

Steve

CC3/A16190003372/End332

21/02/19

SLQ 77584

21/07/17

Vehicle Type: M Car / H Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: A401 Q2

Colour: Silver

Sp. Reading: 24103

Eng/No

Chassis No: WAUZZZGASHA9S8432

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 215/60R16

R: "

BS: DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

R/Bal: 3 mm

L/Bal: 3 mm

D.O.I: 12/10/18

Survey held at: Premium

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or

Rear RH

The UIC / Chassis frame / Body Structure affected due to collision

1. Estimated Cost

2. Insured / WS / TP RES / OD RES / EVA / INV / MV

3. Insured Vehicle No

4. Workshop No

5. of

6. Insured

7. Policy No

8. Claim No

9. Sum Insured

10. (Client's Record)

11. Make of Veh

12. (Policy Condition)

13. Remark

14. The veh had commenced its

15. repair at the time of inspection.

16. Bal. or Market Value

17. IDAC Accident Report

18. GIA / PR Seen

19. Est. Repair

20. Turn Sum

21. CA / REV / REP. / 24 HRS

22. Date

23. Person Contacted

24. Vehicle IN / OUT

25. Date / Time

26. Action / Instruction

27. SLQ 77584-X

28. MV-84009

29. 4/3/19 Informed George Vehicle ex \$1300f

30. 11/10/19 Final fig \$4239.60 confirmed by email (Ref 4157.40, 5090)

31. RECEIVED 17 OCT 2019

32. Date/Time: File Pass to:

33. Date/Time: File Return to:

34. Report Format

35. Lump Sum / LB 1:15

36. 17/10 - typist

37. Mr. Men

38. \$4239.60

39. Days Of Repair: 4

40. Resurvey No. of Trip: 1

41. Add Fee:

42. Site Insp. (\$)

43. Interview (\$)

44. Term. Inv. (\$)

45. Weekend (\$)

46. Survey Fee:

47. Transportation

48. 1. B + PC

49. 1. Hotel

50. 1. Other

51. 1. Other

52. 1. Other

53. 1. Other

54. 1. Other

55. 1. Other

56. 1. Other

57. 1. Other

58. 1. Other

59. 1. Other

60. 1. Other

61. 1. Other

62. 1. Other

63. 1. Other

64. 1. Other

65. 1. Other

66. 1. Other

67. 1. Other

68. 1. Other

69. 1. Other

70. 1. Other

71. 1. Other

72. 1. Other

73. 1. Other

74. 1. Other

75. 1. Other

76. 1. Other

77. 1. Other

78. 1. Other

79. 1. Other

80. 1. Other

81. 1. Other

82. 1. Other

83. 1. Other

84. 1. Other

85. 1. Other

86. 1. Other

87. 1. Other

88. 1. Other

89. 1. Other

90. 1. Other

91. 1. Other

92. 1. Other

93. 1. Other

94. 1. Other

95. 1. Other

96. 1. Other

97. 1. Other

98. 1. Other

99. 1. Other

100. 1. Other

## Veron Chen (LKKAUTO)

---

**From:** Veron Chen (LKKAUTO)  
**Sent:** Monday, 4 March 2019 11:02 AM  
**To:** 'Claims'; SUR  
**Subject:** RE: OD CLAIM FOR SLQ 7758 U -DOA:12/10/18

Dear George,

Vehicle excess \$1300/-

Best Regards,

**Veron Chen** | Case Handler

**LKK Auto Consultants Pte Ltd**

Phone: 6256-3561 | email :sur@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

---

**From:** Claims <claims@premiumauto.com.sg>  
**Sent:** Friday, 1 March 2019 10:09 AM  
**To:** Veron Chen (LKKAUTO) <veronchen@lkkauto.com>; SUR <sur@lkkauto.com>  
**Cc:** 'Claims' <claims@premiumauto.com.sg>  
**Subject:** RE: OD CLAIM FOR SLQ 7758 U -DOA:12/10/18

Dear Veron,

Attached is the DL and COI for your reference.

Please confirm on the excess amount.

Thank you.

