| ASSIGNMENT  Veh No. SMUSQLT Yr Regit: 2070   July Standard Cost.  Type: (Car) M.Cycle   Bus   Van   Lorry   Taxi   Prime Mover    Type: (Car) M.Cycle   Bus   Van   Lorry   Taxi   Prime Mover    Truck   Trailer or    Make: Add: A3 2ddm   cc   979    Make: Add: Add: Add: Add: Add: Add: Add: Ad  | ASSUMED BY                                      | 008583/Aqf3   |
|--|---|---|
| Estimated Cost:  OD / TP / WS / TP RES / OD RES / EVA / INV / INV  To Inspect Vehicle No:  at Workshop mis  of  Insured:  Policy No.  2170110607  Claims No.  6158890168SG  Sum Insured:  (Citien's Record)  Make of Veh:  (Policy Condition)  Remark: The veh had commenced its repair at the time of Inspection.  Bal or Market Value:  IDAC Accident Rport:  Consistent? : Yes or No  GIA / PR Seen:  Consistent? : Yes or No  Lum Sum.  % 3 Val.: Yes or No  Lum Sum.  % 3 Val.: Yes or No  CA / REV / REP. / 24 HRS  Date:  Person Contacted:  Date / Time Action / Instruction  Date / Time Action / Instruction  Type: (KCar) Mi.Cycle / Bus / Van / Lorry / Taxi / Trinivative and Complete or AC:  Truck / Trailer or  Make:  Aud: A3 Sedun   | ASSUMED, BY:  ASSUMED BY:  ASSUMED BY:          | GNMENT  |
| Estimated Cost:  OD / TP / WS / TP RES / OD RES / EVA / INV / INV  To Inspect Vehicle No: at Workshop mis of Insured: Policy No. 2170110607  Claims No. 6158890168SG Sum Insured: (Client's Record) Make of Veh:  (Policy Condition) Remark: The veh had commenced its repair at the time of inspection.  Bal. or Market Value: IDAC Accident Rport: GIA / PR Seen: Consistent? : Yes or No Est. Repairs: 4 days Res: Yes or No Lum Sum. % 3 Val.: Yes or No Lum Sum. % 3 Val.: Yes or No CA / REV / REP. / 24 HRS  Date / Time Action / Instruction  Date / Time Action / Instruction  Type: M(Ear) M.Cycle / Bus / Van / Lorry / Taxi / Trinition and Co. 9 9 9  Make: And: A3 Sedum cc 9 9  Make: And: A3 Sedum cc 9 9 19  Make: And: A3 Sedum cc 9 9  Make: And: A3 Sedum cc 9 19  Make: And: A3 Sedum cc 9  Make: And: A1 Sedum cc 9  Make: And: A1 Sedum cc 9  Make: And: A3 Sedum cc 9  Make: And: A1 Sedum c |   | Vah No. SMUS927 Yr Regn. 2020 / July.                               |
| Truck / Trailer or Make: And A3 Sedon c.c 999  To Inspect Vehicle No: at Workshop m/s of Insured: Colour Spreading Insured: Sp. Reading | From: Date:                                     | Type: M. Carl M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /   |
| Make:   And   A3 Select   A3   | Estimated Cost:                                 | Touck / Troilor or  |
| Colour   C   | OD / TP / WS / TP RES / OD RES / EVA / INV / MV | And A3 Seden co 977   |
| of Insured: Insured: Policy No. 2170110607 Claims No. 6158890168SG Sum Insured: Excoss: 4000 Make of Veh:  (Policy Condition) Remark: The veh had commenced its repair at the time of inspection.  Bal. or Market Value: IDAC Accident Rport: Consistent?: Yes or No GIA / PR Seen: Consistent?: Yes or No Est. Repairs: 4 days Res.: Yes or No Lum Sum: % 3 Val.: Yes or No CA / REV / REP. / 24 HRS Date / Time Action / Instruction  Date / Time Action / Instruction  Sp.Reading / Y Structure affected due to collision.  Sp.Reading / Y Structure affected due to collision.  Sp.Reading / Y Structure affected due to collision.  | To Inspect Vehicle No:                          | Make:  R Land Rl. a A/C: Insured / Std / NI / NA                    |
| Insured:   | at Workshop m/s                                 | T/Radio: Insured / Std / NI / NA                                    |
| Note      | of  | Sp.Reading CT   |
