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ASS. REC. BY:	REF: CS CT 2411	ooo9, legh3	6649
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	AGG	The second of th	1
From:	Date:	Veh No:	Yr Regn: 2022/Jun
Estimated Cost:		Type: M.Car / M.Cycle / Bue / Van / Long	/ Tand / Prime Mover /
OD ITPIWS ITP RES / OD RES / E	EVA / INV / MV	Truck / Trailer or	
To Inspect Vehicle No: SNh 6		Make: ANDI QZ 200 TPS	QUST CC 1984
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of Wearold		Sp.roaung 4735	In teach, most occurred
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Policy No.		CNO: WAUZZZF38N	108 3906
Claims No.		Gen. Cond: Good Fair Poor / Burnt	•
Sum Insured:	Excess:	Steering: (horder / Jammed / Leaked / Bi	umt or
(Client's Record)		Brake: (Inorder / Jammed / Leaked / Bu	umt or
Make of Veh:		Modi: Nil Larkin I STD Arkim or	
Make of Act.		Tyre Size: F: 235 5	R18
2-45	P ⁿ	11	3 00
(Policy Condition)	`	R:	TO A CHIEF ! CASE !
Remark: The veh had commenced		BS / DUN / EXNOVA / GY / FS / LIZA / MI	T
repair at the time of insp		TOAO1AOKO OL HOVI	Kusk
Ball or Market Value:	183K		Rear
IDAC Accident Rport:	Consistent?: Yes or No	R/Bal. 6 mm	R/Bal. mm
	Consistent? : Yes or No	L/Bail. 6 mm	L/Bal 6 mm
	Res.; Yes or No	D.O.A. 30/10/24	D.O.I. 06/11/24
200 Hopener	3 Val.: Yes or No	Survey held at MEXE	mora
Lum Sum: %		Des. of Damages : Frt I Rear OIS NI	
CA I REV REP. 24 HRS)		
Date: Person Con	Vehicle: IN / OUT	The U/C / Chassis frame / Body St	ructure affected due to collision.
Date / Time Action / Instruction		The die / direct tiene t des, or	
REPAIL LI	m 17-75K		
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Dete/Time, File Pass in?	reli. Report	Days Of Repair:	
. 12	inal Report		Survey Fee:
Oute/Time, File Raturn to?	man report		Transportation:
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2)	710010		Photos
Hanari Farmal			
Report Format:		: Tech. invs (\$	Others

TOTAL

Lump 8um / 1.B.1: (\$

PREMIUM AUTOMOBILES



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/0831/2024/KS

DATE : 1-Nov-24 WIP : 36721

VEHICLE NOT IN WORKSHOP. KINDLY ARRANGE FOR SURVEY ON

YOUR INSURED VEH NO: SMW 145 R

China Taiping Insurance (Singapore) Pte. Ltd.

3 Anson Road

#15-00 Springleaf Tower Singapore 079909

Attn: Motor Claims Dept

OWNER'S NAME : MRS NG PULYEE

ADDRESS : 103 WEST COAST VALE

#35-02

SINGAPORE 126754

TELEPHONE : HP +65 91836960 TYPE OF CLAIM : THIRD PARTY CLAIM

POLICY NO : P11085400R00

VEHICLE NO : SNG 6616 G

MODEL CODE : AUDI Q3 2.0 TFSI QU S TRONIC

MODEL YEAR : 27/6/2022 ENGINE NO : DNN 065008

CHASSIS NO : WAUZZZF38N1083906

MILEAGE : . DATE IN

ESTIMATED BY : JOHNNY BOO / ALLAN WU

ACCIDENT DATE : 30-Oct-24

PLACE OF ACCIDENT : CLEMENTI WEST STREET





55 UBI ROAD 1, SINGAPORE 408698
TEL: 6366 2323 FAX: 6841 1183
EMAIL: NORA KHAI@PREMIUMAUTO.COM.SG / CLAIMS@PREMIUMAUTO.COM.SG

