ASS. REC. BY: REF: AW,	1 2300 6159 1kgy3
rennerh	ASSIGNMENT
From: Date:	
Estimated Cost:	- At Reon. Od 1
OD TP/WS/TP RES/OD RES/EVA/INV/MV	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or
To Inspect Vehicle No:	1
at Workshop m/s Optim 9	Colour 1 3 175/6.0 1375
of	Insured / Std / NI / NA
Insured:	Sp.Reading 101099 T/Radio: Insured / Std / NI / NA
Policy No.	Eng/No:
Claims No.	CNO: WAUZZZZ8V541099644
Sum Insured: Excess:	Gen. Cond: Good! Fair / Poor / Burnt
(Client's Record)	Steering: Inorder? Jammed / Leaked / Burnt or
Make of Veh:	Brake: Inorder / Jammed / Leaked / Burnt or
	TOTO ARIM OF
(Policy Condition)	Tyre Size: F: 205/50 7 R16
Remark: The veh had commenced its N/S	O/S / PS / DUN / FYNOW
repair at the time of inspection.	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or
Bal. or Market Value: & 6 de	Circalinac
IDAC Accident Rport: Consistent? : Yes or No	R/Bal Rear
GIA / PR Seen: Consistent? : Yes or No	L/Bai. R/Bai. mm
Est. Repairs: Of days Res.: Yes or No	DOA 15/1/122
Lum Sum: 20 % 3 Val.: Yes or No	Survey held at D.O.I. 20/6/202
CA / REV / REP. / 24 HRS	
Vehicle: IN	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	The state of the structure affected due to collision.
617 61 Sy 8 5350/ Cal	
The state of the s	W CREN \$5020.25, 48/2)
	The second secon
Onto/Time, File Pass to? : Prell. Report	Days Of Repair:
1967 Main : Final Report	Rosupporte
Outoffine, File Return 10?	Resurvey No. of Trip: 2 Survey Fee:
Add F	ee: Site Insp (\$) S+RS SI
*	Interview (S
eport Format: 7/0	Tech love (\$
ump Sum / I.B.T. (\$ 5350	Weekend (\$
	N. of Statement and State of the Conference of t
	7074L



OPTIMA WERKZ PTE LTD

Co. Reg. No. 201212455W

www.ow.sg /OptimaWerkz @/OptimaWerkz

Date:

16/06/2023

Vehicle No: SNH8596L

AUDI A3 SEDAN 1.4 TFSI

WAUZZZ8V5G1099644-2016

Not Nathankal

Clay \$5350h

Third Party Insurer:
Third Party Veh No:

Date of Accident:
Estimator:

ALLIED WORLD

XD4675X

15/06/2023

TING AN

Chassis: Reg. Year:

Model:

2016

theavy Afre Pains

Surveyor:

SNA9255

ESTIMATE

NO.	DESCRIPTION	QTY	UNIT S\$	AMOUNT S\$	
1	FRONT DOOR RH 26/2	1		R \$2,880.00	-
2	FRONT DOOR WEAHTERSTRIP RH	1	925n	Mr \$184.00	50110
3	FRONT DOOR INNER TRIM BOARD RH	1		\$2,112.00	X
4	FRONT DOOR WINDOW REGULATOR RH	1	DI	\$331.00	2
5	REAR DOOR RH 26/2	1		1 \$2,880.00	
6	REAR DOOR WEATHERSTRIP RH	1	925N	M \$184.00	50 lsa
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		~~ \$50.00	X
2	REAR DOOR INNER TRIM BOARD CLIPS RH	1		×~ \$50.00	X
3	FRONT & REAR DOOR PROTECTIVE STRIP RH	1		Mer \$100.00	besn
			S/N TOTAL	\$200.00	

LABOUR CHARGES:

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

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

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 Gd

Head office

6 Kung Chong Road Singapore 159143 Tel: (+65) 6472 1313 | Fax: (+65) 6472 2112

9A Serangoon North Ave 5 Singapore 554500 Tel: (+65) 6484 9919 | Fax: (+65) 6481 1993

Branch (Motor Insurance Claims) Blk 10 Ang Mo Kio Ind. Park 2A #01-05 Singapore 568047 Tel: (+65) 6481 1522 | Fax: (+65) 6481 1011





OPTIMA WERKZ PTE LTD Co. Reg. No. 201212455W

www.ow.sg

OptimaWerkz

@ /OptimaWerkz

Date:

16/06/2023

Vehicle No: SNH8596L

Model:

AUDI A3 SEDAN 1.4 TFSI

Chassis:

WAUZZZ8V5G1099644-2016

Reg. Year:

2016

Third Party Insurer:

ALLIED WORLD

Third Party Veh No:

XD4675X

Date of Accident:

15/06/2023

Estimator:

TING AN

Surveyor:

TO TUFF KOTE & UNDERSEAL MATERIALS.

\$150.00 60/

TO CHECK WIRING & ELECTRICAL SYSTEM.

