ASS. REC. BY: PART REF: CC3/A142	0008119/Risf3 1 188c
	ENMENT
From: Date:	VALUE SLT 2355 Yr Regn: 3017100
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD TTP I WS I TP RES I OD RES I EVA I INV I MV	Truck / Trailer or
To Inspect Vehicle No: Str 2355	Make: ANDI ALSBIOTESI CC 999
at Workshop m/s Peenium	Colour GREY A/C: Insured / Std / NI / NA
of 281, MEXAMIRA RD	Sp.Reading 2/696 T/Radio: Insured / Std / NI / NA
Insured: AK	Eng/No:
Policy No.	CNO: WAN 2228X8 JB 013 259.
Claims No.	Gen. Cond: Good / Faly Poor / Burnt
Sum Insured: Excess: TEA	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inforder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil / Kim / STD A/Rim or
(Policy Condition)	Tyre Size: F: 215/45R16
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 OF HANKOK
Bal. or Market Value: 69K	Front Rear
	R/Bal. 6 mm R/Bal. 6 mm
	L/Bal. 6 mm UBal. 6 mm
·	D.O.A. 07/07/2020 D.O.I. 05/08/2000
2 Vol. Von er No	Survey held at PREMIUM
Lum Sum: % · 3 Val.: Yes or No	PROCESSOR CONTRACTOR
CA I REV I REP. I 24 HRS	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Date: Person Contacted: Vehicle: IN / OU	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	
8 .	
	•
1	
Date/Time, File Pass to? : Prell. Report	Days Of Repair:
; Final Report	Resurvey No. of Trip: Survey Fee:
Date/Time, File Rutum to?	Transportation:
2) Add F	ea: : Site Insp (\$) _s+Rs_s
	: Interview (\$) Photos
Representation	:Tech, Invs (\$) Others
Lump Sum / LBJ: (%)	:Westand (\$
	TOTAL
i New York	

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

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

Telefax

Estimate

: Accident Repairs

Workshop

: Ubi Road 1

Contact No Fax No : 6366 2323 : 6841 1183

Reference

PA/OD/0480/2020/NS

WIP: 40687

Date

: 8-Jul-20

Vehicle NOT IN workshop. Kindly arrange for survey.

Your insured vehicle no

: SLL 9791 K

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 Chan Moy Jin

Address

33 Oxford Road

#06-13

Singapore 218816

Telephone

(HP)+65 86119811

Type of Claim

Own Damage Claims

Policy No.

1700063167-02

Vehicle No

SLT 235 S

Model Code

: Audi A1 SB 1.0 TFSI S TRONIC

Model / Year

: Oct-17

Engine No

CHZ 507976

Chassis No

: WAUZZZ8X8]B013259

Mileage

: -

Excess Cost

: -

Estimated By

: Johnny Boo / Allan Wu

Accident Date

7-Jul-20

Place of Accident

Along Dorset Rd

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

Telefax

Material List for Accident Vehicle Regn No. SLT 235 S

		Damage Parts & Prices			
S/N	Parts Description		9	/Nett	Remarks
1	FRONT DOOR - LH 4/	9	\$	1,915.00	
2	FRONT DOOR ATTACHMENT PARTS No. /	9	>	126.00	
3	FRONT DOOR CATCH 🗡		\$	84.00	
4	EXTERIOR MIRROR MOUNTING - LH 54	9	\$	434.00	
5	EXTERIOR DOOR HANDLE repris	9	\$	146.00	
6	DOOR HANDLE CAP K THE		\$	28.00	
7	REAR DOOR - LH 54/	9	5	1,915.00	
8	REAR DOOR ATTACHMENT PARTS ~~		\$	79.00	
9	REAR DOOR HINGE - LH UPPER ?	9	5	143.00	
10	REAR DOOR HINGE - LH LOWER ⁷	9	5	125.00	
11	REAR DOOR CATCH ≮		\$	84.00	
12	AIRBAG STICKER 🗡		\$	23.00	
13	REAR ALUMINIUM RIM - LH SCC /	9	\$	666.00	
14	STONE CHIP A /	S/N S	\$	180.00	
15	SUNDRIES ?		\$	300.00	
	TOTAL SPARE PARTS TOTAL LABOUR CHARGES GRAND TOTAL	: -		6,248.00 10,182.00 16,430.00	

