ASSIGNMENT

From Dale:	Veli No: SLT5837Y, Yr Regn: 2017 / NOV			
Type M.Cary M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /				
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or			
To Inspect Vehicle No:	Make: Andi Q7 c.c 1884			
at Workshop m/s	Colour Grey 'A/C: Insured / Std / NI / NA Sn Reading 408 / 5: T/Radio: Insured / Std / NI / NA			
of	Sp.Reading 408/5. T/Radio: Insured / Std / NI / NA			
Insured:	Eng/No:			
Policy No.	C/No: WAUZZZ4M4HD058239			
Claims No.	Gen. Cond Good / Fair / Poor / Burnt			
Sum Insured: Excess:	Steering: In order / Jammed / Leaked / Burnt or			
(Client's Record)	Brake: In order / Jammed / Leaked / Burnt or			
Make of Veh:	Modí: Nil (S/Rim) / STD A/Rim or			
	Tyre Size: F: 255/55 R15.			
(Policy Condition)	R: 055 /53R19.			
Remark: The veh had commenced its N/S O/S	BSY DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /			
repair at the time of inspection.	TOYO / YOKO or			
Bal. or Market Value: 1851	Front Rear			
IDAC Accident Rport: Consistent?: Yes or No	R/Bal. 06 mm R/Bal. 06 mm			
GIA / PR Seen: Consistent?: Yes or No	L/Bal. 06 mm L/Bal. 06 mm			
Est. Repairs: days Res.: Yes or No	D.O.A. D.O.I. $\frac{\partial 2}{\partial 5} = 0$			
Lum Sum: % 3 Val.: Yes or No				
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or			
Vehicle: IN / OUT Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.			
Date / Time Action / Instruction	· · · · · · · · · · · · · · · · · · ·			
OD A16.	·			
mv: 1851c.				
mv: 1851-				
Nett. 88.5K				
Date/Time, File Pass to? : Prefi. Report	Days Of Repair:			
i) : Final Report	Resurvey No. of Trip: Survey Fee:			
Date/Time, File Return to?	Transportation:			
2)	3: Site Insp (\$)_3+R8SI			
	: Inferview (3) Fhotos			
Report Formsi :	: Tech. Inv. C) Others			
Regnap Seem / RBCB (S	: Meet end 12			
	101/4			

Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 19/05/2020 11:51

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 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

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THE REAL PROPERTY.	ACCIDENT STATEMENT	不是这种情况
Date Of Report	19/05/2020 10:12	
Date Of Accident	14/05/2020 15:50	
Exact Location Of Accident	SILVERSEA B1	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	

SLT5837Y Vehicle Registration Number

Insured/Policyholder

SHEN FENGMING Name Of Registered Owner

SXXXX137F NRIC No

BOXU84@HOTMAIL.COM **Email Address** (LOCAL) +65-97336678 Mobile Phone No Alternative Phone No OFFICE-97336678

Vehicle Particulars

AUDI Manufacturer

Q7 2.0 TFSI Model

Exact Purpose for which vehicle was being used at PRIVATE USE

time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

If No, Please state action to be taken

PRIVATE CAR Vehicle Category

Insurance Company

AIG ASIA PACIFIC INSURANCE PTE. LTD. Name of Insurance Company

COMPREHENSIVE Type Of Coverage

NO Fleet Policy

1700073068-02 Policy Number

Cover Note Number

Driver

SHEN FENGMING Name of Driver

NRIC No SXXXX137F Date Of Birth 30/12/1981 **INDOOR** Occupation 17/05/2018 Date Of Driving Pass