\$120.00 20

LABOUR TOTAL

\$1,910.00

TING AN

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:







OPTIMA WERKZ PTE LTD Co. Reg. No. 201212455W

www.ow.sg

6 /OptimaWerkz

@ /OptimaWerkz

Date:

20/06/2023

Vehicle No: SNH8596L

Model:

AUDI A3 SEDAN 1.4 TFSI

Chassis:

WAUZZZ8V5G1099644-2016

Reg. Year:

2016

Third Party Insurer:

ALLIED WORLD

Third Party Veh No:

XD4675X

Date of Accident:

15/06/2023

SUPPLEMENTARY

NO.	DESCRIPTION	QTY	UNIT S\$	AMOUNT S\$
1	FRONT DOOR CHECKER RH	1		CM/ 19 \$124.00
			SUB TOTAL	\$124.00
			LESS 5%	-\$6.20
			PARTS TOTAL	\$117.80

		4447 00
A STATE OF THE STA	TOTAL	\$117.80
TING AN	10174	

Finalise:

Parts: \$5786.45

Supp: \$117.80

Nett: \$244

Jabour: \$1040

↓|s:\$7188.25 |en 20% - \$5750 60 0

95750 b

SO03236G0001 / OPTIMA WERKZ PTE LTD ENTRY DATE & TIME: 16/06/2023 13:01 (SGT) SUBMITTED BY: MOHAMED NASHIK VERSION: 1 (16/06/2023 13:01 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> 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 witholding 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 Reported by Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

16/06/2023 13:01 (SGT) Both Policyholder and Actual Driver 15/06/2023 17:00 (SGT) Near 123 Amoy St, Singapore 069932 AMOY STREET, SINGAPORE Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SNH8596L

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No **Email Address** Mobile Phone No

SIVARAM SHUNMUGAM SXXXX597I SIVARAM@REDTEMPEST.ORG (Phone) +65-94518340

VEHICLE PARTICULARS

Alternative Phone No

Manufacturer Model

Variant

Exact purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle?

Vehicle Category Transmission CC

Private use

Audi

A3

No - Claiming third party

Private car Auto 1395

INSURANCE COMPANY

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

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

SIVARAM SHUNMUGAM SXXXX597I 16/09/1978 Indoor

Date Of Driving Pass Driving experience

Gender

Mobile Number

Alt Phone Number

Email Address

Address

Address complement Postcode

Is the driver the policyholder? If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

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 Weather Conditions

Road Surface

Collision - Major/Minor Rd

Clear Dry

No

No

Yes

1

No

2

30/07/1998

24 YEARS AND 11 MONTHS

SIVARAM@REDTEMPEST.ORG

(Phone) +65-94518340

23 ELIAS ROAD

#12-05

Yes

No

S519930

OTHER INFORMATION

Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident

Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other vehicle or property damaged? Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

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? Was notice of intended Prosecution given?

If yes, against whom?

No

No

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Yes No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Category Name of Driver

NRIC No

XD4675X Man

Commercial vehicle TAN BOON TONG SXXXX242Z

Accident report SO03236G0001

Page 2 of 17

Contact Number	(Phone) +65-96754471
Address	-
Address complement	2
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.
- 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 lodgment 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)
 - (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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Date & Tim

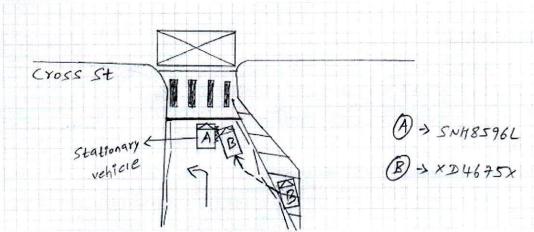
Driver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature

Name

NRIC/FIN No.

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT Amoy St

Date of Accident: 15-JUNE-2023, TIME: APPROX 5PM
Weation: Amoy Street, Closs Street Sunction
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 funt a me waiting for on wming troffic to clear
before turning left into cross street. Make 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 joinned my door. He then reversed to allow me to
exit the car. I then turned left and slopped the car along
cross street. I got his details including pictures of the vehicle
and his drivers license. He apologized and asked me to
report to the insurance company.

DECLARATION

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

Policy Nider's Signature
Date & Time: 16/23

Oriver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Singapore NRIC	
5971	
SNH8596L	
No	
17 Jun 2023	
AUDI	
A3 SEDAN 1.4 TFSI (ATTRACTION)	
Black	
2016	
CZC556151	
WAUZZZ8V5G1099644	
92.0 kW (123 bhp)	
\$25,069.00	
12 Aug 2016	
12 Aug 2016	
2	
\$17,097.00	
Yes	
11 Aug 2026	
\$11,113.00	
11 Aug 2026	
A - Car up to 1600cc & 97kW (130bhp)	
10	
\$52,503.00	
\$16,541.00	
\$27,654.00	
	597I SNH8596L No 17 Jun 2023 AUDI A3 SEDAN 1.4 TFSI (ATTRACTION) Black 2016 CZC556151 WAUZZZ8V5G1099644 92.0 kW (123 bhp) \$25,069.00 12 Aug 2016 12 Aug 2016 2 \$17,097.00 Yes 11 Aug 2026 \$11,113.00 11 Aug 2026 A - Car up to 1600cc & 97kW (130bhp) 10 \$52,503.00 \$16,541.00

The information contained herein is correct as at 16 Jun 2023