

ASS. RECDY. T. Gifford

REF:

AIG

**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: None

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

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

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
N/S	O/S

Bal. or Market Value: 4154K.

IDAC Accident Rpt: \_\_\_\_\_ 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: George Vehicle: IN / OUT

Veh No: SND 9364D Yr Regn: 2022 Feb.

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

Truck / Trailer or

Make: Audi A3 C.C. 1498

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

Sp. Reading: 8390 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: W14Y222 6971NA026361

Gen. Cond: ☒ Good / Fair / Poor / Burnt

Steering: ☒ In order / Jammed / Leaked / Burnt or

Brake: ☒ In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 225 / 45 R17

R: 225 / 45 R17

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

TOYO / YOKO or

Nexen

Front

Rear

R/Bal. C mm

R/Bal. 6 mm

L/Bal. L mm

L/Bal. 6 mm

D.O.A. \_\_\_\_\_

D.O.I. 2/3/23

Survey held at

Premium Mercedes

Des. of Damages Frt / Rear / O/S / N/S / U/C / Rooftop or

FUT N/S

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Prel. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Rep. Format: \_\_\_\_\_

Lump Sum / L.B. / ( )

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Invs (\$

☐ : Weekend (\$

Survey Fee:

Transportation:

S + RS SI

Photos

Others

TOTAL

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/0226/2023/EQ  
**DATE** : 1-Mar-23  
**WIP** : 10238

**VEHICLE NOT IN WORKSHOP. KINDLY ARRANGE FOR SURVEY ON 2/3/2023**

**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 KONDRATOV RUSLAN  
**ADDRESS** : 36 KEPPEL BAY DRIVE  
#04-80  
SINGAPORE 098653  
**TELEPHONE** : HP +65 82432134  
**TYPE OF CLAIM** : OWN DAMAGE CLAIM  
**POLICY NO** : 7220012622-01  
**VEHICLE NO** : **SND 9364 D**  
**MODEL CODE** : AUDI A3 SPORTBACK 1.5 TFS  
**MODEL YEAR** : 10/2/2022  
**ENGINE NO** : DFY 309709  
**CHASSIS NO** : WAUZZZGY1NA026361  
**MILEAGE** : -  
**DATE IN** : -  
**ESTIMATED BY** : JOHNNY BOO / ALLAN WU  
**ACCIDENT DATE** : 28-Feb-23  
**PLACE OF ACCIDENT** : ALONG EXPRESSWAY AYE


**ESTIMATED LABOUR CHARGES FOR ACCIDENT VEHICLE SNO 9364 D**

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	\$ 350.00 ✓	
3	TO DISMANTLE AND RENEW FRONT BUMPER, BONNET AND LHS HEADLIGHT. TO REPAIR LHS FRONT FENDER. RE-ORGANIZE CRASH MANAGEMENT COMPONENTS. REINSTALL ALL PARTS REMOVED.		\$ 2,500.00	1000
4	TO RESPRAY FRONT BUMPER, BONNET AND LHS FRONT FENDER.		\$ 3,000.00	1100
5	TO CARRY OUT DIAGNOSTIC CHECK.	S/N	\$ 192.00 ✓	
<b>TOTAL LABOUR CHARGES</b>		:	<b>\$ 6,522.00</b>	


**MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SND 9364 D**

			DAMAGED PARTS & PRICES	
S/N	PARTS DESCRIPTION	QTY	S/NETT	REMARKS
1	FRONT BUMPER	1	\$ 1,778.00	de ✓
2	FRONT BUMPER FIXING PARTS	1	\$ 307.00	X
3	FRONT BUMPER CLOSING ELEMENT - LH	1	\$ 137.00	?
4	FRONT BUMPER GRILLE - LOWER CENTRE	1	\$ 458.00	ana ✓
5	FRONT BUMPER CLOSING ELEMENT - LOWER CENTRE	1	\$ 281.00	?
6	FRONT BUMPER AIR GUIDE- LH	1	\$ 71.00	?
7	FRONT BUMPER TRIM COVER - LH	1	\$ 110.00	de ✓
8	FRONT BUMPER AIR GUIDE GRILLE - LH	1	\$ 181.00	X
9	FRONT PARKING AID SENSOR SUPPORT - LH	1	\$ 46.00	?
10	RADIATOR GRILLE	1	\$ 1,167.00	ana ✓
11	RADIATOR GRILLE CLOSING ELEMENT - CENTER	1	\$ 223.00	?
12	FRONT BUMPER REINFORCEMENT BEAM	1	\$ 793.00	?
13	FRONT BUMPER FOAM FILLER PIECE	1	\$ 127.00	?
14	FRONT BUMPER GUIDE SECTION - LH	1	\$ 57.00	?
15	FRONT BUMPER TOP COVER	1	\$ 94.00	?
16	CAUTION SIGN STICKER	1	\$ 17.00	?
17	AIR CONDITONER STICKER	1	\$ 9.00	?
18	HORN LOW TONE - LH	1	\$ 157.00	X
19	HORN BRACKET	2	\$ 54.00	X
20	HORN BRACKET - LH	2	\$ 75.00	X
<b>SUB TOTAL SPARE PARTS</b>		:	<b>\$ 6,142.00</b>	