| Claims No. 6158890168SG Sum Insured: Excess: 4000  (Client's Record)  Make of Veh:  (Policy Condition)  Remark: The veh had commenced its repair at the time of inspection.  Eal. or Market Value: IDAC Accident Rport: Consistent?: Yes or No  Est. Repairs: 4 days Res.: Yes or No  Est. Repairs: 4 days Res.: Yes or No  Lum Sum: % 3 Val.: Yes or No  Date: Person Contacted: Vehicle: IN / OUT  Date: Person Contacted: The Value of Instruction  Date: Person Contacted: The Value of Instruction  Gen. Cond: 600/1   Fair / Poor / Burnt  Steering: Inorder / Jammed / Leaked / Burnt or  Modi: Nil / Skip / StD A/Rim or  Tyre Size: F: 205/55   6-  R: 205/55   6-  R |   | Eng/No:   |
| Claims No. 6158890168SG  Sum Insured: Excess: 4000  Make of Veh:  (Policy Condition)  Remark: The veh had commenced its repair at the time of inspection.  Bal. or Market Value: IDAC Accident Rport: Consistent?: Yes or No  GIA / PR Seen: Consistent?: Yes or No  Est. Repairs: 4 days Res.: Yes or No  Lum Sum: % 3 Val.: Yes or No  CA / REV / REP. / 24 HRS  Date / Time Action / Instruction  Date / Time Action / Instruction  Date / Time Action / Instruction  Steering: Inorder / Jammed / Leaked / Burnt or  Brake: Inorder / Jammed / Leaked / Burnt or  Brake: Inorder / Jammed / Leaked / Burnt or  Brake: Inorder / Jammed / Leaked / Burnt or  Brake: Inorder / Jammed / Leaked / Burnt or  Brake: Inorder / Jammed / Leaked / Burnt or  Brake: Inorder / Jammed / Leaked / Burnt or  Brake: Inorder / Jammed / Leaked / Burnt or  Modi: Nil / Skim / STD A/Rim or  Tyre Size: F: 20 5 55 R   6-  R: 205 / 55 R   6-  R:  | Policy No. 2170110607                           |   |
| Sum Insured: Excess. 4000  Make of Veh:  (Client's Record)  Modi: Nil / Spfin / STD A/Rim or  Tyre Size: F: 205/55 R/6-  R: 20 | Claims No. 6158890168SG                         |   |
| (Client's Record)  Make of Veh:  (Policy Condition)  Remark: The veh had commenced its repair at the time of inspection.  Bal. or Market Value:  IDAC Accident Rport:  Consistent?: Yes or No  GIA / PR Seen:  Consistent?: Yes or No  Est. Repairs:  4 days Res.: Yes or No  LIMBal.  Do mm   | Sum Insured: Excess: 4000                       |   |
| Make of Veh:  (Policy Condition)  Remark: The veh had commenced its repair at the time of inspection.  Bal. or Market Value:  IDAC Accident Rport:  Consistent?: Yes or No  GIA / PR Seen:  Consistent?: Yes or No  Est. Repairs:  4 days Res.: Yes or No  Lum Sum:  % 3 Val.: Yes or No  CA / REV / REP. / 24 HRS  Date:  Person Contacted:  N/S O/S  N/S O/S  N/S O/S  N/S O/S  N/S O/S  R: 205/55 R/G-  R: 205/55 R/G  R: 205/55 R |   |   |
| Remark: The veh had commenced its repair at the time of inspection.  Bal. or Market Value:  IDAC Accident Rport:  Consistent?: Yes or No  GIA / PR Seen:  Consistent?: Yes or No  Est. Repairs:  4 days Res.: Yes or No  Lum Sum:  % 3 Val.: Yes or No  CA / REV / REP. / 24 HRS  Date:  Person Contacted:  Date / Time   Action / Instruction   | •   | Modi: Nil / Skim / SID A/kim or                                     |
| Remark: The veh had commenced its repair at the time of inspection.  Bal. or Market Value:  IDAC Accident Rport:  Consistent?: Yes or No  GIA / PR Seen:  Consistent?: Yes or No  Est. Repairs:  4 days Res.: Yes or No  Lum Sum:  % 3 Val.: Yes or No  CA / REV / REP. / 24 HRS  Date:  Person Contacted:  Date / Time   Action / Instruction   Action  |   | Tyre Size: F: 255/55/6-   |
| repair at the time of inspection.  Bal. or Market Value:  IDAC Accident Rport:  Consistent?: Yes or No  GIA / PR Seen:  Consistent?: Yes or No  Est. Repairs:  4 days Res.: Yes or No  Lum Sum:  % 3 Val.: Yes or No  CA / REV / REP. / 24 HRS  Date:  Person Contacted:  Date / Time Action / Instruction  Date / Time Action / Instruction  TOYO / YOKO or  Front R/Bal.  Do mm R/Bal.  Do mm L/Bal.  Do Do mm L/Bal.  Do Do mm L/Bal.  Do Do mm L/Bal.  Do D  |   |   |
