

ASS. REC. BY:

REF:

CS/CTI 20011079 / Avp3

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: SKW 9486X

Policy No. DMHCSNW00014362101

Claims No. SNM22D207940/C02/KHONGLH

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 Rport: _____ 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: SKQ6060S Yr Regn: 2021 / June.

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

Truck / Trailer or

Make: Audi A4 C.C. 1984

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

Sp. Reading: 9485 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WAU222F44MA021815

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modif: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 225/50R17

R: 225/50R17

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

TOYO / YOKO or Hankook

Front _____ Rear _____

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

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

D.O.A. 3/11/22 D.O.I. 10/11/22

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>TP Claim</u>
<u>28/3/23</u>	<u>Final fig \$5404 confirmed by email (red 7429, 57%)</u>
	<u>MV:</u>
	<u>PV:</u>
	<u>Nett:</u>

Date/Time, File Pass to?

: Preli. Report

Days Of Repair: 3

1) _____

: Final Report

Resurvey No. of Trip: 1

Date/Time, File Return to?

Survey Fee:

2) 28/3/23-typist

Transportation:

Add Fee:

Site Insp (\$) _____

Interview (\$) _____

Test Drive (\$) _____

_____ \$ + GST _____

Photos

Others

Report Form: Merimen

\$5404

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	04/11/2022 11:29 (SGT)
Reported by	Driver
Date of Accident	03/11/2022 17:09 (SGT)
Exact Location of Accident	Tampines Ave 5, Singapore
Additional Location Information	TAMPINES AVE 5, BEFORE TAMPINES CENTRAL 2, BEFORE 2 LANE YELLOW BOX
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKQ6060S

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	GOH AH KENG @ THERESA HUANG
NRIC No	SXXXX588J
Email Address	THEMAIL.UBA@GMAIL.COM
Mobile Phone No	(Phone) +65-96352246
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A4
Variant	2.0 TFSI S TRONIC
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	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7210065544-01

DRIVER

Name of Driver	HUANG HUAWEI, KEITH
NRIC No	SXXXX768H
Date Of Birth	15/01/1985

Occupation	Indoor
Date Of Driving Pass	03/02/2006
Driving experience	16 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96701203
Alt. Phone Number	-
Email Address	EEWOKS@HOTMAIL.COM
Address	23 TAMPINES CENTRAL 7
Address complement	#07-28
Postcode	528609
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	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)	4
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	THAM YUMIN AUDREY
Gender	Female

PASSENGER 2

Name	ZECHARIAH TRENT HUANG
Gender	Male

PASSENGER 3

Name	ALLISON SARAH HUANG
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

I WAS DRIVING ALONG TAMPINES AVE 5 TOWARDS TAMPINES AVE 6. AT THE TRAFFIC LIGHT JUNCTION BEFORE TAMPINES CENTRAL 2, I STOPPED BEFORE THE YELLOW BOX. AFTER STOPPING, I WAS HIT FROM BEHIND BY SKW9486X WHO WAS TRYING TO CHANGE TO THE LANE ON THE RIGHT.

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 SKW9486X
Vehicle Manufacturer Honda
Vehicle Model Odyssey
Vehicle Variant -
Vehicle Colour Gray
Vehicle Category Private car
Name of Driver CHENG KHER WEE
Contact Number (Phone) +65-97767227
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) 1

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 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.
- (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.

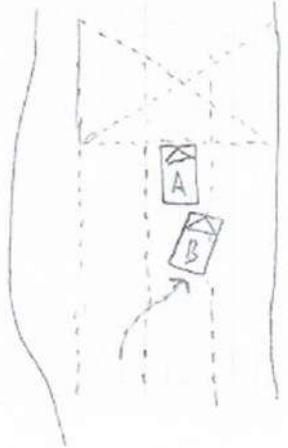


Policyholder's Signature / Date & Time

[Signature] 04 Nov 2022 / 10:45am
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel *Tony Faang*