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

Estimated Labour Charges for Accident Vehicle. SLT 235 S

LJU	macca <u>Labour</u> og			Estimated	Surveyor
S/N	Nature of Jobs			Charges	Reccomend
1	To dismantle lhs front door panel trim. To remove and renew lhs wing mirror assy.	S/N	\$	350.00	×
2	To remove and transfer lhs front door and lhs rear door's multi-lock system and power window devices. Inspect for damages.	S/N	\$	560.00	
3	To dismantle and renew lhs front door and lhs rear door. To repair lhs sill panel, lhs B-pillar, door entrance and lhs rear fender. Re-organise rear crash management components. Reinstall all parts removed.		\$	3,500.00 (2	250
4	To respray lhs front door, lhs rear door, lhs B-pillar, lhs sill panel, door handle, door entrance, hinges and lhs rear fender.		\$	5,300.00 23	Boo
5	To renew lhs rear rim and carry out wheel alignment.	S/N	\$	280.00	
6	To carry out diagnostic check.	S/N	\$	192.00	
	TOTAL LABOUR CHARGES	: _	\$ 1	0,182.00	

5

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

Telefax

Name

Surveyed Date

Authorised Date

Excess Cost

Liability Remarks

Excess: TPA Roan before print Recht

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 LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray 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

Signature:

Date:

Johnny Boo Body Repair Manager Allan Wu Claims Consultant

SINGAPORE ACCIDENT STATEMENT

MPORTANT 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
- 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 07/07/2020 17:39 Date Of Accident 07/07/2020 10:00 **Exact Location Of Accident** ALONG DORSET RD

SINGAPORE Country/State of Loss

INDETAILS OF OWN VEHICLE

SLT235S Vehicle Registration Number

Insured/Policyholder

CHAN MOY JIN Name Of Registered Owner SXXXX988C NRIC No

WORKINTEL2001@YAHOO.COM **Email Address**

(LOCAL) +65-86119811 Mobile Phone No OFFICE-86119811

Alternative Phone No

Vehicle Particulars

AUDI Manufacturer

A1 SB 1.0 TFSI S TRONIC 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?

YES

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

Policy Number 1700063167-02

Cover Note Number

Driver

Name of Driver **CHAN MOY JIN** NRIC No SXXXX988C Date Of Birth 03/10/1961 INDOOR Occupation **Date Of Driving Pass** 25/11/1989

Driving Experience 30 YEARS AND 7 MONTHS

FEMALE Gender

Mobile Number (LOCAL) +65-86119811

Fax Number

OFFICE-86119811 Contact Number

33 OXFORD ROAD

Address

218816

Postcode

NO

Was driver an employee of the Insured's Company 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

Type Of Accident

COLLISION - HEAD TO REAR

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO 2

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?

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

DATE:07/07/2020, I WAS DRIVING ON THE RIGHT LANE OF DORSET ROAD . CLOSE TO THE JUNCTION OF DORSET RD / BRISTOL RD MY CAR WAS HIT ON THE LEFT SIDE FROM BEHIND BY A CAR WHICH WAS ON THE LEFT LANE WHEN THE DRIVER ATTEMPTED TO TURN RIGHT. DRIVER SAID HE DID NOT SEE MY CAR (PROBABLY AT HIS BLIND SPOT.)

Attachment(s)

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

#DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLL9791K

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver NRIC/Passport Number TAN BOON TEE SXXXX272J

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

KETCH PLAN		
		A-SLT2355 B-SLT2355
ESCRIBE CIRCUMSTANCES OF	THE ACCIDENT	
Date : 07/07/2	676	
car was hit which was an attempted to	the left lane turn right.	a Bristol Road my
DECLARATION If We decaye the foregoing particul. Pullcyholder's Signature Date & Time:	Driver's Signature (Il driver is not the policyholder) Date & Lime:	Reporting Comic Personnel's Signature Name: WOAKS KHOAKS SENIC, Freedometry No.: G 2987 M 3x

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
- 5. Any felse 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 arching and that copies of this report will for a fee be made available upon application by
- 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
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, acknowledge, agree and consent that:

- 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
- (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
 - (iii) for complying with requirements under any regulations, laws or court urders.