Driving Experience 1 YEAR AND 11 MONTHS

FEMALE Gender

(LOCAL) +65-97336678 Mobile Number

Fax Number

OFFICE-97336678 Contact Number

EMail Address BOXU84@HOTMAIL.COM

50 MARINE PARADE ROAD Address #11-14 449307 Postcode Was driver an employee of the Insured's Company NO **OWNER** If No. Relationship of the Driver with the Insured Vehicle Registration Number of Driver's Own Vehicle Insurance Company of Driver's Own Vehicle General Information of the Accident COLLIDED INTO PROPERTY Type Of Accident **CLEAR** Weather Conditions DRY Road Surface Other Information Was any foreign vehicle involved in this accident? NO Number of vehicles (including own vehicle) involved in the accident NO Was any body injured in the Accident? Was any injured conveyed to hospital by NO ambulance? NO Was any other material or property damaged? I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. Number of Passengers (Including Driver) **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 REVERSE THE CAR INTO THE PILLAR CARELESSLY Attachment(s) Are accident photos available for attachment? YES

NO

NO

Was there any video captured by Car Camera?

Was there any audio recorded?

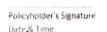
Sketch Plan SKETCH PLAN

IMPORTANT NOTICE

- 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.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or with a sing of materials facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this Form by insurance companies is not an admission of policy hability on the part of the properties.
- 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 Coveral Insurers association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available. The application is interested parties.
- 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)

Lunderstand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collective and disclose and/or process my personal data/personal information set out in this (form) and any other consonal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer some Personal Information to all insurers(s) who have insured vehicle(s) involved in this accident (all insurers) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the insurers' law vers/law have the Monetary Authority of Singapore and any relevant government agency/authority (such as the polices or the purpose of significant shall be collectively referred to as the "Insurers".
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and an inecessors 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 notice) to the which could involve disclosure of certain personal data about me to bring about delivery of the some 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 firm in may/are per itself to collect, use, disclose and/or process my Personal Information for one or more of the above Purpo in , and
- (c) my Personal Information may/can be disclosed by any of the insurers and/or GIA to their third party provide provides of agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more or the above Purposer
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of a oud detect of 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 in ded, or
 - (ii) for complying with requirements under any regulations, laws or court orders



Sketch Plan #2

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We declare the fores	oing particulars are true in every respect.	
CLARATION		
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- market and the second		
The second distribution of the second		
Appendix		
	(set)	

NRIC/FIN No

Dute & Time

55 Ubi Road 1, Singapore 408699 Tel: 6366 2323 Fax: 6841 1183

Email: Nora.khai@premiumauto.com.sg / claims@premiumauto.com.sg

Telefax

Estimate Workshop Contact No Accident RepairsUbi Road 16366 23236841 1183

Fax No Reference

: PA/OD/0396/2020/NS

WIP: 35799

Date

20-May-20

Vehicle NOT IN workshop. Kindly arrange for survey.

AIG Asia Pacific Insurance Pte Ltd

78 Shenton Way #07-16 AIG Building Singapore 079120

Attn: Mr. Adrian Ling - Motor Claims Dept

Tel: 6841 0055 - Fax: 6256 4315

Owner's Name

: Ms Shen Fengming

Address

: 50 Marine Parade Road

#11-14

Singapore 449307

Telephone Type of Claim Policy No.

(HP)+65 97336678Own Damage Claims1700073068-02

Vehicle No

SLT 5837 Y

Model Code

: Audi Q7 2.0 TFSI QU

Model / Year Engine No

: 1/11/2017 : CYR 044427

Chassis No

: WAUZZZ4M4HD058239

Mileage Date In

: -

Estimated By

: Johnny Boo / Allan Wu

Accident Date
Place of Accident

: 14-May-20 : Silversea B1

55 Ubi Road 1, Singapore 408699

Telefax

Estimated Labour Charges for Accident Vehicle. SLT 5837 Y

S/n	Nature of Jobs		Estimated Charges	Survevor's Recommendations	
1	To remove and reinstall rear parking aid and rear lid kick sensor. Check function and renew according to damage.	S/N \$	360.00		
2	To dismantle and renew rear bumper. Re-organise rear crash management components. Reinstall all parts removed.	\$	1,350.00	600'	
3	To respray rear bumper, rear lower bumper and both rear wheel arch trims.	\$	3,000.00	wheel Arc: upper Biper & Lover Biper 6	200 X Z
4	To carry out diagnostic check.	S/N \$	192.00	pper Buju &	700
	TOTAL LABOUR CHARGES	: _\$	4,902.00	Lover Bryes 6	W
				15	- N

