

REF:

ASSIGNED BY:

## ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its  
repair at the time of inspection.

N/S	O/S

Bal. or Market Value:

IDAC Accident Report: Consistent? : Yes or No

GIA / PR. Seen: Consistent? : Yes or No

Est. Repairs: days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No:

SLN/854E, Yr Regn: 2017 April

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

Truck / Trailer or

Make:

Audi A6

CC 1798

Colour:

Black

A/C: Insured / Std / Nil / NA

Sp. Reading

60680

T/Radio: Insured / Std / Nil / NA

Eng/No:

C/No:

WAUZZZ4G4H N061761

Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

225/55R17.

R:

225/55R17.

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

TOYO / YOKO or

Continental

Front

Rear

R/Bal.

06

mm

R/Bal.

06

mm

L/Bal.

06

mm

L/Bal.

06

mm

D.O.A.

D.O.I.

26/08/20

Survey held at

Premium

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

Rear N/S.

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

OD A16.

MV: 1051K

PV: 68.7K

Nett: 36.3K

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Report Format:

Lump Sum / F&amp;S:

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Insp (\$

☐

Meal and (\$

\$ + F&amp;S \$

Fuels:

Others:

TOTAL

## 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 willful 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 21/08/2020 18:05  
Date Of Accident 20/08/2020 10:00  
Exact Location Of Accident EUNOS ROAD  
Country/State Of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SLN1854E  
**Insured/Policyholder**  
Name Of Registered Owner ISA RAFIQ MOHAMED S/O ABDUL KHADER  
NRIC No SXXXX032E  
Email Address FAFIQAQ786@GMAIL.COM  
Mobile Phone No (LOCAL) +65-94574616  
Alternative Phone No OFFICE-94574616

### Vehicle Particulars

Manufacturer AUDI  
Model A6 1.8 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.  
Type Of Coverage COMPREHENSIVE  
Fleet Policy NO  
Policy Number 2100508434-03  
Cover Note Number

### Driver

Name of Driver ISA RAFIQ MOHAMED S/O ABDUL KHADER  
NRIC No SXXXX032E  
Date Of Birth 24/12/1965  
Occupation INDOOR  
Date Of Driving Pass 13/07/1988  
Driving Experience 32 YEARS AND 1 MONTH  
Gender MALE  
Mobile Number (LOCAL) +65-94574616  
Fax Number  
Contact Number OFFICE-94574616  
Email Address FAFIQAQ786@GMAIL.COM

Address	BLK 227 PASIR RIS STREET 21 #02-102
Postcode	510227
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	COLLISION - HEAD TO REAR
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.	YES
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	PASIR RIS NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5852999 - FAX NO: 65855261
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO THE POLICE REPORT

#### 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	SBT899U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	





Sketch Plan

SKETCH PLAN



A = SLN1854E

B = SBT899U

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to the police report.

DECLARATION

(We declare the foregoing particulars are true in every respect.)

Policyholder's Signature  
Date & Time: 21/1/20  
4:30pm

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



Reporting Centre Personnel's Signature  
Name: Jay Fong  
NRIC/FIN No.: 67040071

## Sketch Plan #2

### 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 to 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:

21/08/2020  
4:20 pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: Taly Pong

NRIC/FIN No. 650411971

# Premium Automobiles

55 Ubi Road 1, Singapore 408699

Tel 6366 2323 Fax 6841 1183

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

**WIP : 46406**

## Telefax

**Estimate** : Accident Repairs  
**Workshop** : Ubi Road 1  
**Contact No** : 6366 2323  
**Fax No** : 6841 1183  
**Reference** : PA/OD/0596/2020/NS  
**Date** : 24-Aug-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** : Mr Isa Rafiq Mohamed S/O Abdul Khader  
**Address** : Blk 227 Pasir Ris St 21  
#02-102  
Singapore 510227  
**Telephone** : HP +65 94574616  
**Type of Claim** : Own Damage Claim  
**Policy No.** : 2100508434-03  
**Vehicle No** : **SLN 1854 E**  
**Model Code** : Audi A6 1.8 TFSI S Tronic  
**Model / Year** : Apr-17  
**Engine No** : CYG 017724  
**Chassis No** : WAUZZZ4G4HN061761  
**Mileage** : -  
**Date In** : -  
**Estimated By** : Johnny Boo / Allan Wu  
**Accident Date** : 20-Aug-20  
**Place of Accident** : Eunoss Road