**Best regards**  
**George Wong**  
Claims Advisor

**Premium Automobiles Pte Ltd** (Reg No 199902271W)  
281 Alexandra Road Singapore 159938  
p. +65 6388 2223 d. +65 66900293 f. +65 64751023  
e. claims@premiumauto.com.sg w. www.audi.com.sg  
Audi Showroom, Audi Centre 281 Alexandra Road Singapore 159938 p. +65 6836 2223

**Email Disclaimer**

This email, including any attachment, is confidential and may also be privileged.  
If you have received it in error, please notify us immediately by reply email and then delete this message from your system.  
Please do not copy it or use it for any purpose, or disclose its contents or any attachment to any other person. Thank you

---

**From:** Veron Chen (LKKAUTO) <veronchen@lkkauto.com>  
**Sent:** Friday, February 22, 2019 5:29 PM  
**To:** Claims <claims@premiumauto.com.sg>; SUR <sur@lkkauto.com>  
**Subject:** RE: OD CLAIM FOR SLQ 7758 U -DOA:12/10/18

Dear George,

As instructed by our client, please proceed to repair the insured vehicle **SLQ 7758U (Excess TBA)**.

If there are any check items or supplementary items please inform our office's Assignment Team at Tel: 6741 8434 to arrange our surveyor for inspection.

All supplementary items and unconfirm items are subjected to further approval from insurance company before completion of the repair.

\*Our client reserve their right **not to pay** if there is no valid approval obtained before repair.

Best Regards,

**Veron Chen** | Case Handler

**LKK Auto Consultants Pte Ltd**

Phone: 6256-3561 | email :sur@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

---

**From:** Veron Chen (LKKAUTO)  
**Sent:** Friday, 22 February 2019 4:19 PM  
**To:** 'Claims' <claims@premiumauto.com.sg>; SUR <sur@lkkauto.com>  
**Subject:** RE: OD CLAIM FOR SLQ 7758 U -DOA:12/10/18

Dear George,

Kindly forward us CI and driving licensed.

Best Regards,

**Veron Chen** | Case Handler

**LKK Auto Consultants Pte Ltd**

Phone: 6256-3561 | email :sur@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

---

**From:** Claims <claims@premiumauto.com.sg>

**Sent:** Thursday, 21 February 2019 1:46 PM

**To:** Admin-D (LKKAuto) <admin-d@lkkauto.com>; assignments <assignments@lkkauto.com>; SUR <sur@lkkauto.com>;

Admin A <admin-a@lkkauto.com>

**Cc:** 'Claims' <claims@premiumauto.com.sg>

**Subject:** RE: OD CLAIM FOR SLQ 7758 U

Dear all,

Survey has been carried out this morning.

Attached is the marked estimate and GIA addendum for your reference

Thank you

**Best regards,**

**George Wong**

Claims Advisor

**Premium Automobiles Pte Ltd** (Reg No 199902271W)

281 Alexandra Road Singapore 159938

p. +65 6388 2223 d. +65 66900293 f. +65 64751023

e. claims@premiumauto.com.sg w. www.audi.com.sg

Audi Showroom, Audi Centre 281 Alexandra Road Singapore 159938 p. +65 6836 2223

**Email Disclaimer**

This email, including any attachment, is confidential and may also be privileged.

If you have received it in error, please notify us immediately by reply email and then delete this message from your system.

Please do not copy it or use it for any purpose, or disclose its contents or any attachment to any other person. Thank you

**From:** Admin-D (LKKAuto) <[admin-d@lkkauto.com](mailto:admin-d@lkkauto.com)>  
**Sent:** Wednesday, February 20, 2019 5:30 PM  
**To:** 'PAL Claim' <[claims@premiumauto.com.sg](mailto:claims@premiumauto.com.sg)>; assignments <[assignments@lkkauto.com](mailto:assignments@lkkauto.com)>; SUR <[sur@lkkauto.com](mailto:sur@lkkauto.com)>;  
Admin A <[admin-a@lkkauto.com](mailto:admin-a@lkkauto.com)>  
**Subject:** RE: OD CLAIM FOR SLQ 7758 U

Dear Kee Siang,

Noted, with thanks.

Appointment confirmed.