Sketch Plan



A - SKQ6060S
B - SKW9486X

Describe Circumstances of the Accident

I was driving along Tampines Ave 5 towards Tampines Ave 6. At the traffic light junction before Tampines Central 2, I stopped before the yellow box. After stopping, I was hit from behind by SKW9486X who was trying to change to the lane on the right.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

[Signature] 04/11/2022 10:45am

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



Witnessed by Reporting Centre Personnel *Tony Feang*



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/0967/2022/EQ
DATE : 4-Nov-22
WIP : 49155

VEHICLE NOT IN WORKSHOP. KINDLY ARRANGE FOR SURVEY ON 10/11/2022
YOUR INSURED VEH NO : SKW 9486 X

China Taiping Insurance (S) Pte Ltd

3 Anson Road
#16-00 Springleaf Tower
Singapore 079909
Attn: Motor Claims Dept

OWNER'S NAME : MDM GOH AH KENG @ THERESA HUANG
ADDRESS : 150 LORONG J TELOK KURAU
#03-04
SINGAPORE 423491
TELEPHONE : HP +65 96352246
TYPE OF CLAIM : THIRD PARTY CLAIM
POLICY NO : 7210065544-01
VEHICLE NO : **SKQ 6060 S**
MODEL CODE : AUDI A4 2.0 TFSI S-TRONIC
MODEL YEAR : 29/6/2021
ENGINE NO : DEM 028155
CHASSIS NO : WAUZZZF44MA021815
MILEAGE : -
DATE IN : -
ESTIMATED BY : JOHNNY BOO / ALLAN WU
ACCIDENT DATE : 3-Nov-22
PLACE OF ACCIDENT : TAMPINES AVE 5, BEFORE TAMPINES CENTRAL 2.
BEFORE 2 LANE YELLOW BOX



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 TEL : 6366 2323 FAX : 6841 1183
 EMAIL: NORA.KHAI@PREMIUMAUTO.COM.SG / CLAIMS@PREMIUMAUTO.COM.SG

ESTIMATED LABOUR CHARGES FOR ACCIDENT VEHICLE SKQ 6060 S

S/N	NATURE OF JOBS		ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATIONS
1	TO REMOVE AND TRANSFER REAR PARKING AID AND REAR LID KICK SENSOR.	S/N \$	360.00	✓ ✓
2	TO DISMANTLE AND RENEW REAR BUMPER. TO REPAIR REAR END PANELLING. RE-ORGANIZE CRASH MANAGEMENT COMPONENTS. REINSTALL ALL PARTS REMOVED.	\$	1,400.00 700	✓
3	TO RESPRAY REAR BUMPER AND REAR END PANELLING.	\$	2,000.00 700	✓
4	TO RENEW RHS REAR EXHAUST SILENCER AND ALIGN TO POSITION.	S/N \$	480.00	✗
5	TO CARRY OUT DIAGNOSTIC CHECK .	S/N \$	192.00	✓ ✓
TOTAL LABOUR CHARGES		:	\$ 4,432.00	



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MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SKQ 6060 S