| Bal. or Market Value:  IDAC Accident Rport:  Consistent?: Yes or No  GIA / PR Seen:  Consistent?: Yes or No  Est. Repairs:  4 days Res.: Yes or No  Lum Sum:  % 3 Val.: Yes or No  CA / REV / REP. / 24 HRS  Date:  Person Contacted:  Date / Time   Action / Instruction  Pront  Rear  R/Bal.  Do mm  L/Bal.  Do mm  L/Bal.  Do mm  L/Bal.  Do Do.A.  D.O.A.  D.O.A.  Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or  Front  R/Bal.  Do mm  Do.O.A.  Do.O.A.  Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or  Front  R/Bal.  Do mm  D.O.A.  Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or  Front  R/Bal.  Do mm  D.O.A.  Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or  Front  R/Bal.  Do mm  D.O.A.  Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or  Front  R/Bal.  Do mm  D.O.A.  The U/C / Chassis frame / Body Structure affected due to collision.   | Remark: The ven had commenced its               |   |
| Bal. or Market Value:  IDAC Accident Rport:  Consistent?: Yes or No  GIA / PR Seen:  Consistent?: Yes or No  Est. Repairs:  4 days Res.: Yes or No  L/Bal.  Do mm L/Bal.  Do Doll.  ISVOY  Doll.  The U/C / Chassis frame / Body Structure affected due to collision.  | repair at the time of inspection.               | TOYO / YOKO or  |
| Consistent?   Yes or No   Consistent   Yes or No    | Bal. or Market Value:                           | 1 10111   |
| Est. Repairs: 4 days Res.: Yes or No  Lum Sum: % 3 Val.: Yes or No  CA / REV / REP. / 24 HRS  Date: Person Contacted: Vehicle: IN / OUT  Date / Time   Action / Instruction  D.O.A. D.O.I. 18/08/20  Survey held at   Comium .  Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or  The U/C / Chassis frame / Body Structure affected due to collision.  | IDAC Accident Rport: Consistent?: Yes or No     | 11/1001.  |
| Est. Repairs: 4 days room  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  OP AIG -  | GIA / PR Seen: Consistent?: Yes or No           |   |
| Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or  Vehicle: IN / OUT  Person Contacted:  Date / Time   Action / Instruction  Or AlG -   | Est. Repairs: 4 days Res.: Yes or No            |   |
| Vehicle: IN/OUT  Date: Person Contacted: Vehicle: IN/OUT  Date / Time   Action / Instruction   O P A 6 -   | Lum Sum: % 3 Val.: Yes or No                    | Survey held at  |
| Date:       Person Contacted:       Vehicle: IN / OUT       The U/C / Chassis frame / Body Structure affected due to collision.         Date / Time       Action / Instruction         Φ γ Δ ι ζ -   | CA   REV   REP   24 HRS                         | 1   |
| Date / Time Action / Instruction  Or Aug -   | Vehicle: IN / OUT                               |   |
| 07 A16.  |   | The U/C / Chassis frame / Body Structure affected due to consision. |
|  |   | ,   |
| 19/06/20(Q) 1.05am revert to victor via interment.   |   | 2   |
| 20/08/20@11.30am Victor informed C/A via Merimen.  |   |   |
| m√ : /10 24/08/20@9.27am Informed Kee Siang C/A & ex:\$4000 by email.  |   |   |
| PV:499K 17/02/21@11.21am Kee Siang informed that the owner withdraw claim  | PV:499K 17/02/21@1                              | 1.21am Kee Siang informed that the owner withdraw clair             |
| Nett, 70・1 18/02/21 Submit Preli. report.  | Nett. 70 14 18/02/21 Su                         | bmit Preli. report.   |
|  |   |   |
|  |   |   |
| Dale/Time, File Pass to? : Preli. Report Days Of Repair: 4   | Dale/Time, File Pass to? : Preli. Report        | Days Of Repair: 4   |
| 1) 18/02 Typist : Final Report Resurvey No. of Trip: Survey Fee:   | Lacopy (CD)<br>Composition                      |   |
| Date/Time, File Return to?  Transportation:  |   |   |
| 2)   | 2) Add Fe                                       | G: :Site Insp (\$ )\$+R\$\$   |
| : Interview (3 ) Fholys  |   | : Interview (3 ) Photos   |
| Report Former: Tech, Invs. (3 ) other:   | Report Forms:                                   | : Tech, Invs. (3 ) Other:   |
| Lump Sum / LBd: rs , : Weel end :: ,   | Long Com / LP.D. is                             | : Weel study 15   |
| DOTAL  |   |   |

# Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 17/08/2020 18:26

### 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

| А | С | CI | D | a | N. | ΓS | IΑ | ПΞ | ME | IN. | Т |
|---|---|----|---|---|----|----|----|----|----|-----|---|
|   |   |    |   |   |    |    |    |    |    |     |   |

Date Of Report

17/08/2020 18:15

Date Of Accident

11/08/2020 06:15

**Exact Location Of Accident** 

BLK 13-11 BELLEWATERS CARPARK 544649

Country/State of Loss

SINGAPORE

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

**SMU592T** 

Insured/Policyholder

Name Of Registered Owner

RENGANATHAN MANIKANDAN

NRIC No

SXXXX416C

**Email Address** 

RMKANDAN@YAHOO.COM

Mobile Phone No

(LOCAL) +65-91862959

Alternative Phone No

OFFICE-91862959

#### **Vehicle Particulars**

Manufacturer

**AUDI** 

Model

A3 SEDAN 1.0 TFSI 8V

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?

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

2170110607

Cover Note Number

Driver

RENGANATHAN MANIKANDAN Name of Driver

NRIC No SXXXX416C 09/07/1973 Date Of Birth **INDOOR** Occupation 09/03/2020 **Date Of Driving Pass** 

0 YEAR AND 5 MONTH **Driving Experience** 

Gender

MALE

Mobile Number

(LOCAL) +65-91862959

Fax Number

Contact Number

OFFICE-91862959

**EMail Address** 

RMKANDAN@YAHOO.COM

Address

11 ANCHORVALE CRESCENT

#07-03

Postcode

544649

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

**OWNER** 

Insurance Company of Driver's Own Vehicle

#### General Information of the Accident

Type Of Accident

COLLIDED INTO PROPERTY

Weather Conditions

**CLEAR** 

Road Surface

DRY

#### Other Information

involved in the accident

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

1

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?

Was any other material or property damaged?

NO

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**

WHILE COMING OUT FROM CARPARK LOT WITH SLOW SPEED, THE WHEEL TURNED DUE TO SHARP END AND HIT THE PILLARS, AND GOT DENTS IN THE LEFT SIDE ABOVE THE TYRE.

#### Attachment(s)

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

#### Sketch Plan

#### SKETCH PLAN

#### IMPORTANT NOTICE

- I Please report correctly the details of the accident to speed up the claims process.
- 2 This form most be completed by the Policyholder and/or the Authorised Driver
- 3 Information provided must be as truthful and accurate as possible. Any willul 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.
- 2. By the loagment 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 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 :
  - 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 "Purpose")
- (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
  - 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

13/16/11/11

Miner

Driver's Signature
(If driver is not the policyholder)

Date & Time

Reporting Centré Personnel's Signature Name: TIM 100 Str

NRIC/FIN NO GOXXXXS6 94

SKETCH PLAN



#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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DECLARATION

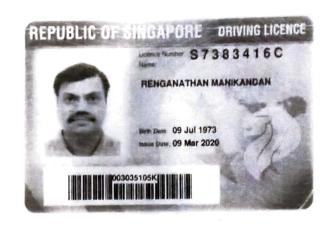
I/We declare the foregoing particulars are true in every respect

Policyholder's Signature
Date & Time

To Signature
(if driver is not the policyholder)
Oate & Time

Reporting Centre Personnel's Signature

Name I W. LED SUCK NAICUFIN NO PLEASE FOR



# YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) with unladen 09 Mar 2020 driver; and other motor vehicles without clutch pedals with unladen weight =< 2500kg

NP 428A



# AUDIAUTO PROTECTOR PRIVATE VEHICLE

The following risk described on this Cover Note is hereby HELD COVERED on the terms and conditions of the policy issued to the Policyholder

Name of Policy holder

: RENGANATHAN MANIKANDAN 🗸

Period of Insulance Engine No.