G.Nivitha | Admin

**LKK Auto Consultants Pte Ltd**

Phone: 6841-1972 | email: [assignments@lkkauto.com](mailto:assignments@lkkauto.com) | fax: 6256-4315  
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)



**From:** PAL Claim [<mailto:claims@premiumauto.com.sg>]  
**Sent:** Wednesday, 20 February 2019 3:34 PM  
**To:** 'assignments' <[assignments@lkkauto.com](mailto:assignments@lkkauto.com)>; 'SUR' <[sur@lkkauto.com](mailto:sur@lkkauto.com)>; 'Admin A' <[admin-a@lkkauto.com](mailto:admin-a@lkkauto.com)>  
**Cc:** 'Claims' <[claims@premiumauto.com.sg](mailto:claims@premiumauto.com.sg)>  
**Subject:** OD CLAIM FOR SLQ 7758 U

Dear all,

Kindly arrange survey for above mention vehicle on 21/2/2019 11:30am. Owner waiting

Address: 281 Alexandra Rd

Best Regards,

**Kee Siang**

Claims Advisor

**Premium Automobiles Pte Ltd** (Reg No 199902271W)

24 Benoi Sector, Singapore 629857

p. +65 6474 3323 f. +65 6841 1183

e. [claims@premiumauto.com.sg](mailto:claims@premiumauto.com.sg) w. [www.audi.com.sg](http://www.audi.com.sg)

**Audi Showroom, Audi Centre** 281 Alexandra Road Singapore 159938 p. +65 6836 2223

## 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 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. 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 Report 15/10/2018 16:56  
Date Of Accident 12/10/2018 13:40  
Exact Location Of Accident SERANGOON NORTH AVE 4  
Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SLQ7758U  
**Insured/Policyholder**  
Name Of Registered Owner SEOW TUAN CHOO  
NRIC No S0018290G  
Email Address NOEMAIL  
Mobile Phone No (LOCAL) +65-96262682  
Alternative Phone No OFFICE-96262682

### Vehicle Particulars

Manufacturer AUDI  
Model Q2 SPORT 1.0 TFSI  
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  
If No, Please state action to be taken **THIRD PARTY** *00*  
Vehicle Category PRIVATE CAR

### Insurance Company

Name of Insurance Company AIG ASIA PACIFIC INSURANCE PTE. LTD.  
Type Of Coverage COMPREHENSIVE  
Fleet Policy NO  
Policy Number 1700026327-01  
Cover Note Number

### Driver

Name of Driver NG SAN SAN  
NRIC No S7502258A  
Date Of Birth 20/01/1975  
Occupation INDOOR  
Date Of Driving Pass 27/02/1993  
Driving Experience 25 YEARS AND 7 MONTHS  
Gender FEMALE  
Mobile Number (LOCAL) +65-96262682  
Fax Number  
Contact Number OFFICE-96262682  
Email Address NOEMAIL

Address 23 THOMSON HILL  
 Postcode 574796  
 Was driver an employee of the Insured's Company NO  
 If No, Relationship of the Driver with the Insured PARENT  
 Vehicle Registration Number of Driver's Own Vehicle -  
 -  
 -  
 Insurance Company of Driver's Own Vehicle -  
 -  
 -

#### General Information of the Accident

Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED  
 Weather Conditions CLEAR  
 Road Surface DRY

#### Other Information

Was any foreign vehicle involved in this accident? NO  
 Number of vehicles involved in the accident  
 Was any body injured in the Accident? NO  
 Was any injured conveyed to hospital by ambulance? NO  
 Was any other material or property damaged? YES  
 I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO  
 Number of Passengers (Including Driver) 1

#### Details of Police Action

Was the accident reported to the police? NO  
 If Yes, Please state which Police Station  
 Was notice of intended Prosecution given? NO  
 If Yes, against whom?

#### Circumstances of Accident

I WAS WAITING IN LINE BEHIND A FEW CARS ALONG SERANGOON NORTH AVE 4. SKZ 4364 G WAS BEHIND MY CAR. SUDDENLY, HE DECIDED TO MOVE HIS CAR OUT. IT IS A DUAL CARRIAGE WAY. HIS PASSENGER SIDE OF HIS CAR SIDE SWIPE MY CAR ON THE REAR DRIVER SIDE.

#### Attachment(s)

Are accident photos available for attachment? YES  
 Was there any video captured by Car Camera? NO  
 Was there any audio recorded? NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKZ4364G  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Vehicle Category PRIVATE CAR  
 Name of Driver PANG  
 NRIC/Passport Number  
 Contact Number 97129842  
 Address *chevrolet orlando*  
 Postcode  
 Insurance Company Name  
 Nature Of Damage  
 No. Of Passenger (Including Driver)

## Sketch Plan

### SKETCH PLAN

#### 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 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 CIA 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) of:
- (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/meal 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.