			DAMAGED PARTS & PRICES	
S/N	PARTS DESCRIPTION	QTY	S/NETT	REMARKS
1	REAR BUMPER <i>Del'd</i>	1	\$ 2,493.00	✓ 2493
2	REAR BUMPER FIXING PARTS <i>new</i>	1	\$ 173.00	+
3	REAR BUMPER SECURING STRIP - LOWER <i>new</i>	1	\$ 125.00	? X
4	REAR BUMPER SECURING STRIP - UPPER <i>new</i>	1	\$ 249.00	? X
5	REAR BUMPER SPOILER <i>Del'd</i>	1	\$ 276.00	✓ 276
6	REAR BUMPER BRACKET - RH <i>changed</i>	1	\$ 228.00	* 227.50
7	REAR BUMPER REFLECTOR - LH / RH <i>RH curbed new</i>	2	\$ 96.00	✓ 8.47.00
8	REAR BUMPER REINFORCEMENT BEAM <i>new</i>	1	\$ 1,131.00	? X
9	REAR BUMPER IMPACT BAR GASKET- LH / RH <i>new</i>	2	\$ 32.00	+
10	REAR BUMPER GUIDE SECTION - RH UPPER <i>new</i>	1	\$ 51.00	+
11	REAR BUMPER GUIDE SECTION - LH / RH LOWER <i>LH curbed</i>	2	\$ 52.00	✓ 25.00
12	REAR BUMPER HOLDING STRAP - LH / RH <i>new</i>	2	\$ 188.00	+
13	REAR PARKING AID SENSOR - INNER / OUTER <i>new</i>	2	\$ 531.00	+
14	REAR PARKING AID SEAL RING <i>new</i>	4	\$ 10.00	+
15	EXHAUST TAIL PIPE TRIM - RH <i>new</i>	1	\$ 383.00	✓ 383.50
16	REAR BOOT LID OPENING CONTROL UNIT <i>new</i>	1	\$ 484.00	+
17	REAR TAILGATE OPENING SENSOR LINE <i>new</i>	1	\$ 228.00	+
18	EXHAUST SILENCER - RH <i>new</i>	1	\$ 1,226.00	+
19	EXHAUST SILENCER BRACKET <i>new</i>	1	\$ 45.00	+
20	SUNDRIES <i>new</i>		\$ 400.00	? X
TOTAL SPARE PARTS			\$ 8,401.00	
TOTAL LABOUR CHARGES			\$ 4,432.00	
GRAND TOTAL			\$ 12,833.00	

ALL CHARGES ARE NOT INCLUSIVE OF GST
 LEGEND: REMARKS (OK) = APPROVED, REMARKS (X) = NOT APPROVED
 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 : 10/11/22
AUTHORISED DATE :
EXCESS COST :
LIABILITY :
REMARKS : Not Authorised, 03 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

PREMIUM AUTOMOBILES



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					DAMAGED PARTS & PRICES	
S/N	PARTS DESCRIPTION	QTY	S/NETT	REMARKS		
1	REAR BUMPER <i>Del</i>	1	\$ 2,493.00		✓	
2	REAR BUMPER FIXING PARTS <i>new</i>	1	\$ 173.00		+	
3	REAR BUMPER SECURING STRIP - LOWER <i>?</i>	1	\$ 125.00		?	
4	REAR BUMPER SECURING STRIP - UPPER <i>?</i>	1	\$ 249.00		?	
5	REAR BUMPER SPOILER <i>Del</i>	1	\$ 276.00		✓	
6	REAR BUMPER BRACKET - RH <i>new</i>	1	\$ 228.00		+	
7	REAR BUMPER REFLECTOR - LH / RH <i>RH cut</i>	2	\$ 96.00		48	
8	REAR BUMPER REINFORCEMENT BEAM <i>?</i>	1	\$ 1,131.00		?	
9	REAR BUMPER IMPACT BAR GASKET - LH / RH <i>new</i>	2	\$ 32.00		+	
10	REAR BUMPER GUIDE SECTION - RH UPPER <i>?</i>	1	\$ 51.00		+	
11	REAR BUMPER GUIDE SECTION (LH) / RH LOWER <i>?</i>	2	\$ 52.00		+	
12	REAR BUMPER HOLDING STRAP - LH / RH <i>new</i>	2	\$ 188.00		+	
13	REAR PARKING AID SENSOR - INNER / OUTER <i>new</i>	2	\$ 531.00		+	
14	REAR PARKING AID SEAL RING <i>new</i>	4	\$ 10.00		+	
15	EXHAUST TAIL PIPE TRIM - RH <i>cut</i>	1	\$ 383.00		✓	
16	REAR BOOT LID OPENING CONTROL UNIT <i>?</i>	1	\$ 484.00		+	
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20	SUNDRIES <i>?</i>		\$ 400.00		?	
TOTAL SPARE PARTS			\$ 8,401.00			
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