: 28 Jul 2020 to 27 Jul 2022

Chasis 161 316

: CHZC37801 /

: WAUZZZ8V5LA031144 🗸

Vehicle Mo. Cover Note No.

Issued Day

: SMU592T

: 2070110607

: 28 Jul 2020

#### **ABOUT THE COVER**

Make/Model

: AUDI A3 Sedan 1.0 TFSI S tronic 🗸

Engine Capacity/Tonnage: 999.00 CC

NA

Sum Insured

: Market Value

First Year of Registration : 2020

Off Peak Car : No

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive\*:

a) The Policyholder

Driver Restriction

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 "linexperienced Driver Excess" ("IDR") if You are or Your Authonsed Driver (named or unnamed) has less than 2 years driving experience

Age Condition

: 40 years old and above

Mileage Condition

: Unlimited Mileage

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 6 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 - \$1000 Theft - \$0 Flood Cover - \$1000

Section 2

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

RENGANATHAN MANIKANDAN - \$1000 (Own Damage), \$1000 (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 hotline at +65 6338 6200. 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: United Overseas Bank Limited

If you do not receive your Certificate of Insurance and policy documents within 30 days from the inception date stated on this cover note, please contact AIG immedia. 1997 (I/We hereby certify that this Cover Note 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 (Malasiya) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia) For Corporate Policies, this Cover Note is valid for 60 days from the commencement date of the period of insurance

0504125200

PREMIUM LEASING - AP

281 ALEXANDRA ROAD AUDI CUSTOMER SERVICE CENTRE

SINGAPORE 159938

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

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: 45770

#### **Telefax**

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

Reference PA/OD/0580/2020/NS

**Date** 18-Aug-20

Vehicle 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 Mr Renganathan Manikandan

Address 11 Anchorvale Crescent

#07-03

Singapore 544649

Telephone HP +65 91862959 Type of Claim Own Damage Claim 2170110607 Policy No.

Vehicle No **SMU 592 T** 

Model Code Audi A3 Sedan 1.0 TFSI 8V

Model / Year Jul-20

**Engine No** CHZ C37801

**Chassis No** WAUZZZ8V5LA031144

Mileage

Date In 17-Aug-20

**Estimated By** Johnny Boo / Allan Wu

**Accident Date** 11-Aug-20

Place of Accident Blk 13-11 Bellewaters Carpark 544649

55 Ubi Road 1, Singapore 408699

Telefax

# Estimated Labour Charges for Accident Vehicle. SMU 592 T

| S/N | Nature of Jobs   |     | Estimated<br>Charges | Surveyor's<br>Recommendations |
|-----|--|-----|----------------------|-------------------------------|
| 1   | To remove, check and transfer front wire harness for headlights, horns, outside temperature sensor and headlight washer assy.                  | S/N | \$<br>280.00         | *                             |
| 2   | To remove and transfer lhs headlight control unit and power module.  | S/N | \$<br>350.00         | Χ.                            |
| 3   | To dismantle lhs front door panel trim. To remove and reinstall lhs wing mirror assy.  | S/N | \$<br>350.00         | <b>≿</b> .                    |
| 4   | To dismantle and renew front bumper, lhs front fender and lhs headlight. Re-organise crash management components. Reinstall all parts removed. |     | \$<br>2,100.00       | /000                          |
| 5   | To respray front bumper, lhs front fender and lhs front door.  |     | \$<br>3,000.00       | //00                          |
| 6   | To renew lhs front rim and carry out wheel alignment.  | S/N | \$<br>280.00         |                               |
| 7   | To carry out diagnostic check.   | S/N | \$<br>192.00         |                               |
|     | TOTAL LABOUR CHARGES   | : ] | \$<br>6,552.00       | •                             |

