

ASS. REC. BY:

REP:

CC3/AIG22011608/Anc

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: **800**

(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: **280k**

IDAC Accident Rpt: _____ Consistent?: Yes or No

GIA / PR Seen: _____ Consistent?: Yes or No

Est. Repairs: **3** 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: **SNE 8022S** Yr Regn: **2022 April**

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

Truck / Trailer or

Make: **Audi A6** c.c. **1984**

Colour: **Grey** A/C: Insured / Std / NI / NA

Sp. Reading: **5715** T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: **WAUZZ2F24NA008958**

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: **225/55R18**

R: **225/55R18**

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

TOYO / YOKO or

Front Rear

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

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

D.O.A. _____ D.O.I. **16/11/22**

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
	00 AL6
	Confirm final fig \$8,155.92 before excess \$800.00 & GST and 3 repair days.
	(red, \$9118.08,53%)
	MV: 280K
	PV: 130.6K
	Nett: 149.4K

Date/Time, File Pass to? ☐ : Preli. Report

1) **03/05/23** ☐ : Final Report

Date/Time, File Return to?

2) _____

Report Formist: _____

Report Formist: _____

Days Of Repair: **3**

Resurvey No. of Trip: **1**

Add Fee: ☐ : Site Insp (\$)

☐ : Interview (\$)

☐ : Test. invs (\$)

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

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	14/11/2022 18:39 (SGT)
Reported by	Both
Date of Accident	14/11/2022 14:00 (SGT)
Exact Location of Accident	Frankel Ave, Singapore
Additional Location Information	FRANKEL AVENUE (NEAR EAST COAST ROAD)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNE8022S
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NEO DANIEL
NRIC No	SXXXX877Z
Email Address	DANIELSINK@GMAIL.COM
Mobile Phone No	(Phone) +65-97501157
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A6
Variant	DESIGN 2.0 TFSI S
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	7220039070

DRIVER

Name of Driver	NEO DANIEL
NRIC No	SXXXX877Z
Date Of Birth	26/02/1970
Occupation	Indoor

Date Of Driving Pass	27/12/2004
Driving experience	17 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97501157
Alt. Phone Number	-
Email Address	DANIELSINK@GMAIL.COM
Address	24B DUNBAR WALK
Address complement	-
Postcode	459308
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	Side Swipe
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 SWITCHED FROM RIGHT TO LEFT LANE. A VAN WAS IN THE BLIND SPOT AND BUMPED INTO IT. THE VAN PLATE IS GBJ 1369 D. THERE WAS DAMAGE TO MY CAR'S MIRROR AND DOOR (LEFT SIDE) AND DAMAGE TO HIS DOOR AND BUMPER (HIS RIGHT SIDE).

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	GBJ1369D
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Name of Driver	RETHINAM KANNATHASAN
Contact Number	(Phone) +65-91347531
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

Describe Circumstances of the Accident

I was switch from right to left lane.
 A van was in the blind spot and bumped
 into it. The van plate is GBJ 1369D.

There was damage to my car's mirror and door
 (left side) and damage to his door and
 bumper (his right side)

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

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' 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 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' 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 GIA 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.

Policyholder's Signature / Date &
Time 14/11/2022

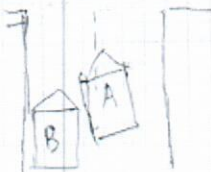
Sketch Plan

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

Witnessed by Reporting Centre
Personnel

A: SK80225

B: GBJ369D



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/01005/2022/EQ
DATE : 15-Nov-22
WIP : 50650

VEHICLE NOT IN WORKSHOP. KINDLY ARRANGE FOR SURVEY ON 16/11/2022

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 NEO DANIEL
ADDRESS : 24B DUNBAR WALK
SINGAPORE 459308

TELEPHONE : HP +65 97501157
TYPE OF CLAIM : OWN DAMAGE CLAIM
POLICY NO : 7220039070
VEHICLE NO : **SNE 8022 S**
MODEL CODE : AUDI A6 DESIGN 2.0 TFSI S
MODEL YEAR : 11/4/2022
ENGINE NO : DKY 016437
CHASSIS NO : WAUZZZF24NN008958
MILEAGE : -
DATE IN : -
ESTIMATED BY : JOHNNY BOO / ALLAN WU
ACCIDENT DATE : 14-Nov-22
PLACE OF ACCIDENT : FRANKEL AVENUE (NEAR EAST COAST ROAD)