Policyholder's Signature  
Date & Time

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

15/10/18

Reporting Centre Personnel's Signature  
Name: Winda & Wendy Senis, George  
NRIC/IN No.: 26787154

15/10/18





# Sketch Plan #2

## SKETCH PLAN

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was waiting in line behind a few cars along Serangoon North Ave 4. SKZ 4364G was behind my car. Suddenly, he decided to move his car out. It is a dual carriage way. His passenger side of his car side swiped my car on the rear driver side.

## DECLARATION

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

*[Signature]*

15/10/2018

WINDY ZHANG Sentri, George  
6298743X  
15/10/18



## 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 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. 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 Report 15/10/2018 16:56  
 Date Of Accident 12/10/2018 13:40  
 Exact Location Of Accident SERANGOON NORTH AVE 4  
 Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SLQ7758U  
**Insured/Policyholder**  
 Name Of Registered Owner SEOW TUAN CHOO  
 NRIC No S0018290G  
 Email Address NOEMAIL  
 Mobile Phone No (LOCAL) +65-96262682  
 Alternative Phone No OFFICE-96262682

### Vehicle Particulars

Manufacturer AUDI  
 Model Q2 SPORT 1.0 TFSI  
 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? YES  
 If No, Please state action to be taken  
 Vehicle Category PRIVATE CAR

### Insurance Company

Name of Insurance Company AIG ASIA PACIFIC INSURANCE PTE. LTD.  
 Type Of Coverage COMPREHENSIVE  
 Fleet Policy NO  
 Policy Number 1700026327-01  
 Cover Note Number

### Driver

Name of Driver NG SAN SAN  
 NRIC No S7502258A  
 Date Of Birth 20/01/1975  
 Occupation INDOOR  
 Date Of Driving Pass 27/02/1993  
 Driving Experience 25 YEARS AND 7 MONTHS  
 Gender FEMALE  
 Mobile Number (LOCAL) +65-96262682  
 Fax Number  
 Contact Number OFFICE-96262682  
 EMail Address NOEMAIL

Address	23 THOMSON HILL
Postcode	574796
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

I WAS WAITING IN LINE BEHIND A FEW CARS ALONG SERANGOON NORTH AVE 4. SKZ 4364 G WAS BEHIND MY CAR. SUDDENLY, HE DECIDED TO MOVE HIS CAR OUT. IT IS A DUAL CARRIAGE WAY. HIS PASSENGER SIDE OF HIS CAR SIDE SWIPE MY CAR ON THE REAR DRIVER SIDE.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKZ4364G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	PANG
NRIC/Passport Number	
Contact Number	97129842
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Sketch Plan

### SKETCH PLAN

#### 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 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)**

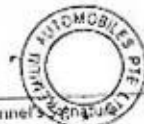
I understand, acknowledge, agree and consent that:

- (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) of:
- (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.

Policyholder's Signature  
Date & Time:

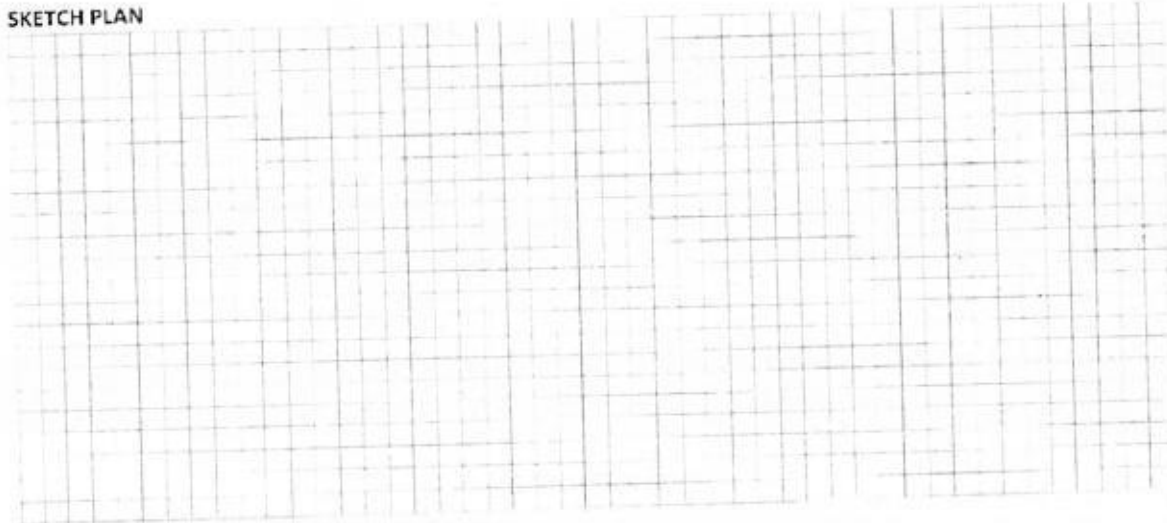
Driver's Signature  
(if driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel  
Name: *Windy E. Seng, George*  
NRIC/FIN No.: *G67871524*