SS Ubi Road 1, Singapore 408699 Tel: 6366 2323 Fax: 6841 1183

Telefax

Material List for Accident Vehicle Regn No. SLT 5837 Y

			Damaged Part	s & Prices
C (N)	Deute Description		S/Nett	Remarks
S/N	Parts Description			
1	REAR TOP BUMPER PER 0	\$	1,156.00	<i>*</i> ,
2	REAR MIDDLE BUMPER & L	\$	1,730.00	
3	REAR BUMPER FIXING PARTS XLe a	\$	196.00	X .
4	DEAD DUMPED SPOTIFE 7	\$	1,188.00	/
5	REAR BUMPER SPOILER J D	\$	100.00	
6	BOOT LID CONTROL UNIT ACA	\$	361.00	٧.
7	REAR BUMPER CARRIER AND W	\$	1,278.00	+
8,	REAR BUMPER HOLDING STRAP	\$	172.00	2
9	REAR BUMPER GUIDE SECTION - CENTRE	\$	134.00	+
10	REAR PARKING AID SENSOR - INNER / OUTER 2		TBC	+.
11	REAR PARKING AID SEAL RING Hec 4	\$	14.00	
12	REAR WHEEL COVER - LH / RH Nu 2	\$	710.00	/
13	TAIL LIGHT - RH ?	\$	337.00	ŗ
14	EXHAUST TAIL PIPE TRIM - RH Xen	\$	310.00	X
15	SUNDRIES ?	\$	300.00	7
		_	7.006.00	-
	TOTAL SPARE PARTS	\$		
	TOTAL LABOUR CHARGES	->	4,902.00	-
	GRAND TOTAL	_\$	12,888.00	•
	All charges are not inclusive of GST.			

Legend: Remarks (OK) = Approved, Remarks (X) = Not approved Spare parts are Special Nett.

55 Ubi Road 1 Singapore 408699 Tel 6366 2323 Fax 6841 1183

Telefax

Name

Surveyed Date

Authorised Date

Excess Cost

Liability

Remarks

Adria ()

Art Anthonial, 032m

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 for appointment.

Yours faithfully,

Premium Automobiles Pte Ltd

Johnny Boo

Body Repair Manager

Allan Wu

Claims Consultant

Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner IO Type Singapore NRIC

Owner ID 137F

Vehicle Details

Vehicle No. SLT5037Y
Vehicle to be Exported: No.

Intended Deregistration Date: 22 May 2020 Vehicle Make: AUDI

Vehicle Model Q7 2.0 TESLQU (252 BHP) (R/S/ABAG)

 Primary Colour:
 Grey

 Manufactoring Year:
 2017

 Engine No.
 CYR044427

Chassis No. WAUZZZ4M4HD058239
Maximum Power Output: 185.0 kW (248 bhp)

 Open Market Value
 \$59,428.00

 Original Registration Date:
 01 Nov 2017

 First Registration Date:
 01 Nov 2017

Transfer Count.

Actual ARF Paid: \$78,971.00

Intended PARF Rebate Details

PARF Eligibility: Yes

PARF Eligibility Expiry Date: 31 Oct 2027

PARF Rebate Amount: \$59,228.00

Intended COE Rebate Details

COE Expiry Date: 31 Oct 2027

COE Category: B - Car above 1600cc or 97kW (130bhp)

COE Period(Years): 10

QP Paid: \$49,996.00

 COE Rebate Amount:
 \$37,201.00

 Total Rebate Amount:
 \$96,429.00

The information contained herein is correct as at 22 May 2020

OK

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