

CS/CTI22012498/Aqp3

ASS. REC. BY:

REF:

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: 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: SDK1237Y Yr Regn: 2019, AprilType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Audi A5 c.c. 1984Colour: Grey A/C: Insured / Std / NI / NASp. Reading: 45491 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WAUZZ2F54KA036756Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orMod: Nil / S/Rim / STD A/Rim orTyre Size: F: 245/40R18R: 245/40R18BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front _____ Rear _____

R/Bal. 06 mm R/Bal. 06 mmL/Bal. 06 mm L/Bal. 06 mmD.O.A. _____ D.O.I. 14/12/22Survey held at PremiumDes. of Damages: Front / 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 Chng.</u>
	Finalised with Mr Boo final fig \$13581, 3 days. (Red \$8222, 38%)
	MV:
	PV:
	Nett:

Date/Time, File Pass to?

☐ : Preli. Report

1) 11/04 Typist

☐ : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: 3Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S + RS: \$

Photos

Offent

Report Format

MER-TP

Add Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech. Insp (\$)

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	12/12/2022 17:18 (SGT)
Reported by	Driver
Date of Accident	10/12/2022 19:55 (SGT)
Exact Location of Accident	59 Hume Ave, Singapore 598748
Additional Location Information	BASEMENT CARPARK, PARC PALAIS, NEAR BLK 55, HUME AVE S(598752)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDK1237Y
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM MUI PENG
NRIC No	SXXXX969Z
Email Address	KMLEE55@YAHOO.COM
Mobile Phone No	(Phone) +65-96248735
Alternative Phone No	+65-92335707

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A5
Variant	SPORTBACK 2.0 TFS
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	Direct Asia Insurance (Singapore) Pte Ltd
Policy Number / Cover Note Number	-

DRIVER

Name of Driver	LEE KAH MOON
NRIC No	SXXXX131E
Date Of Birth	20/05/1966

Occupation	Indoor
Date Of Driving Pass	22/12/1993
Driving experience	29 YEARS
Gender	Male
Mobile Number	(Phone) +65-92335707
Alt. Phone Number	+65-96248735
Email Address	KMLEE55@YAHOO.COM
Address	BLK 55 HUME AVENUE
Address complement	#07-06
Postcode	598752
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 Parked Vehicle
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)	0
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 PARKED MY VEHICLE IN MY USUAL LOT BUT WHEN I WENT TO MY CAR AGAIN, I NOTICED THERE IS A DAMAGE TO THE FRONT LEFT OF MY CAR. I ALSO NOTICED A NOTE FROM THE OTHER DRIVER ON MY WINDSCREEN. I CONTACTED HIM AND HE ADMITTED THAT HE KNOCK INTO MY CAR.

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	SJK8523D
Vehicle Manufacturer	Honda
Vehicle Model	Civic
Vehicle Variant	-
Vehicle Colour	Black

Vehicle Category	Private car
Name of Driver	DILLION TEO
Contact Number	(Phone) +65-87848351
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 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.
- (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

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

Witnessed by Reporting Centre Personnel

Sketch Plan

A1 SDK 12374 damage



Describe Circumstances of the Accident

I parked my car in my usual lot but when I went to my car again, I noticed there is damage to the front left of my car. I also noticed a note from the driver other driver on my windshield. I contacted him and he admitted that he ~~drove~~ knock into my car.

Declaration

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



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/1115/2022/EQ
DATE : 13-Dec-22
WIP : 54527

VEHICLE IN WORKSHOP. KINDLY ARRANGE FOR SURVEY ON 14/12/2022

YOUR INSURED VEH NO : SJK 8523 D

China Taiping Insurance (S) Pte Ltd

3 Anson Road

#16-00 Springleaf Tower

Singapore 079909

Attn: Motor Claims Dept

OWNER'S NAME : MS LIM MUI PENG
ADDRESS : BLK 55 HUME AVENUE
#07-06
SINGAPORE 598752
TELEPHONE : HP +65 96248735
TYPE OF CLAIM : THIRD PARTY CLAIM
POLICY NO :
VEHICLE NO : **SDK 1237 Y**
MODEL CODE : AUDI A5 SPORTBACK 2.0 TFS
MODEL YEAR : 27/4/2019
ENGINE NO : CVK 078768
CHASSIS NO : WAUZZZF54KA036756
MILEAGE : -
DATE IN : -
ESTIMATED BY : JOHNNY BOO / ALLAN WU
ACCIDENT DATE : 10-Dec-22
PLACE OF ACCIDENT : BASEMENT CARPARK, PARC PALAIS, NEAR BLK 55,
HUME AVE S(598752)