PREMIUM AUTOMOBILES



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 SNE 8022 S

S/N	NATURE OF JOBS		ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATIONS
1	TO REMOVE AND TRANSFER LHS FRONT DOOR'S MULTI-LOCK SYSTEM AND POWER WINDOW DEVICES. INSPECT FOR DAMAGES.	S/N \$	350.00	280
2	TO DISMANTLE AND RENEW LHS FRONT DOOR. RE-ORGANIZE CRASH MANAGEMENT COMPONENTS. REINSTALL ALL PARTS REMOVED.	\$	1,200.00	500
3	TO RESPRAY LHS FRONT FENDER, LHS FRONT DOOR, DOOR HANDLE AND LHS WING MIRROR COVER.	\$	3,000.00	700
4	TO INSTALL SOLAR FILM ON LHS FRONT DOOR WINDOW GLASS.	S/N \$	400.00	X
5	TO CARRY OUT DIAGNOSTIC CHECK	S/N \$	192.00	✓
TOTAL LABOUR CHARGES		: \$	<u>5,142.00</u>	

55 UBI ROAD 1, SINGAPORE 408699
 TEL : 6366 2323 FAX : 6841 1183
 EMAIL: NORA.KHAI@PREMIUMAUTO.COM.SG / CLAIMS@PREMIUMAUTO.COM.SG

MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SNE 8022 S

			DAMAGED PARTS & PRICES		
S/N	PARTS DESCRIPTION	QTY	S/NETT	REMARKS	
1	FRONT DOOR - LH <i>Dented</i>	1	\$ 4,489.00	✓	
2	FRONT OUTER DOOR SEAL - LH <i>new</i>	1	\$ 191.00	✓	
3	FRONT DOOR CATCH - LH <i>?</i>	1	\$ 134.00	?	
4	FRONT EXTERIOR WING MIRROR MOUNTING - LH <i>Dented</i>	1	\$ 3,069.00	✓	
5	FRONT WING MIRROR CAP - LH <i>Dented</i>	1	\$ 348.00	✓	
6	FRONT WING MIRROR GLASS - LH <i>new</i>	1	\$ 1,298.00	+	
7	FRONT DOOR HANDLE - LH <i>new</i>	1	\$ 389.00	+	
8	FRONT DOOR HANDLE CHROME TRIM PLATE - LH <i>new</i>	1	\$ 109.00	+	
9	FRONT DOOR PANEL CAP - LH UPPER <i>new</i>	1	\$ 100.00	+	
10	FRONT WINDOW GUIDE CHROME TRIM STRIP - LH <i>new</i>	1	\$ 287.00	+	
11	FRONT WINDOW SLOT SEAL CHROME TRIM STRIP - LH <i>new</i> OUTER	1	\$ 224.00	+	
12	FRONT WINDOW CORNER TRIM - LH <i>new</i>	1	\$ 87.00	+	
13	FRONT WINDOW GUIDE - LH <i>new</i>	1	\$ 542.00	+	
14	FRONT DOOR WINDOW - LH	1	\$ 365.00	+	
15	SUNDRIES <i>?</i>		\$ 500.00	?	
TOTAL SPARE PARTS			\$ 12,132.00		
TOTAL LABOUR CHARGES			\$ 5,142.00		
GRAND TOTAL			\$ 17,274.00		

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 :

SURVEYED DATE :

AUTHORISED DATE :

EXCESS COST :

LIABILITY :

REMARKS :

Adrian Ly
16/11/22

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

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	877Z
Vehicle Details	
Vehicle No.:	SNE8022S
Vehicle to be Exported:	No
Intended Deregistration Date:	18 Nov 2022
Vehicle Make:	AUDI
Vehicle Model:	A6 DESIGN 2.0 TFSI (140 KW)
Primary Colour:	Grey
Manufacturing Year:	2021
Engine No.:	DKY016437
Chassis No.:	WAUZZZF24NN008958
Maximum Power Output:	140.0 kW (187 bhp)
Open Market Value:	\$42,018.00
Original Registration Date:	11 Apr 2022
First Registration Date:	11 Apr 2022
Transfer Count:	0
Actual ARF Paid:	\$50,826.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	10 Apr 2032
PARF Rebate Amount:	\$38,119.00
Intended COE Rebate Details	
COE Expiry Date:	10 Apr 2032
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$98,389.00
COE Rebate Amount:	\$92,446.00
Total Rebate Amount:	\$130,565.00

The information contained herein is correct as at 18 Nov 2022

OK





to

New Audi A6 Sedan Mild Hybrid Cars for Sale (1 vehicles)

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Audi A6 Sedan Mild Hybrid  <input type="checkbox"/> 2.0 TFSI S tronic Design [190hp] (A)  Promotion available	\$325,713 \$30,000 /yr ?	Premium Automobiles 16.1km/L 188bhp 7-speed (A) S tronic	Germany	★★★★★ 4 User Reviews

Car Model	Price	Dealer	Built in	User Rating
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15 results/page

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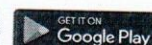
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