ESTIMATED LABOUR CHARGES FOR ACCIDENT VEHICLE SNG 6616 G

SAN	NATURE OF JOBS		ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATIONS
1	TO DISMANTLE AND RENEW REAR BUMPER, RE- ORGANIZE CRASH MANAGEMENT COMPONENTS. REINSTALL ALL PARTS REMOVED.		\$ 2,200.00	1100
2	TO RESPRAY REAR BUMPER.		\$ 1,700.00	×,
3	TO CARRY OUT DIAGNOSTIC CHECK.	S/N	\$ 480.00	
	TOTAL LABOUR CHARGES	:	\$ 4,380.00	

55 UBI ROAD 1, SINGAPORE 408688
TEL: 6366 2323 FAX: 6841 1183
EMAIL: NORA KHAI@PREMIUMAUTO,COM.SG / CLAIMS@PREMIUMAUTO.COM.SG

MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SNG 6616 G

DAMAGED PARTS & PRICES

SIN	PARTS DESCRIPTION	QTY	S/NETT	REMARKS
1	REAR BUMPER 🗡	1	\$ 1,960.00	
2	REAR BUMPER FIXING PARTS	1	\$ 233.00	
3	REAR BUMPER DAMPER - LH / RH 🗸	1	\$ 48.00	
4	REAR BUMPER SPOILER * de	1	\$ 573.00	
5	REAR BUMPER BRACKET +	1	\$ 60.00	
6	REAR LIGHT REFLECTOR - LH / RH	2	\$ 98.00	
7	REAR PARKING AID SENSOR 🗲	2	\$ 572.00	
8	REAR PARKING AID SENSOR SEAL RING	4	\$ 11.00	
9	REAR REINFORCEMENT BEAM	1	\$ 797.00	
10	REAR BUMPER HOLDING STRAP - CENTER	1	\$ 135.00	
11	REAR WHEEL ARCH COVER - LH / RH LLA	2	\$ 636.00	
12	SUNDRIES 7		\$ 500.00	
	TOTAL SPARE PARTS	:	\$ 5,623.00	
	TOTAL LABOUR CHARGES	:	\$ 4,380.00	
	GRAND TOTAL	:	\$ 10,003.00	

ALL CHARGES ARE NOT INCLUSIVE OF GST

LEGEND

REMARKS (OK) & APPROVED, REMARKS (X) = NOT APROVED

SPARE PARTS ARE SPECIAL NETT

PREMIUM AUTOMOBILES



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 Rasu - 4 900 well

Ree after reprisi

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 corractly the details of the accident to speed up the claims process.

This Form must be completed by the Policyholder and/or the Actual Driver

4. This Form must be compared by the Folicytowner account on both as furthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate 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 First Submission Reported by Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

30/10/2024 14:16 (SGT) **Actual Driver** 30/10/2024 09:27 (SGT) Singapore **CLEMENTI WEST STREET** Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SNG6616G

INSURED/POLICYHOLDER

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

Mobile Phone No Alternative Phone No No

NG PUI YEE SXXXX666G JOEYNPY81@GMAIL.COM (Phone) +65-91836960

VEHICLE PARTICULARS

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

Vehicle Fuel

First Regisration Date

Chassis no

Effective Date/Time of Ownership

Audi

Q3 2.0 TFSI QU S TRONIC

Private use

No - Claiming third party

Private car Auto 2000 Petrol 27/06/2022

WAUZZZF38N1083906

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number Auto & General Insurance (Singapore) Pte. Limited P11085400R00

DRIVER



same of Driver MRIC NO Date Of Birth Occupation Driving Pass Date

Driving License Pass Class Driving License Validity

Driving experience

Gender

Mobile Number All 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

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?

CIRCUMSTANCES OF ACCIDENT

I STOPPED MY CAR AT CLEMENTI WEST STREET 2 TO WAIT FOR GREEN ARROW SIGNAL TO TURN RIGHT TO WEST COAST ROAD CAR B FROM BEHIND HIT MY CAR.