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 SDK 1237 Y

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 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	✓
3	TO DISMANTLE AND RENEW FRONT BUMPER AND LHS HEADLIGHT. RE-ORGANIZE CRASH MANAGEMENT COMPONENTS. REINSTALL ALL PARTS REMOVED.	\$ 1,200.00	800 ✓
4	TO RESPRAY FRONT BUMPER.	\$ 1,000.00	800 ✓
5	TO CARRY OUT DIAGNOSTIC CHECK.	S/N \$ 192.00	✓
TOTAL LABOUR CHARGES		: \$ 3,272.00	

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MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SDK 1237 Y

			DAMAGED PARTS & PRICES	
S/N	PARTS DESCRIPTION	QTY	S/NETT	REMARKS
1	FRONT BUMPER <i>Deband</i>	1	\$ 2,493.00	✓
2	FRONT BUMPER FIXING PARTS <i>Meu</i>	1	\$ 425.00	+
3	FRONT BUMPER SECURING STRIP - LH / RH ?	2	\$ 79.00	?
4	FRONT BUMPER GRILLE - CENTER <i>Meu</i>	1	\$ 219.00	+
5	FRONT BUMPER CLOSING ELEMENT - LOWER CENTRE <i>Meu</i>	1	\$ 254.00	+
6	FRONT BUMPER AIR GUIDE - LH <i>Meu</i>	1	\$ 72.00	+
7	RADIATOR GRILLE <i>Xlor Meu</i>	1	\$ 2,576.00	+
8	FRONT PARKING AID SENSOR SUPPORT - LH / RH	2	\$ 116.00	+
9	RADIATOR GRILLE COVER - UPPER	1	\$ 209.00	+
10	FRONT BUMPER AIR GUIDE GRILLE - LH	1	\$ 529.00	+
11	FRONT BUMPER FOAM FILLER PIECE	1	\$ 139.00	?
12	FRONT BUMPER REINFORCEMENT BEAM <i>Meu</i>	1	\$ 899.00	+
13	FRONT BUMPER GUIDE SECTION - LH <i>Meu</i>	1	\$ 41.00	+
14	FRONT BUMPER TOP COVER	1	\$ 143.00	+
15	CAUTION SIGN STICKER	1	\$ 16.00	+
16	AIR CONDITIONER STICKER <i>Meu</i>	1	\$ 9.00	+
17	LOCK CARRIER BRACKET	1	\$ 154.00	+
18	FRONT BUMPER SUPPORT - LH / RH	2	\$ 64.00	+
19	HORN HIGH TONE - LH	1	\$ 134.00	+
20	HORN BRACKET - LH	1	\$ 33.00	+
SUB TOTAL SPARE PARTS		:	\$ 8,604.00	

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. SDK 1237 Y

			DAMAGED PARTS & PRICES	
S/N	PARTS DESCRIPTION	QTY	S/NETT	REMARKS
21	FRONT PARKING AID SENSOR - INNER / OUTER <i>3 per m</i>	2	\$ 532.00	<i>+</i>
22	FRONT PARKING AID SEAL RING	4	\$ 10.00	<i>+</i>
23	HEADLIGHT - LH <i>lit</i>	1	\$ 8,416.00	<i>✓</i>
24	LIFT CYLINDER - LH <i>?</i>	1	\$ 217.00	<i>?</i>
25	LIFT CYLINDER BRACKET - LH <i>Not in</i>	1	\$ 17.00	<i>+</i>
26	LIFT CYLINDER CORRUGATED PIPE <i>Not in</i>	1	\$ 100.00	<i>x</i>
27	OUTSIDE TEMPERATURE SENSOR BRACKET	1	\$ 21.00	<i>x</i>
28	RADIATOR AIR GUIDE - LH / RH INNER	2	\$ 72.00	<i>+</i>
29	RADIATOR AIR GUIDE - LH / RH OUTER	2	\$ 38.00	<i>+</i>
30	RADIATOR AIR GUIDE - UPPER / LOWER	2	\$ 44.00	<i>+</i>
31	FRONT NO PLATE <i>Not in</i>	S/N	\$ 60.00	<i>+</i>
32	SUNDRIES <i>?</i>		\$ 400.00	<i>?</i>
TOTAL SPARE PARTS		:	\$ 18,531.00	
TOTAL LABOUR CHARGES		:	\$ 3,272.00	
GRAND TOTAL		:	\$ 21,803.00	

ALL CHARGES ARE NOT INCLUSIVE OF GST

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 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*
SURVEYED DATE : *14/12/22*
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