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

Telefax

Material List for Accident Vehicle Regn No. SMU 592 T

|     |  | <u>Damage Parts &amp; Prices</u><br>S/Nett Remarks |
|-----|--|--|
| S/N | Parts Description                              | <br>5/Nett Remarks                                 |
| 1   | FRONT BUMPER Debod                             | \$<br>1,987.00                                     |
| 2   | FRONT BUMPER FIXING PARTS New                  | \$<br>185.00 🗡                                     |
| 3   | FRONT BUMPER GUIDE SECTION - LH D              | \$<br>38.00  |
| 4   | FRONT BUMPER CLOSING ELEMENT - LOWER CENTRE    | \$<br>530.00                                       |
| 5   | FRONT BUMPER CLOSING ELEMENT - LH              | \$<br>293.00                                       |
| 6   | FRONT BUMPER COVER TRIM - LH XXX ~             | \$<br>161.00 F                                     |
| 7   | WHEEL HOUSING LINER ADAPTER - LH ?             | \$<br>37.00 ?                                      |
| 8   | FRONT BUMPER AIR GUIDE GRILLE - LH , www.      | \$<br>186.00 *                                     |
| 9   | FRONT FENDER - LH Devild                       | \$<br>841.00                                       |
| 10  | FRONT FENDER ATTACHMENT PARTS 7                | \$<br>71.00 7                                      |
| 11  | FRONT FENDER BRACKET - LH                      | \$<br>38.00 ?                                      |
| 12  | FRONT FENDER BRACE 7.                          | \$<br>95.00 ,                                      |
| 13  | WHEEL HOUSING LINER - LH tom                   | \$<br>167.00                                       |
| 14  | WHEEL HOUSING LINER ATTACHMENT PARTS ?         | \$<br>88.00  |
| 15  | LED HEADLIGHT - LH The M                       | \$<br>5,455.00 <i>\tau</i>                         |
| 16  | LIFT CYLINDER - LH AHA                         | \$<br>141.00 +                                     |
| 17  | WASH WATER RESERVOIR New W                     | \$<br>202.00 +                                     |
| 18  | FRONT ALUMINIUM RIM - LH                       | \$<br>699.00                                       |
| 19  | SUNDRIES                                       | \$<br>300.00 7                                     |
|     | TOTAL SPARE PARTS CHARGES TOTAL LABOUR CHARGES | 1,514.00<br>6,552.00                               |

: \$18,066.00

All charges are not inclusive of GST.
Legend : Remarks (OK) = Approved, Remarks (X) = Not approved
Spare parts are Special Nett.

**GRAND TOTAL** 

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 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 Pepairer

Signature:

Date:

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

: AM Anthonsed, 04 Days

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

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# **Enquire PARF/COE Rebate for Registered Vehicle**

Vehicle Owner Particulars

Owner ID Type: Singapore NRIC

Owner ID: 416C Vehicle Details

Vehicle No.: SMU592T Vehicle to be Exported: No.

Vehicle to be Exported:

Intended Deregistration Date:

Vehicle Make:

No

18 Aug 2020

Vehicle Make:

AUDI

Vehicle Model: A3 SEDAN 1.0 TFSI S TRONIC (LED)

Primary Colour: Blue

Manufacturing Year: 2019

Engine No.: CHZC37801

 Chassis No.:
 WAUZZZ8V5LA031144

 Maximum Power Output:
 85.0 kW (113 bhp)

 Open Market Value:
 \$22,278.00

 Original Registration Date:
 28 Jul 2020

First Registration Date: 28 Jul 2020
Transfer Count: 0

Actual ARF Paid: \$23,190.00

Intended PARF Rebate Details
PARF Eligibility: Yes

PARF Eligibility: Yes

PARF Eligibility Expiry Date: 27 Jul 2030

PARF Rebate Amount: \$17,392.00

Intended COE Rebate Details

COE Expiry Date: 27 Jul 2030

COE Category: A - Car up to 1600cc & 97kW (130bhp)

 COE Period(Years):
 10

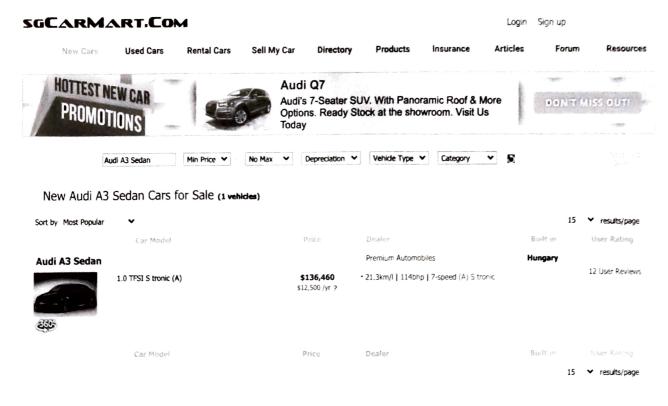
 QP Paid:
 \$32,699.00

 COE Rebate Amount:
 \$32,505.00

Total Rebate Amount: \$49,897.00

The information contained herein is correct as at 18 Aug 2020

OK



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