11.11

## ASSIGNMENT

From Date:	veh No. SMT 1725B. Yr Regn 2020, March								
Estimated Cost:	Type M.Car 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: Audi Q3 c.c 1395								
at Workshop m/s	Colour Blue A/C: Insured / Std / NI / NA								
of	Sp.Reading 1097 T/Radio: Insured / Std / NI / NA								
Insured	Eng/No:								
Policy No.	C/No: WAUZZZ F35L1081981								
Claims No.	Gen. Cond. Good / Fair / Poor / Burnt								
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or								
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or								
Make of Veh:	Modi: Nil / STD A/Rim or								
	Tyre Size: F: 2(5/65 R17								
(Policy Condition)	R: 215/65R17								
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /								
repair at the time of inspection.	TOYO/YOKO or Continental								
Bal. or Market Value:	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. 0 mm L/Bal. 0 mm								
Est. Repairs: days Res.: Yes or No	D.O.A. D.O.I. 69/06/20								
Lum Sum: % 3 Val.: Yes or No	Survey held at Premium -								
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear (019) / 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									
or AlG.									
mv : 143 [C									
PV: 551C									
Nett, 88K.									
Date/Time, File Pass to? : Preli. Report	Days Of Repair:								
i) : Final Report	Resurvey No. of Trip: Survey Fee:								
Date/Time, File Return to?	Transportation:								
a) Add Fee	: Site Insp (\$ )\$+P\$si								
	: Interview (\$ ) Photos								
Feport Forms :	: Tech, Invs (5 ) Other:								
Lang San (SEA)	:'Westeric is								
	7'161								

## Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 18/05/2020 16:15

#### 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.

	ACCIDENT STATEMENT
Date Of Report	18/05/2020 14:11
Date Of Accident	11/05/2020 20:00
Exact Location Of Accident	5 OCEAN WAY W RESIDENCES CARPARK
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SMT1725B
Insured/Policyholder	
Name Of Registered Owner	SAYAKA OKANO DAYAL
NRIC No	SXXXX015J
Email Address	SAYAKAOKANO@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81013905
Alternative Phone No	OFFICE-81013905
Vehicle Particulars	
Manufacturer	AUDI
Model	Q3 1.4 TFSI S TRONIC
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.

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

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 2070058594

Cover Note Number

**Driver** 

Name of Driver SAYAKA OKANO DAYAL

 NRIC No
 SXXXX015J

 Date Of Birth
 12/05/1982

 Occupation
 INDOOR

 Date Of Driving Pass
 09/03/2020

Driving Experience 0 YEAR AND 2 MONTH

Gender FEMALE

Mobile Number (LOCAL) +65-81013905

Fax Number

Contact Number OFFICE-81013905

EMail Address SAYAKAOKANO@GMAIL.COM

Address 5 OCEAN WAY #04-14
Postcode 098369

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLIDED INTO PROPERTY

1

1

NO

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

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged? NO
I have been approached by unknown person(s)
soliciting/offering accident claims assistance.

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?

If Yes, against whom?

**Circumstances of Accident** 

AFTER STARTING THE ENGINE, I TURNED THE CAR TO THE RIGHT TO GET OUT FROM THE PARKING SLOT. IMMEDIATELY AFTER I MOVED THE STEERING WHEEL TO THE RIGHT, THE SIDE BODY HIT AGAINST THE WALL

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 Witness 1** 

Name RACHIT DAYAL
Phone Number 94896814

Email Address RACHIT.DAYAL@GMAIL.COM

### Sketch Plan

#### SKETCH PLAN

#### IMPORTANT NOTICE

- Please report <u>correctly</u> 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 assiste. 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)

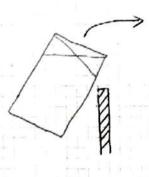
I understand, acknowledge, agree and consent that:

- (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)
  - (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, diadose 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.

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

Reporting Centre Personnel's Signature Name: Tony Foong NRIC/FIN No .:

SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

After starting the engine, I sumed the car to the right
After starting the engine, I sumed the car to the right to get out from the parking slot. Immediately after I moved the steering wheel to the right, the side body
hist against the way.

DECLARATION

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

**闭野狗心粉凝看** 

Date & Time: 15 May 2020, 9 pm

Oriver's Signature (If driver is not the policyholder) Date & Time. O TONY FOONS

Reporting Centre Personnel's Signature Name: Tony Foong NRIC/FIN No.:

# S8286015J SAYAKA OKANO DAYA REPUBLIC OF SINGAPORE

ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

EFFECTIVE DATE

Motor cars without clutch padals (Auto) with unladen 09 Mar 2020 weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles without clutch padals with unladen weight =< 2500kg



## CERTIFICATE OF INSURANCE

## AUDI AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder Period of Insurance

: SAYAKA OKANO DAYAL : 30 Mar 2020 To 29 Mar 2021 Vehicle No. Policy No.