ONG HENG GUAN

21 YEARS AND 2 MONTHS

HENGGUAN80@GMAIL.COM

(Phone) +65-82827675

103 WEST COAST VALE

Collision - Head to Rear

SXXXX413B 07/10/1980

18/08/2003

Indoor

3

Valid

Male

#35-02

126754

Spouse

No

No

Clear

Dry

No

No

Yes

1

No

No

No

2

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera?

Yes YES

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SMW145R



vehicle Manufacturer Volvo Venicle Model Vehicle Variant Vehicle Colour Red Vehicle Category Private car Name of Driver Contact Number (Phone) +65-91008206 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

- † Please report garactly the details of the accident to speed up the claims process.
- 2 This Form must be completed by the Polleyholder and/or the Actual Differ.
- 3. Information provided must be as truthly and accurate as possible. Any wiful misrepresentation or withholding of material facts may allow insulance 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 falso reporting may be referred to the Traffic Police Department for investigation.
- 0 This report will be forwarded by the insurers to 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 aloresaid
- 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) placessing 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.
- (a) 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 curtain personal data about me to bring about delivery of the same as well as on the external cover of envelopes may puckagos), and/or
- (v) complying with appacable law in administering, processing, handling and/or dealing with my claims.
- (corocively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law times, may/are permitted to collect use, disclose and/or process my Personal Information for one of more of the above Purposes, and
- (c) my Personal Information may/can be disclosed by any of the trisuters and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outs/se of Singapore/for one or more of the above Purposes

Potosholder's Signature / Date & Time

Actual Driver's Signature (il driver is not the policyholder) / Date & Tune

Vinnesses by Ropert of Contro Persons RETTIO OS IN NESCAD CARD 30/10/24@ 10:39

Sketch Plan

17 P

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m.sgcarmart.com \bigcirc \triangle \bigcirc \bigcirc \bigcirc Audi Q3 2.0A TFSI Quattro S-tronic **\$182,988** Instalment \$1,534/mth (\$) Apply for 2.48% loan Shortlist E Loan Calculator LATEST PROMO AL Tyres - Widest range of rims & best tyre deals in... mycarforum Overview Financial Photo Research \$21,880 / year Depreciation Reg. Date 24-May-2022 (7yrs 6mths 15days COE left) Manufactured ① 2022 41,958 km (17k / year) Mileage Transmission Auto 1,984 cc **Engine Cap** (i) \$1,194 / year Road Tax 140.0 kW (187 bhp) Power View specs of the Audi Q3 (2019-2023)

(i) 1,695 kg

\$95,889

\$31,343

\$35,881

(i) 1

(i) \$99,235 as of today

Curb Weight

Dereg Value

No. of Owners

COE

OMV

ARF

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	666G
Vehicle Details	
Vehicle No.:	SNG6616G
Vehicle to be Exported:	No
Intended Deregistration Date:	08 Nov 2024
Vehicle Make:	AUDI
Vehicle Model:	Q3 2.0 TFSI QU S TRONIC
Primary Colour:	White
Manufacturing Year:	2022
Engine No.:	DNN065008
Chassis No.:	WAUZZZF38N1083906
Maximum Power Output:	140.0 kW (187 bhp)
Open Market Value:	\$31,343.00
Original Registration Date:	27 Jun 2022
First Registration Date:	27 Jun 2022
Transfer Count:	0
Actual ARF Paid:	\$35,881.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	26 Jun 2032
PARF Rebate Amount:	\$26,910.00
Intended COE Rebate Details	
COE Expiry Date:	26 Jun 2032
COE Category:	B - Car-Details at OneMotoring
COE Period(Years):	10
QP Paid:	\$106,001.00
COE Rebate Amount:	\$80,914.00
Total Rebate Amount:	\$107,824.00
Message	
You will not be eligible for any COE rebate from the cu	rrent COE (including unused COE from any lay-up period/s), if you renew your CO

The information contained herein is correct as at 08 Nov 2024