



Premium Automobiles Pte Ltd

Audi Centre Singapore
281 Alexandra Road
Singapore 159938
Main Telephone 6836 2223
Main Telefax 6471 3733
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Alexandra Service Centre
281 Alexandra Road
Singapore 159938
Telephone 6388 2223
Telefax 6475 1023

Ubi Service Centre
55 Ubi Road 1
Singapore 408659
Telephone 6388 2223
Telefax 6841 1183

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

INSURANCE INVOICE
Company Reg. No. 199902271W
GST Reg. No. 199902271W

AIG ASIA PACIFIC INSURANCE PTE LTD MOTOR CLAIM DEPT AIG BUILDING 78 SHENTON WAY #07-16 SINGAPORE 079120 079120	Invoice: 85012907 Date : 05/09/2018 Order : SLQ8696H 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.: SLQ8696H (V 34512)	Regn Date: 25/07/2017	Mileage: 10589	WIP No.: 51910
Model: A3 SPORTSBACK 1.0 TFSI 8V FANG	Chassis: WAUZZZ8V9HA143310	Engine: CHZ 382442	Dept: U
VSB No.:			
You have been assisted by :- UB-Jiayee (33)			

		Details	Qty	Unit Price	Amount
Q	EXC	M: 8888 Insurance Excess/Liability	-300.00	1.00	-300.00
S	BODYWORK	M: TO REMOVE AND TRANSFER FRONT WIRE HARNESS FOR HEADLIGHTS, HORNS, FOG LAMPS, OUTSIDE TEMPERATURE SENSOR AND HEADLIGHT WASHER ASSY.	360.00	1.00	360.00
S	BODYWORK	M: TO DISMANTLE AND RENEW FRONT BUMPER, RHS FRONT FENDER AND HEADLIGHT. REORGANISE FRONT CRASH MANAGEMENT COMPONENTS. REINSTALL ALL PARTS REMOVED	1250.00	1.00	1,250.00
S	BODYWORK	M: TO RESPRAY FRONT BUMPER AND RHS FRONT FENDER	1100.00	1.00	1,100.00
S	BODYWORK	M: TO CARRY OUT DIAGNOSTIC CHECK	192.00	1.00	192.00
X	A8V3807233B	PLATE (V) Less 020%	1.00	254.00	203.20
X	A8V3807320	PLATE (A) Less 020%	1.00	254.00	203.20
X	A8V3807682M 989	GRILL (G) (V) Less 020%	1.00	164.00	131.20
Sub-Total					
7% GST					
Grand Total					

Customer



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INS TAX INVOICE

Company Reg. No. 199902271W

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VSB No.:			
You have been assisted by :- UB-Jiayee (33)			

		Details		Qty	Unit Price	Amount
X	ABV0807217A	COVER (G) (V)	Less 020%	1.00	104.50	83.60
X	ABV0955102A	CYLINDER (V)	Less 020%	1.00	122.50	98.00
X	ABV0951210D	HORN (A)	Less 020%	1.00	177.00	141.60
X	ABV0941774D	HEADLIGHT	Less 020%	1.00	4888.00	3,910.40
X	ABV0821106L	FENDER	Less 020%	1.00	746.00	596.80
X	ABV0821172M	WHEEL HOUS	Less 020%	1.00	151.00	120.80
X	ABV0807065R GRU	COVER	Less 020%	1.00	1613.00	1,290.40
X	ABV0098629A	ATT. PARTS	Less 020%	1.00	48.80	39.04
X	ABV3807647B 9B9	GRILLE	Less 020%	1.00	140.00	112.00
X	ABV3807184B	GUIDE	Less 020%	1.00	32.30	25.84
X	ABV0821136C	SUPPORT (A)	Less 020%	1.00	83.80	67.04
X	ABV0821092B	PLATE	Less 020%	1.00	52.90	42.32
X	AN 0161857	POP-RIVET	Less 020%	8.00	2.90	18.56

Parts 7,084.00
Labour 0.00
Sublet 2,902.00
Menus 0.00
Lubricant 0.00

Sub-Total 9,686.00

7% GST 678.02

Grand Total 10,364.02



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: SLQ 8696 H

Norah Khai
6768 9828
6841 1183

Body Repair

PA/OD/0061/2017/KS
25 January 2018

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

1 total pages

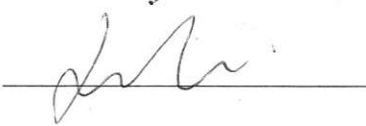
RE : CLAIM – OWNER'S SATISFACTION/DISCHARGE VOUCHER

Make & Model : Audi A3 SEDAN 1.0 TFSI
Vehicle Chassis No. : WAUZZZ8V9HA143310
Vehicle Regn No. : **SLQ 8696 H**
Vehicle Mileage : 4058 KM
Vehicle Owner : MS LI LI
Certificate No : 1700030241
Policy Excess : **S\$321.00** (inclusive 7% GST)
Accident Date : 11/01/2018
Place : BLK 138 LORONG AH SOO S(530138) CARPARK
Repair Cost : \$ 10,364.02
WIP No. : **51910**
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 : _____