

Date: 16/06/2023
Vehicle No: SNH8596L
Model: AUDI A3 SEDAN 1.4 TFSI
Chassis: WAUZZZ8VSG1099644-2016
Reg Year: 2016

Not Attached
11/12/23

Third Party Insurer: ALLIED WORLD
Third Party Veh No: XD4675X
Date of Accident: 15/06/2023
Estimator: TING AN
Surveyor: *See 2nd*

ESTIMATE

NO.	DESCRIPTION	QTY	UNIT S\$	AMOUNT S\$
1	FRONT DOOR RH	1		<i>Re</i> \$2,880.00
2	FRONT DOOR WEAHTERSTRIP RH	1		<i>Re</i> \$184.00
3	FRONT DOOR INNER TRIM BOARD RH	1		<i>Re</i> \$2,112.00
4	FRONT DOOR WINDOW REGULATOR RH	1		\$331.00
5	REAR DOOR RH	1		<i>Re</i> \$2,880.00
6	REAR DOOR WEATHERSTRIP RH	1		<i>Re</i> \$184.00
7	SIDE SKIRT RH	1		REPAIR
SUB TOTAL				\$8,571.00
LESS 5%				-\$428.55
PARTS TOTAL				\$8,142.45

NO.	SPECIAL NETT	QTY	UNIT S\$	AMOUNT S\$
1	FRONT DOOR INNER TRIM BOARD CLIPS RH	1		<i>Re</i> \$50.00
2	REAR DOOR INNER TRIM BOARD CLIPS RH	1		<i>Re</i> \$50.00
3	FRONT & REAR DOOR PROTECTIVE STRIP RH	1		<i>Re</i> \$100.00
S/N TOTAL				\$200.00

LABOUR CHARGES:

LABOUR CHARGES TO REMOVE, REPLACE, REFIX, REPAIR & READJUST ACCIDENT AREAS & ETC.

\$700.00 *400/*

LABOUR CHARGES FOR PAINTING & TO SUPPLY PAINT & FURNISHING MATERIALS AT FRONT DOOR RH, REAR DOOR RH, SIDE SKIRT RH & ETC.

\$700.00 *400/*

LABOUR CHARGES TO REMOVE & REINSTALLED REAR DOOR INNER MECHANSIM & ETC. TO EFFECT REPLACE OF REAR DOOR RH.

\$120.00 *50/*

LABOUR CHARGES TO REMOVE & REINSTALLED FRONT DOOR INNER MECHANSIM & ETC. TO EFFECT REPLACE OF FRONT DOOR RH.

\$120.00 *60/*

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 Estimator: TING AN
 Surveyor:

TO TUFF KOTE & UNDERSEAL MATERIALS.

\$150.00 *607*

TO CHECK WIRING & ELECTRICAL SYSTEM.

\$120.00 *2nd*

LABOUR TOTAL \$1,910.00

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TOTAL

\$10,252.45

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:

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	16/06/2023 13:01 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	15/06/2023 17:00 (SGT)
Exact Location of Accident	Near 123 Amoy St, Singapore 069932
Additional Location Information	AMOY STREET, SINGAPORE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNH8596L
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SIVARAM SHUNMUGAM
NRIC No	SXXXX597I
Email Address	SIVARAM@REDTEMPEST.ORG
Mobile Phone No	(Phone) +65-94518340
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	1395

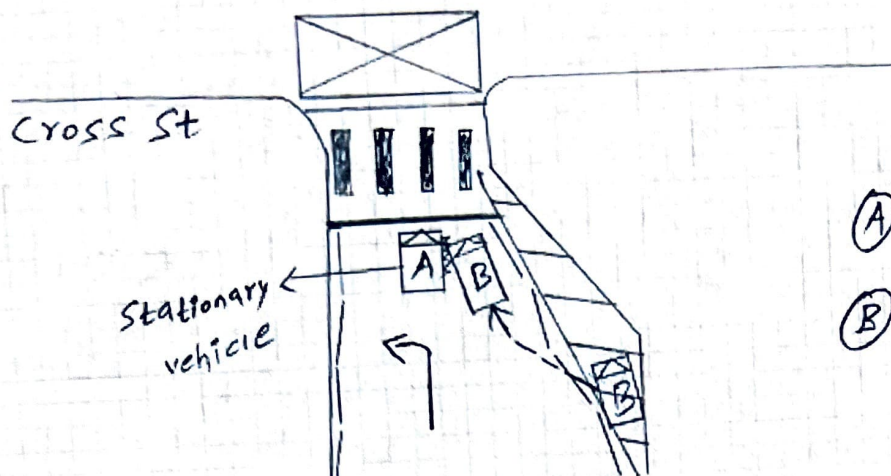
INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2004137940-01

DRIVER

Name of Driver	SIVARAM SHUNMUGAM
NRIC No	SXXXX597I
Date Of Birth	16/09/1978
Occupation	Indoor

SKETCH PLAN



(A) → SNH8596L

(B) → XD4675X

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT Amoy St

Date of Accident: 15-JUNE-2023, TIME: APPROX 5 PM

Location: Amoy Street, Cross Street Junction

I was stationary in my car, awaiting to turn left into Cross Street. I was close to the junction along Amoy Street and there was a car in front of me waiting for oncoming traffic to clear before turning left into cross street. ~~There was~~ The truck XD4675X was parked on my right. ~~when~~ The driver then started to move the vehicle and crashed straight into my car's right side, which jammed my door. He then reversed to allow me to exit the car. I then turned left and stopped the car along cross street. I got his details including pictures of the vehicle and his drivers licence. He apologized and asked me to report to the insurance company.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time: 16/6/23

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