: SMT1725B : 2070058594

Engine No.

: CZD892043

Issued Date : WAUZZZF35L1081981

Endorsement No.

: 31 Mar 2020

## ABOUT THE COVER

Make/Model

Chassis No.

: AUDI Q3 1.4 TFSI (150 BHP)

Engine Capacity/Tonnage : 1,395.00 CC

Sum Insured

Market Value

First Year of Registration

2020

**Driver Restriction** 

NA

Off Peak Car

Insuring with COE/PARF

Yes

Person or Classes of Persons Entitled to Drive\*:

a) true PolicyNows.

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 authorsed driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience.

Age Condition

: All Age Condition

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 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 Motor Trade.

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189). Section 95 of the Road Transport Act. 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

#### EXCESS

Section 1
Fire - \$0 Own Damage - \$800 Theft - \$0 Flood Cover - \$800

Section 2 Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

SAYAKA OKANO DAYAL - \$800 (Own Damage), \$800 (Flood Cover)

## 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 hodine at +65 6338 5200. Alternatively, you may refer to AIG website www.aig.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: NA

I/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 (V of the Road Transport Act, 1957 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0504125201

PREMIUM LEASING - DL

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

SINGAPORE 159938

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

281 ALEXANDRA ROAD AUDI CUSTOMER SERVICE CENTRE

Cheng Cheng Chee

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

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

WIP: 35695

## **Telefax**

**Estimate** : Accident Repairs Workshop : Ubi Road 1 Contact No : 6366 2323 Fax No : 6841 1183

Reference : PA/OD/0389/2020/NS

Date : 12-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 Sayaka Okano Dayal

Address 5 Ocean Way

#04-14

Singapore 098369 Telephone (HP) 81013905 Type of Claim Own Damage Claim Policy No.

2070058594

Vehicle No **SMT 1725 B** 

Model Code Audi Q3 1.4 TFSI S TRONIC

Model / Year : Mar-20 **Engine No** : CZD 892043

Chassis No : WAUZZZF35L1081981

Mileage Date In :

Estimated By : Johnny Boo / Allan Wu

**Accident Date** 11-May-20

Place of Accident 5 Ocean Way W Residences Carpark

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

Telefax

## Estimated Labour Charges for Accident Vehicle SMT 1725 B

S/N	Nature of Jobs		Estimated Charges	Surveyor's Recommendations
1	To remove and transfer rear parking aid and rear lid kick sensor. Check function and renew according to damage.	S/N	\$ 360.00	1
2	To renew rhs 1/4 glass to facilitate fender renewal.	S/N	\$ 300.00	/
3	To install solar film for 1/4 glass.	S/N	\$ 400.00	/
4	To dislodge and reinstall rear wire harness for lights, battery manager, fuse and relay trays, electrical and audio equipment.	S/N	\$ 1,400.00	/
5	To remove and reinstall rear seat, back rest, hat tray, abcd pillar trims, luggage compartment trims. Dislodge roof liner and disengage curtain airbag etc.	S/N	\$ 1,400.00	/
	SUB TOTAL LABOUR CHARGES	: ]	\$ 3,860.00	- -

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

Telefax

## Estimated Labour Charges for Accident Vehicle SMT 1725 B

S/N	Nature of Jobs		Estimated Charges	Surveyor's Recommendations
6	To remove and transfer rhs rear door's multi-lock systemand power windor devices. Inspect for damages.	S/N	\$ 280.00	1
7	To dismantle rear bumper and rhs rear door. Cut out and weld rhs rear fender. To renew rhs rear door. Re-organise crash management components reinstall all parts removed.		\$ 6,400,00	3000
8	To respray rhs rear door, door handle, rhs rear fender, rhs sill panel, door entrances, roof channel, drain panel and end panelling. To carry out stone chip treatment and joint sealer works.		\$ 2575 5,709.60	4.5 x 550 = 2475 Hendle = 100
9	To renew rhs rear rim and carry out wheel alignment.	S/N	\$ 280.00	
10	To carry out diagnostic check.	S/N	\$ 192.00	
	TOTAL LABOUR CHARGES	:	\$ 16,712.00	

