

ASS. REC. BY:

REF:

CS/CT12300/022/Awp3

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 Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 3 days Res.: Yes or No

Lum Sum: 18.1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Veh No: SMT78436 Yr Regn: 2019, March

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

Truck / Trailer or

Make: Audi A3 c.c 999

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

Sp.Reading: 149.11 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WAUZZ28VOKA059576

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: 205/55R16

R: 205/55R16

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. 01/02/23

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 Check</u>
<u>26/04/2023</u>	<u>Finalise P/P \$4,200.00 @ 3 days (Red \$4,389.00 / 51%)</u>
	MV :
	PV :
	Nett :

Date/Time, File Pass to?

26/04/2023
1) Type

Date/Time, File Return to?

2)

 : Preli. Report
 : Final Report

Days Of Repair: 3

Resurvey No. of Trip: _____

Survey Fee:

Transportation

3 + RD \$

Photo

Others

Adm Fee:

Site Insp (\$)

Prelim (\$)

Tech. Inve (\$)

Report Followed

TP

P/P \$4,200.00



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/0709/2023/EQ
DATE : 28-Jan-23
WIP : 60195

VEHICLE NOT IN WORKSHOP. KINDLY ARRANGE FOR SURVEY ON 1/2/2023
YOUR INSURED VEH NO : SML 5974 P

China Taiping Insurance (S) Pte Ltd

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

OWNER'S NAME : MR AXEL BADER
ADDRESS : 33 KEPPEL BAY VIEW
#24-95
SINGAPORE 098419
TELEPHONE : HP +65 82015248
TYPE OF CLAIM : THIRD PARTY CLAIM
POLICY NO : SP2001207703
VEHICLE NO : **SMJ 7843 G**
MODEL CODE : AUDI A3 SPORTSBACK 1.0 TF
MODEL YEAR : 20/3/2019
ENGINE NO : CHZ C27715
CHASSIS NO : WAUZZZ8V0KA059576
MILEAGE : -
DATE IN : -
ESTIMATED BY : JOHNNY BOO / ALLAN WU
ACCIDENT DATE : 16-Jan-23
PLACE OF ACCIDENT : HENDERSON ROAD (TURN INTO TELOK BLANGAH)



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ESTIMATED LABOUR CHARGES FOR ACCIDENT VEHICLE SMJ 7843 G

S/N	NATURE OF JOBS		ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATIONS
1	TO REMOVE AND TRANSFER REAR PARKING AID.	S/N \$	280.00	✓
2	TO DISMANTLE AND RENEW REAR BUMPER. TO REPAIR REAR END PANELLING. RE-ORGANIZE CRASH MANAGEMENT COMPONENTS.	\$	1,400.00	700
3	TO RESPRAY REAR BUMPER AND REAR END PANELLING.	\$	2,000.00	700
4	TO CARRY OUT DIAGNOSTIC CHECK.	S/N \$	192.00	✓
TOTAL LABOUR CHARGES		:	\$ 3,872.00	



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MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SMJ 7843 G

			DAMAGED PARTS & PRICES	
S/N	PARTS DESCRIPTION	QTY	S/NETT	REMARKS
1	REAR BUMPER <i>Debond</i>	1	\$ 2,328.00	-
2	REAR BUMPER FIXING PARTS	1	\$ 213.00	X
3	REAR BUMPER LOCKING MECHANISM - LH / RH	2	\$ 34.00	X
4	REAR WHEEL HOUSING LINER ADAPTER - LH / RH	2	\$ 90.00	X
5	REAR BUMPER SPOILER	1	\$ 279.00	X
6	REAR BUMPER REFLECTOR - LH / RH	2	\$ 72.00	X
7	REAR BUMPER REINFORCEMENT BEAM	1	\$ 680.00	X
8	REAR BUMPER BRACKET - LH / RH	2	\$ 67.00	X
9	REAR PARKING AID SENSOR - INNER / OUTER	2	\$ 543.00	X
10	REAR PARKING AID SEAL RING	4	\$ 11.00	X
11	SUNDRIES <i>Ne nec.</i>		\$ 400.00	? X
TOTAL SPARE PARTS		:	\$ 4,717.00	
TOTAL LABOUR CHARGES		:	\$ 3,872.00	
GRAND TOTAL		:	\$ 8,589.00	

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 : *Adrian Lj*
SURVEYED DATE : *01/02/23.*
AUTHORISED DATE :
EXCESS COST :
LIABILITY :
REMARKS : *Not Authorised, 03 Days J.C.S.*

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	16/01/2023 18:29 (SGT)
Reported by	Owner
Date of Accident	16/01/2023 14:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	HENDERSON RD (TURN INTO TELOK BLANGAH)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMJ7843G

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	AXEL BADER
Passport No/FIN	GXXXX069Q
Email Address	AXEL.BADER@GMAIL.COM
Mobile Phone No	(Phone) +65-82015248
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A3
Variant	-
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	1000

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2001207703

DRIVER

Name of Driver	ROCATTI GABRIELA ALEJANDRA
Passport No/FIN	GXXXX603W
Date Of Birth	26/03/1984
Occupation	Indoor

Date Of Driving Pass	26/03/2001
Driving experience	21 YEARS AND 10 MONTHS
Gender	Female
Mobile Number	(Phone) +65-82015204
Alt. Phone Number	-
Email Address	GABYROCATTI@GMAIL.COM
Address	29 KEPPEL BAY VIEW
Address complement	#28-88
Postcode	098417
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	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)	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 DRIVING THROUGH HENDERSON RD. AS I MADE MY TURN INTO TELOK BLANGAH I REDUCED SPEED AND CAME TO A STOP TO CHECK FOR UNENSURRING TRAFFIC. WHEN I STARTED TO MOVE AND MADE THE TURN, THE OTHER DRIVER HIT ME FROM BEHIND.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SML5974P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

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' 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 (# driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Jauk 16/01/2023 5:19pm



Sketch Plan

Describe Circumstances of the Accident

I was driving through Henderson rd. As I made my turn into Telok Blangah I reduced speed and came to a stop to check for oncoming traffic. When I started to move and make the turn, the other driver hit me from behind.

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

Jawid 16/01/2023 5:19 PM

