



Premium Automobiles Pte Ltd

Audi Centre Singapore
281 Alexandra Road
Singapore 159938
Main Telephone 6836 2223
Main Telefax 6471 3733

Alexandra Service Centre
281 Alexandra Road
Singapore 159938
Telephone 6388 2223
Telefax 6475 1023

Ubi Service Centre
55 Ubi Road 1
Singapore 408699
Telephone 6388 2223
Telefax 6441 1833

Customer Service
Service Appointment 6366 2323
24-hour Breakdown Service 9828 1233
Email customer.care@premiumauto.com.sg

INS TAX INVOICE
Company Reg. No. 199902271W
GST Reg. No. 199902271W

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AIG ASIA PACIFIC INSURANCE PTE LTD MOTOR CLAIM DEPT AIG BUILDING 78 SHENTON WAY #07-16 SINGAPORE 079120 079120	Invoice: 85012238 Date : 09/03/2018 Order : SFC6006H Term : 30	Account: A0006 (T 0) AIG ASIA PACIFIC INSURANCE PTE LTD MOTOR CLAIM DEPT AIG BUILDING 78 SHENTON WAY #07-16 SINGAPORE 079120
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Regn No.: SFC6006H (V 33900)	Regn Date: 09/06/2017	Mileage: 2285	WIP No.: 35195
Model: A4 SEDAN 1.4 TFSI S tronic	Chassis: WAUZZZF43HA165300	Engine: CVN 039058	Dept: U
VSB No.:			
You have been assisted by :- UB-Carrine (33)			

		Details	Qty	Unit Price	Amount
S	BODYWORK	M: TO REMOVE AND TRANSFER REAR PARKING AID AND REAR LID KICK SENSOR. CHECK FUNCTION AND RENEW ACCORDIN TO DAMAGE.	360.00	1.00	360.00
S	BODYWORK	M: TO DISMANTLE REAR BUMPER. CUT OUT AND WELD REAR OUTER AND INNER REAR CROSS PANELS. REPAIR RHS REAR FENDER. RENEW REAR BUMPER. RE-ORGANISE REAR CRASH MANAGEMENT COMPONENTS. REINSTALL ALL PARTS REMOVED	750.00	1.00	750.00
S	BODYWORK	M: TO RESPRAY REAR BUMPER AND END PANELLING. TO CARRY OUT JOINT SEALER WORKS AND STONE CHIP TREATMENT.	1100.00	1.00	1,100.00
S	BODYWORK	M: TO CARRY OUT DIAGNOSTIC CHECK.	192.00	1.00	192.00
S	BODYWORK	M: TO REMOVE AND TRANSFER REAR LID'S CONVENIENCE LOCK SYSTEM AND WIRE HARNESS FOR TAIL LIGHTS.	280.00	1.00	280.00
X	A0W0807309	BRACKET Less 020%	1.00	755.50	604.40
Sub-Total					
7% GST					
Grand Total					

Customer



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AIG ASIA PACIFIC INSURANCE PTE LTD
MOTOR CLAIM DEPT
AIG BUILDING
78 SHENTON WAY
#07-16
SINGAPORE 079120 079120

Invoice: 85012238
Date : 09/03/2018
Order : SFC6006H
Term : 30

Account: A0006 (T 0)
AIG ASIA PACIFIC INSURANCE PTE LTD
MOTOR CLAIM DEPT
AIG BUILDING
78 SHENTON WAY
#07-16
SINGAPORE 079120

Regn No.: SFC6006H (V 33980) Regn Date: 09/06/2017 Mileage: 2285 WIP No.: 35195
Model: A4 SEDAN 1.4 TFSI S tronic Chassis: WAUZZZF43HA165300 Engine: CVN 039058 Dept: U
VSB No.:
You have been assisted by :- UB-Carrine (33)

		Details		Qty	Unit Price	Amount
X	A8W0007521K 9B9	SPOILER	Less 020%	1.00	203.00	162.40
X	A8W5807067A GRU	COVER	Less 020%	1.00	1844.00	1,475.20
X	A8W5807890	GUIDE	Less 020%	1.00	17.50	14.00
X	A8W5807454	GUIDE	Less 020%	1.00	36.10	28.88
X	A8W0945106C	REFLECTOR	Less 020%	1.00	23.70	18.96

Parts 2,303.84
Labour 0.00
Sublet 2,682.00
Menus 0.00
Lubricant 0.00

Sub-Total 4,985.84

7% GST 349.01

Grand Total 5,334.85



Received by

For & on behalf of
Premium Automobiles Pte Ltd

Customer

Premium Automobiles

Telefax

to **AIG Asia Pacific Insurance Pte Ltd**
78 Shenton Way
#07-16 AIG Building
Singapore 079120
Motor Claims Dept
Yr Ref: SFC 6006 H

Norah Khai
6768 9828
6841 1183

Body Repair

PA/OD/0829/2017/MAS
28 August 2017

from
Telephone +65-
Telefax +65-
Mobile +65-
Our department
Your Claim Ref
Our Ref
Date

RE : CLAIM – OWNER’S SATISFACTION/DISCHARGE VOUCHER

1 total pages

Make & Model : Audi A4 SEDAN 1.4 TFSI
Vehicle Chassis No. : WAUZZZF43HA165300
Vehicle Regn No. : **SFC 6006 H**
Vehicle Mileage : 2285 KM
Vehicle Owner : Mr. Joseph Lok Leong Moon
Certificate No : 1700015949
Policy Excess : **NIL**
Accident Date : 17 August 2017
Place : Along Jurong Town Hall
Repair Cost : \$ 5,334.85
WIP No. : 35195
Repairer's Name : Premium Automobiles Pte Ltd

Premium Automobiles Pte Ltd
Showroom
9 Leng Kee Road
Singapore 159090
Telephone (65) 6566 1111
Telefax (65) 6471 3733

Service & Parts Centres
55 Ubi Road 1
Singapore 408699
Telephone (65) 6366 2323
Telefax (65) 6841 1183

I/We certify that the vehicle has been fully repaired to my entire satisfaction and that payment of the repairer's charges that are claimable under the policy will be deemed in full and final settlement of my claim.

Owner / Insured Signature :



Time :

Date :

30/8/17