## Sketch Plan #2

### SKETCH PLAN



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was waiting in line behind a few cars along Serangoon North Ave 4. SKZ 4364G was behind my car. Suddenly, he decided to move his car out. It is a dual carriage way. His passenger side of his car side swiped my car on the rear driver side.

### DECLARATION

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

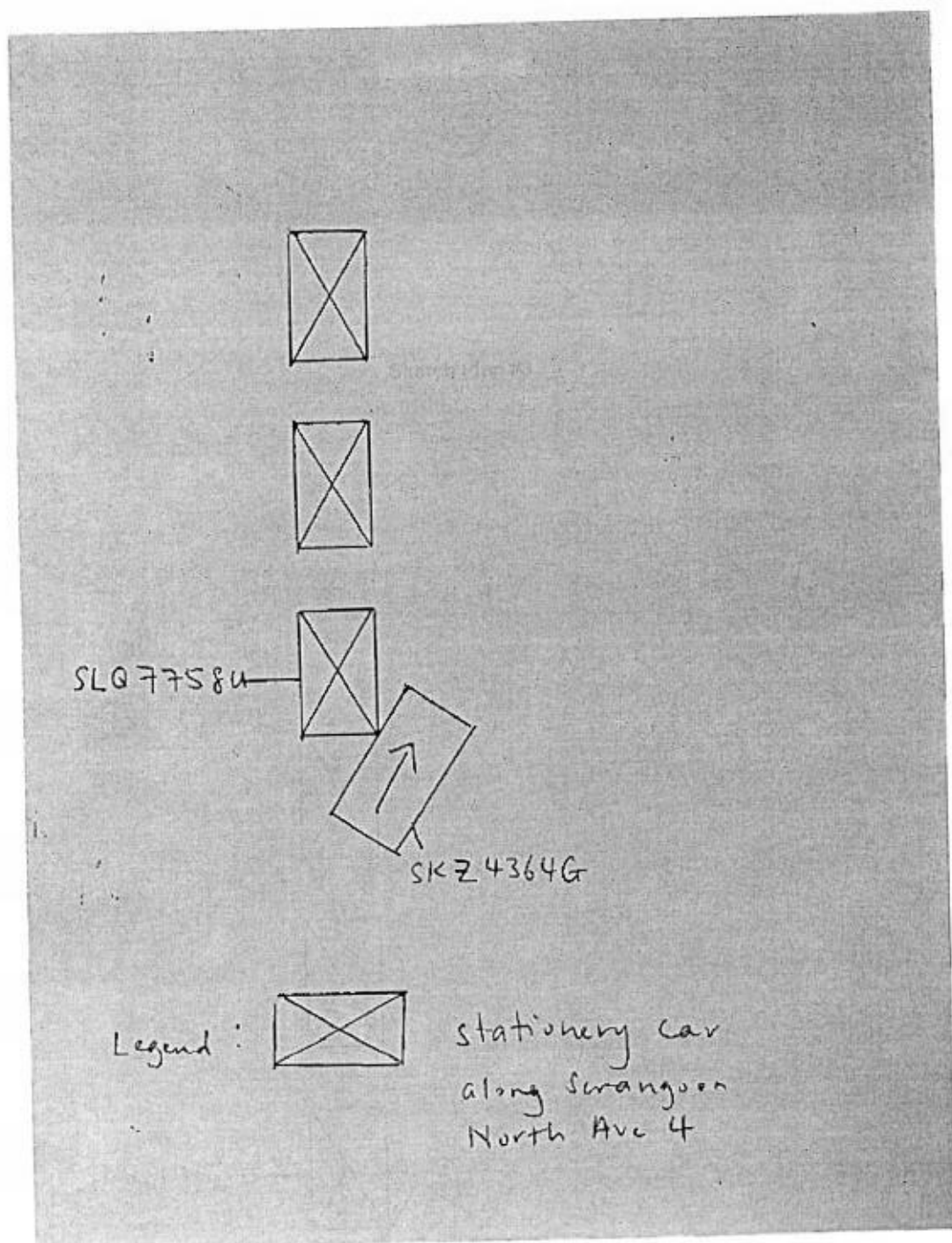
*[Signature]*

15/10/2018

*[Signature]*  
WONG KHONG SENG/COMP  
4298743X  
15/10/18



Sketch Plan #3







# CERTIFICATE OF INSURANCE

## AUDI AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : SEOW TUAN CHOO  
Period of Insurance : 21 Jul 2018 To 20 Jul 2019  
Engine No. : CHZ384814  
Chassis No. : WAUZZZGA5HA058

Vehicle No. : SLQ7758U  
Policy No. : 1700026327-01  
Endorsement No. :  
Issued Date : 16 Jul 2018

### ABOUT THE COVER

Make/Model : AUDI Q2/ Q2 Sport 1.0 TFSI S tronic  
Engine Capacity/Tonnage : 999.00 CC  
Driver Restriction : NA  
Person or Classes of Persons Entitled to Drive\* :  
Sum Insured : Market Value  
Off Peak Car : No  
First Year of Registration : 2017  
Insuring with COE/PAF : Yes

a) The Policyholder  
b) Any other person who is driving on the Policyholder's order or with his/her permission.  
This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Inexperienced Driver Excess" (IDR) if You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving experience.

Age Condition : 40 years old and above

Limitation as to use\* :  
Use only for social, domestic and pleasure purposes and for the Policyholder's business.  
This Policy does not cover use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

Loss of Use 1800cc - 2000cc Optional

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

### EXCESS

Section 1  
Fire - \$0 Own Damage - \$1300 Theft - \$0 Flood Cover - \$0

Section 2  
Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)  
SEOW TUAN CHOO - \$1300 (Own Damage)

### APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

1. Audi Customer Service Center Add: 55 Ubi Road 1 Singapore 408699 63662323  
For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, you may refer to AIG website [www.aig.com.sg](http://www.aig.com.sg) or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.


### IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: United Overseas Bank Limited

We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1969 (Malaysia).

0504125264

PREMIUM LEASING -QKT  
281 ALEXANDRA ROAD AUDI CUSTOMER SERVICE CENTRE  
SINGAPORE 159938  
Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

  
AIG Asia Pacific Insurance Pte. Ltd.  
AUTHORISED REPRESENTATIVE

For more information, please call 1800 100 1000 or visit [www.aig.com.sg](http://www.aig.com.sg)

AIG Asia Pacific Insurance Pte. Ltd.

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Singapore NRIC
Owner ID:	8290G
<b>Vehicle Details</b>	
Vehicle No.:	SLQ7758U
Vehicle to be Exported:	No
Intended Deregistration Date:	22 Feb 2019
Vehicle Make:	AUDI
Vehicle Model:	Q2 1.0 TFSI S TRONIC
Primary Colour:	Silver
Manufacturing Year:	2017
Engine No.:	CHZ384814
Chassis No.:	WAUZZZGA5HA058432
Maximum Power Output:	85.0 kW (113 bhp)
Open Market Value:	\$26,089.00
Original Registration Date:	21 Jul 2017
First Registration Date:	21 Jul 2017
Transfer Count:	0
Actual ARF Paid:	\$18,525.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	20 Jul 2027
PARF Rebate Amount:	\$13,893.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	20 Jul 2027
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$42,801.00
COE Rebate Amount:	\$35,992.00
<b>Total Rebate Amount:</b>	<b>\$49,885.00</b>

92 62.50

The information contained herein is correct as at 22 Feb 2019

OK

8 yrs 5 months = 101