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


**MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SND 9364 D**

			DAMAGED PARTS & PRICES	
S/N	PARTS DESCRIPTION	QTY	S/NETT	REMARKS
21	FRONT PARKING AID SENSOR - INNER / OUTER	2	\$ 572.00	?
22	FRONT PARKING AID SEAL RING	4	\$ 54.00	bt ✓
23	BONNET	1	\$ 3,330.00	bt ✓
24	BONNET IMPACT PROTECTION	1	\$ 32.00	X
25	BONNET STRIKER - LH	1	\$ 130.00	X
26	BONNET LOCK	1	\$ 241.00	X
27	BONNET RELEASE ELEMENT	1	\$ 69.00	X
28	BONNET BOWDEN CABLE - CENTER	1	\$ 66.00	X
29	BONNET RELEASE CABLE COVER	1	\$ 12.00	X
30	HEADLIGHT - LH	1	\$ 4,323.00	cut ✓
31	HEADLIGHT HOSE - LH	1	\$ 29.00	?
32	LIFT CYLINDER - LH	1	\$ 223.00	?
33	LIFT CYLINDER HOSE	1	\$ 112.00	?
34	FRONT WHEEL HOUSING LINER - LH	1	\$ 198.00	X
35	FRONT WHEEL HOUSING LINER CLOSING ELEMENT - LH	1	\$ 24.00	X
36	OUTSIDE TEMPERATURE SENSOR BRACKET	1	\$ 22.00	?
37	RADIATOR AIR GUIDE - LH / RH	2	\$ 90.00	?
38	RADIATOR AIR GUIDE - LOWER CENTRE	1	\$ 61.00	?
39	RADIATOR AIR GUIDE SEAL - RH	1	\$ 15.00	?
40	FRONT NUMBER PLATE	S/N	\$ 60.00	bt ✓
41	SUNDRIES		\$ 400.00	?
<b>TOTAL SPARE PARTS</b>			<b>\$ 16,205.00</b>	
<b>TOTAL LABOUR CHARGES</b>			<b>\$ 6,522.00</b>	
<b>GRAND TOTAL</b>			<b>\$ 22,727.00</b>	

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 :  
SURVEYED DATE :  
AUTHORISED DATE :  
EXCESS COST :  
LIABILITY :  
REMARKS :

Taughlin 97495749  
Not Authorise  
Ex: 169  
resurvey before paint  
5 days  
Taughlin 1111 and 1111

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

KK 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	01/03/2023 15:03 (SGT)
Reported by	Driver
Date of Accident	28/02/2023 09:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG EXPRESSWAY AYE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SND9364D
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	KONDRATOV RUSLAN
Passport No/FIN	GXXXX712U
Email Address	DIRECTOR@FAREASTALLIANCE.COM
Mobile Phone No	(Phone) +65-82432134
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1500

#### INSURANCE COMPANY

Name of Insurance Company	AIIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7220012622-01

#### DRIVER

Name of Driver	KONDRATOVA DIANA
Passport No/FIN	GXXXX185R
Date Of Birth	08/09/2001
Occupation	Indoor

Date Of Driving Pass	06/12/2021
Driving experience	1 YEAR AND 2 MONTHS
Gender	Female
Mobile Number	(Phone) +65-91684417
Alt. Phone Number	-
Email Address	KDINAVIK2001@GMAIL.COM
Address	#04-80, 36 KEPPEL BAY DRIVE
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	DAUGHTER
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	Raining
Road Surface	Wet

#### 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

WAS DRIVING ONTO THE HIGHWAY WITH HEAVY TRAFFIC. ATTEMPTED TO SWITCH LANES FROM THE ADJACENT LANE TO THE MAIN TRAFFIC AND BUMPED INTO THE CAR AHEAD OF ME WHEN IT SUDDENLY COME TO A STOP

#### 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	SJU8156C
Vehicle Manufacturer	Honda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Blue
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 Authorized 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

Sketch Plan

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

Witnessed by Reporting Centre Personnel

1/3/2023 @ 10am



A - SMD 9364D  
B - SJ08156C

Describe Circumstances of the Accident

was driving onto the highway with heavy traffic. Attempted to switch lanes from the adjacent lane to the main traffic and bumped into the car ahead of me when it suddenly came to a stop.

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

1/3/2023 @ 10 am