

ASS. REC'D BY: T. J. J.

REF:

CC3/ AIG 23000184/Tvp3

ASSIGNMENT

From: _____ Date: _____

Estimated cost: _____

OD / TP / VS / TP RES / OD RES / EVA / INV / MV

To inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. 7210108791

Claims No. 4817008765SG

Sum Insured: _____ Excess: 400

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

Bal. or Market Value: \$148K.

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: Chang Vehicle: IN / OUT

Veh No: SNC 3989X Yr Regn: 2021 Sep

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

Truck / Trailer or _____

Make: Honda 143 C.C. 1498

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

Sp. Reading: 23989 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: W4422299 404006752

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: 235/55R19

R: _____

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

TOYO / YOKO or _____

Front: _____ Rear: _____

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. 30/12/2022 D.O.I. 5/1/23

Survey held at Premium Bensu

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
28/3/23	Final fig \$3837.60 confirmed by email (Red 2125.40, 35%)

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

1) ☐ : Final Report

Date/Time, File Return to?

2) 3/4/23-typist

Days Of Repair: 3

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Insp (\$ _____)

☐ : Weekend (\$ _____)

Survey Fee: _____

Transportation: _____

S + RS. Sl. _____

Photos _____

Others _____

Report Format: Merimen

Lump Sum / L.B.A. : \$3837.60

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/1175/2022/EQ
DATE : 3-Jan-23
WIP : 57098

VEHICLE NOT IN WORKSHOP. KINDLY ARRANGE FOR SURVEY ON 5/1/2023

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 LIM WEI SIONG
ADDRESS : 11 FERVALE LANE
#11-04
SINGAPORE 797495
TELEPHONE : HP +65 92344229
TYPE OF CLAIM : OWN DAMAGE CLAIM
POLICY NO : 7210108791
VEHICLE NO : **SNC 3989 X**
MODEL CODE : AUDI A3 SEDAN 1.5 TFSI
MODEL YEAR : 10/9/2021
ENGINE NO : DFY 292694
CHASSIS NO : WAUZZZGY4NA006752
MILEAGE : -
DATE IN : -
ESTIMATED BY : JOHNNY BOO / ALLAN WU
ACCIDENT DATE : 30-Dec-22
PLACE OF ACCIDENT : JURONG POLICE HEADQUARTER EXIT ALONG JALAN BAHAR


ESTIMATED LABOUR CHARGES FOR ACCIDENT VEHICLE SNC 3989 X

S/N	NATURE OF JOBS		ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATIONS
1	TO REMOVE AND TRANSFER RHS REAR DOOR'S MULTI-LOCK SYSTEM AND POWER WINDOW DEVICES.	S/N	\$ 360.00	✓
2	TO DISMANTLE AND RENEW RHS REAR DOOR, ALIGN TO POSITION. REINSTALL ALL PARTS REMOVED.		\$ 1,050.00	500
3	TO RESPRAY RHS REAR DOOR.		\$ 1,000.00	550
4	TO CARRY OUT STICKER WRAP ON RHS REAR DOOR.	S/N	\$ 120.00	✓
5	TO CARRY OUT DIAGNOSTIC CHECK.	S/N	\$ 192.00	✓
TOTAL LABOUR CHARGES		:	\$ 2,722.00	



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

MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SNC 3989 X

			DAMAGED PARTS & PRICES	
S/N	PARTS DESCRIPTION	QTY	S/NETT	REMARKS
1	REAR DOOR - RH	1	\$ 2,466.00	b2 ✓
2	REAR DOOR OUTER SEAL - RH	1	\$ 179.00	u ✓
3	REAR DOOR CATCH	1	\$ 93.00	?
4	REAR QUARTER WINDOW GUIDE RAIL - RH	1	\$ 52.00	?
5	REAR WINDOW REGULATOR - RH	1	\$ 251.00	?
6	SUNDRIES		\$ 200.00	?
TOTAL SPARE PARTS		:	\$ 3,241.00	
TOTAL LABOUR CHARGES		:	\$ 2,722.00	
GRAND TOTAL		:	\$ 5,963.00	

ALL CHARGES ARE NOT INCLUSIVE OF GST
 LEGEND: REMARKS (OK) = APPROVED, REMARKS (X) = NOT APPROVED
 SPARE PARTS ARE SPECIAL NETT.



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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 :

Taufik 97495749
5/1/23 @ 10am
Not Authorise Ex: H&A
Taufik @ h&a auto.com 03 days
Resurvey before part
H&A

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	31/12/2022 12:14 (SGT)
Reported by	Both
Date of Accident	30/12/2022 18:20 (SGT)
Exact Location of Accident	2 Jurong West Ave 5, Singapore 649482
Additional Location Information	JURONG POLICE HEADQUARTERS EXIT ALONG JALAN BAHAR
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNC3989X
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LIM WEI SIONG
NRIC No	SXXXX503Z
Email Address	LIMWS89@GMAIL.COM
Mobile Phone No	(Phone) +65-92344229
Alternative Phone No	-
VEHICLE PARTICULARS	
Manufacturer	Audi
Model	A3
Variant	SEDAN 1.5 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	1498
INSURANCE COMPANY	
Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7210108791
DRIVER	
Name of Driver	LIM WEI SIONG
NRIC No	SXXXX503Z
Date Of Birth	09/03/1989