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

Telefax

## Material List for Accident Vehicle Regn No.SMT 1725 B

S/N	Parts Description			Damage Parts & Prices S/Nett Remarks
1	REAR SIDE PANEL - RH Devted		\$	3,052.00 🗸
2	SIDE WINDOW - RH NEW		\$	577.00 🗸
3	REAR DOOR - RH Tewled		\$	2,512.00 /
4	REAR DOOR OUTER SEAL- RH ALL	NEC	\$	127.00 🖊
5	REAR DOOR ATTACHMENT PARTS THE NEW		\$	293.00
6	REAR DOOR CATCH yeur		\$	113.00 ×
7	REAR DOOR COVER - RH REAR Let .		\$	242.00 ✓
8	EXTERIOR DOOR HANDLE - RH		\$	190.00 *
9	DOOR HANDLE HOUSING - RH Revis		\$	26.00 🛪
10	REAR MOUNTING BAR HOY NE		\$	154.00 ⊁
11	BOWDEN CABLE HE M		\$	50.00 X₁
12	REAR WHEEL COVER - LH / RH Her	2	\$	506.00 /
13	REAR ALUMINIUM RIM - RH WHAT NEW		\$	720.00 X
14	ACRYLIC SEALANT 7	S/N	\$	180.00 ✓
15	CAVITY WAX	S/N	\$	140.00 ✓
16	STONE CHIP	S/N	\$	180.00
17	METAL FILLER POWDER ?	S/N	\$	280.00
18	1/4 GLASS SEALANT	S/N	\$	100.00
19	SUNDRIES ?		\$	400.00
	TOTAL SPARE PARTS CHARGES TOTAL LABOUR CHARGES GRAND TOTAL		\$1	9,842.00 .6,712.00 .6,554.00

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

LKK Auto Consultants hence notify the Repairer of the following:

- . To resurvey before/after soray 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

Ne Anthorsed, 13 Pays. Signature:

: This estimate is based on visual inspection of the affected vehicle. Please Note

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 ID Type: Singapore NRIC

Owner ID: 015J

Vehicle Details

Vehicle No.: SMT1725B
Vehicle to be Exported: No

Intended Deregistration Date: 09 Jun 2020 Vehicle Make: AUDI

Vehicle Model: Q3 1.4 TFSI S TRONIC (17")

 Primary Colour:
 Blue

 Manufacturing Year:
 2020

 Engine No.:
 CZD892043

Chassis No.: WAUZZZF35L1081981
Maximum Power Output: 110.0 kW (147 bhp)

Open Market Value:\$27,762.00Original Registration Date:30 Mar 2020First Registration Date:30 Mar 2020

Transfer Count:

Actual ARF Paid: \$30,867.00

Intended PARF Rebate Details

PARF Eligibility: Yes

PARF Eligibility Expiry Date: 29 Mar 2030
PARF Rebate Amount: \$23,150.00

Intended COE Rebate Details
COE Expiry Date: 29 Mar 2030

COE Category: E - Open - all except motorcycle

COE Period(Years): 10

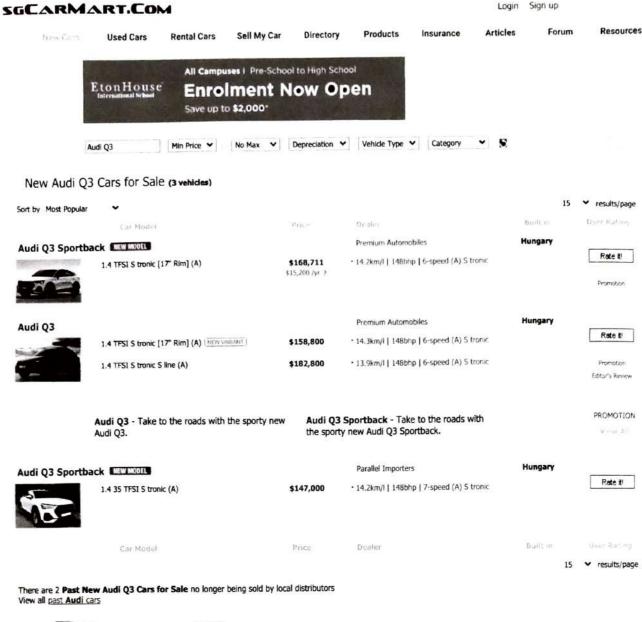
QP Paid: \$32,500.00

 COE Rebate Amount:
 \$31,862.00

 Total Rebate Amount:
 \$55,012.00

The information contained herein is correct as at 09 Jun 2020

OK









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