 6 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	15/10/2022 11:35 (SGT)
Reported by	Driver
Date of Accident	13/10/2022 08:24 (SGT)
Exact Location of Accident	55 Armenian St, Singapore 179943
Additional Location Information	CARPARK EXIT B2
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLD7818Z

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	HAH YEE
NRIC No	SXXXX079H
Email Address	ALLYHAH@GMAIL.COM
Mobile Phone No	(Phone) +65-96821202
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A5
Variant	CAB 2.0 TFSI
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	1700012850-05

DRIVER

Name of Driver	ERINA LOH JIA YU
NRIC No	TXXXX989H
Date Of Birth	09/03/2001
Occupation	Indoor

Date Of Driving Pass	30/06/2021
Driving experience	1 YEAR AND 4 MONTHS
Gender	Female
Mobile Number	(Phone) +65-91706190
Alt. Phone Number	-
Email Address	ERINALOWJIAYU@GMAIL.COM
Address	19 JALAN AMPANG
Address complement	-
Postcode	268602
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	ENNA ANGEL LOW
Gender	Female

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

While exiting the carpark, drove too close to the gantry machine. Did not touch gantry at all. While reversing, front bumper was hooked by gantry guard rail and pulled off. Upon visual inspection, gantry guard shows only a slight black mark. No other damages. Impact with the guard rail only, not the gantry.

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 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:

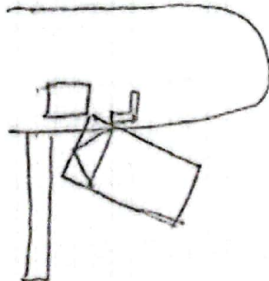
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



Describe Circumstances of the Accident

While exiting the car park, drove too close to the gantry machine
Did not touch gantry at all.

While reversing, front bumper was hooked by gantry guard rail and
pulled off.

Upon ~~inspection~~ visual inspection, gantry guard shows only a slight black
mark. No other damages.

Impact with the guard rail only, not the gantry.

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

Witnessed by Reporting Centre
Personnel



Tony Fung