Occupation	Indoor
Date Of Driving Pass	25/09/2012
Driving experience	10 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92344229
Alt. Phone Number	-
Email Address	LIMWS89@GMAIL.COM
Address	11 FERNVALE LANE
Address complement	#11-04
Postcode	797495
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	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)	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?	Yes
Police Station Name	Jurong Division Headquarters
Police Station Phone No	(Phone) +65-18007910000
Alt. Police Station Phone No	(Fax) +65-68965647
Police Station Address	No. 2 Jurong West Avenue 5 Singapore 649482
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 30/12/2022 AT ABOUT 6.20 PM. I WAS WAITING AT THE ENTRANCE/EXIT OF JURONG POLICE DIVISION ALONG JALAN BAHAR, PREPARING TO TURN OUT ONTO JALAN BAHAR. MY VEHICLE WAS STATIONARY. WHILE WAITING FOR THE TRAFFIC TO BE CLEARED OF CARS, I NOTICED A BLUE POLICE VEHICLE BEARING PLATE NUMBER QX5080H APPROACHING. AS THE VEHICLE TURNED INTO JURONG DIVISION. ITS FRONT BUMPER COLLIDED WITH MY CAR, RESULTING IN SCRATCHES AND DENTS ON MY REAR RIGHT PASSENGER DOOR. SPF/TP WAS INFORMED.

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	QX5080H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Government
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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

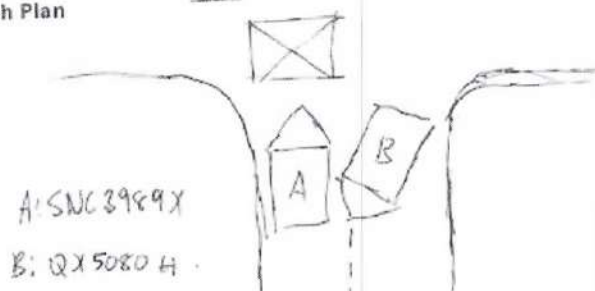
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



Describe Circumstances of the Accident


On 30/10/2020 at about 6:30pm, I was waiting at the entrance/exit of Jurong Police Division along Jalan Besar, preparing to turn out onto Jalan Besar. My vehicle was stationary.

While waiting for the traffic to clear to proceed, I noticed a blue Police vehicle bearing plate number QX5060H approaching. As the vehicle turned into Jurong Division, the its front bumper collided onto my car, resulting in scratches and dents on my rear right passenger door.

SPP / TP was informed.

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




**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999



T 20221230/2086

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Report No.: T20221230/2086

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/12/2022 20:23	Vide Report No.: J/20221230/0139	Station Diary No. 121
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Informant's Particulars

Name of Informant: LIM WEI SIONG			Address: BLK 11 FERNVALE LANE #11-04 SINGAPORE 797495	
ID Type / ID No.: NRIC NO / S8910503Z			Contact No.: Home/Office:	Mobile: 92344229
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 33	Date of Birth: 09/03/1989	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: Police officer			Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident: Non-Injury Government Vehicle	Drink Drive: No	Date/Time of Accident: 30/12/2022 18:40	Type of Location: Bend
Location: JALAN BAHAR			
Weather: Clear	Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
QX5080H	Car		DEFENDER	Blue	Slightly Damaged	0
SNC3989X	Car	AUDI	A3 SEDAN 1.5 TFSI S TRONIC	Purple	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SNC3989X	AIG ASIA PACIFIC INSURANCE PTE. LTD.	72*0108791	10/09/2021	09/09/2023


**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999



T/20221230/2086

Report No: T/20221230/2086

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
Driver			
Name	ANG CHEE KOON	ID No.	S7400995F
Related Vehicle	QX5080H (Car)	Contact No.	97442248
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	LIM WEI SIONG	ID No.	S6910503Z
Related Vehicle	SNC3989X (Car)	Contact No.	92344229
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 30/12/2022 at about 1841hrs, when I drove my vehicle bearing registration plate number SNC3989X which was stationary at Jurong HQ service road at the stop line waiting to make a left turn into Jalan Bahar towards PIE, I noticed one police vehicle bearing registration plate number QX5080H making a wide left turn into Jurong HQ. While the said police vehicle was making the left turn, I felt an impact on the rear right portion of my vehicle. I then realized that the police vehicle had collided onto my vehicle's rear right passenger door causing some scratches and dents. Whereas, the police vehicle's front bumper suffered minor scratch. There was no one injured, and I have in-vehicle camera installed in my vehicle. Subsequently, TP officer arrived and informed me to lodge a traffic accident report. In-charge case TP IO Rahim, Tel: 65476433.


**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999



T/2022/230/2086

1 of 3

Report No: T/2022/230/2086

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report:

J /

SGT 3 Saw Hui Ying

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

30/12/2022 20:23

Officer In Charge Of Case:

TP / GIA /

SI ANG YI TING, STEPHANIE

Contact No.: 65476414

Classification Of Case:

NP168