Policyt older's Signature

Date & Time:

Driver's Signature (if driver is not the policyhulder)

Date & Time:

Reporting Centre Personne S Sig work which se

NRIC/FIN NO G2981 143 (



GENERAL INSURANCE ASSOCIATION OF SINGAPONE RECORDS MANAGEMENT CENTRE h Marika Usay bit is inquiremental To 1821 6224 5510 | Fac 655 6224 5800 0: emirg Franc Microbalts (nasy, 69 60 - 17:02 64, 666:66866, 661 Feb. 46: Microb),7735

IMPORTANT NOTE: Piease submit the completed Addendum form to the same Authorised Reporting Contre

		eniging art bearing account to	Report,	100 cc c (cc 10 cm)		
		ADDENDU	М	-		
A)	PARTICULARS OF PERSONMAKING THE AMENDMENTS:					
		MPA120057722		SLT235S		
	Name(m shawsin нюс) :	CHAN MOY JIN	NRIC/FIN/Passport No :	SXXXX988C		
	(*Vehicle Driver / Vehi	icle Owner) (* I Please delete as ap	propriate			
	Address :_	33 OXFORD ROAD		Singapore(218816)		
	Contact (Tel) :_	86119811				
		WORKINTEL 2001@YAHOO.C				
	Date of Accident :_	07/07/2020	Time of Accident :10	MADO		
	Place of Accident :_	ALONG DORSET RD				
	Insurance Company:	AIG ASIA PACIFIC INSURAN	CE PTE. LTD			
B	B) ADDITIONAL INFORMATION / AMENDMENTS: Thave made a report or the above mentioned accident and would like to include additional internals the following amendments: TO CONVERT FROM TP CLAIM TO OWN POLICY CLAIM AND DO RECOVERY LATE					
	100000000000000000000000000000000000000					
			**************************************	**		

			15			
	(A)	The state of the s				
	Policy Str. Service	s Segrature	Réport ne Centre Person	nnel's Sienature		

19 5020

NAME AND CHEST OF A SINGE

Date: 2/4/2020

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC
Constant Constant	988C
/ehide No.:	SLT2355
Vehicle to be Exported:	No
Intended Deregistration Date:	05 Aug 2020
Vehicle Make:	AUDI
Vehicle Model:	A1 SB 1.0 TFSI (PI)
Primary Colour:	Grey
Manufacturing Year:	2017
Engine No.:	CHZ507976
Chassis No.:	WAUZZZ8X8JB013259
Maximum Power Output:	70.0 kW (93 bhp)
Open Market Value:	\$22,930.00
Original Registration Date:	14 Oct 2017
First Registration Date:	14 Oct 2017
Transfer Count:	0
Actual ARF Paid:	\$9,102.00
ACTION AND TOTAL	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	13 Oct 2027
PARF Rebate Amount:	\$6,826.00
en na andre en	
COE Expiry Date:	13 Oct 2027
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$41,761.00
COE Rebate Amount:	\$30,018.00
Total Rebate Amount:	\$36,844.00

Used 2017 Audi A1 Sportback 1.0 🗴

art.com/used_cars/info.php?ID=910104&DL=1000

▶ Audi A1 Sportback 1.0A TFSI S-tronic

Overview		imilar Resear	ch Photos Map
Price	\$68,800		
Depreciation ②	\$9,280 /yr View models with similar depre	Reg Date	27-Sep-2017 (7yrs 1mth 21days COE left)
Mileage	20,000 km (7k /yr)	Manufactured ②	2016
Road Tax 🔾	\$392 /ут	Transmission	Auto
Dereg Value ③	\$34,404 as of today (change)	omv ⊘	\$17,827
COE ②	\$42,902	ARF ②	\$5,000
Engine Cap	999 cc	Power	70.0 kW (93 bhp)
Curb Weight ⑦	1,165 kg	No. of Owners (?)	2
Type of Vehicle	Hatchback		

Features

1.0L Turbocharged, 4 SRS Airbags, ABS, Closable Multimedia Screen On Dashboard, Multi Steering Audio Control, Headlamp Washer. View specs of the Audi A1-Sportback (2019)

Accessories

Audi Multimedia System, Reverse Sensor, Stylish Daytime Running Light (DRL) In LED Headlamp And Sports Rims.