# Premium Automobiles

55 Alb Road 1, Singapore 408696  
Tel: 6786 7373 Fax: 6861 1183

Telefax

## Estimated Labour Charges for Accident Vehicle, SLN 1854 E

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	✓
2	To dismantle and renew rear bumper. To repair lhs rear fender. Re-organise crash management components. Reinstall all parts removed.	\$	<del>1,600.00</del> 500	
3	To respray rear bumper, lhs rear fender and lhs rear door.	\$	<del>3,000.00</del> 550	
4	To remove and renew lhs rear exhaust silencer and align to position.	S/N \$	480.00	X
5	To carry out diagnostic check.	S/N \$	192.00	✓
TOTAL LABOUR CHARGES		:	\$ 5,632.00	



# Premium Automobiles

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

Telefax

## Material List for Accident Vehicle Regn No. SLN 1854 E

S/N	Parts Description	Damage Parts & Prices	
		S/Nett	Remarks
1	REAR BUMPER <i>Defend</i>	\$ 2,897.00	✓
2	REAR BUMPER FIXING PARTS <i>Neu</i>	\$ 270.00	✗
3	REAR BUMPER SPOILER <i>Defend</i>	\$ 474.00	✓
4	REAR BUMPER SECURING STRIP ?	\$ 220.00	?
5	REAR BUMPER CLOSING ELEMENT - LH <i>Neu</i>	\$ 80.00	✗
6	EXHAUST TAIL PIPE TRIM <i>Neu</i>	\$ 561.00	✗
7	REAR SILENCER	\$ 1,276.00	✓
8	REAR SILENCER DUAL CLIP	\$ 57.00	✓
9	REAR SILENCER BRACKET <i>Neu</i>	\$ 57.00	✓
10	REAR BUMPER CARRIER	\$ 960.00	✗
11	REAR BUMPER CARRIER SEAL - LH / RH	2 \$ 28.00	✗
12	REAR BUMPER GUIDE PROFILE - LH	\$ 66.00	✗
13	REAR BUMPER GUIDE SECTION - CENTRE	\$ 105.00	✗
14	REAR BUMPER GUIDE SECTION - LH	\$ 53.00	✗
15	REAR BUMPER GUIDE SECTION - LH	\$ 33.00	✗
16	REAR BUMPER HOLDING STRAP - LH	\$ 63.00	✗
17	REAR BUMPER CONNECTING PIECE	\$ 13.00	✗
18	REAR PARKING AID SENSOR	2 TBC	✗
19	SUNDRIES ?	\$ 300.00	?
<b>TOTAL SPARE PARTS CHARGES</b>		<b>: \$ 7,513.00</b>	
<b>TOTAL LABOUR CHARGES</b>		<b>: \$ 5,632.00</b>	
<b>GRAND TOTAL</b>		<b>: \$ 13,145.00</b>	

All charges are not inclusive of GST.

Legend : Remarks (OK) = Approved, Remarks (X) = Not approved

Spare parts are Special Nett.

# Premium Automobiles

55 Ubi Road 1, Singapore 408699

Tel : 6366 2323 Fax : 6841 1183

## Telefax

Name

:

Adrian L

Surveyed Date

:

26/08/20

Authorised Date

:

Excess Cost

:

Liability

:

Remarks

:

Not Authorised, 03 Days.

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:

## 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

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Singapore NRIC

Owner ID:

032E

Vehicle Details

Vehicle No.:

SLN1854E

Vehicle to be Exported:

No

Intended Deregistration Date:

27 Aug 2020

Vehicle Make:

AUDI

Vehicle Model:

A6 1.8 TFSI ULTRA (PI) (NAV)

Primary Colour:

Black

Manufacturing Year:

2016

Engine No.:

CYG017724

Chassis No.:

WAUZZZ4G4HN061761

Maximum Power Output:

140.0 kW (187 bhp)

Open Market Value:

\$40,460.00

Original Registration Date:

25 Apr 2017

First Registration Date:

25 Apr 2017

Transfer Count:

0

Actual ARF Paid:

\$43,644.00

Intended PARF Rebate Details

PARF Eligibility:

Yes

PARF Eligibility Expiry Date:

24 Apr 2027

PARF Rebate Amount:

\$32,733.00

Intended COE Rebate Details

COE Expiry Date:

24 Apr 2027

COE Category:

E - Open Category

COE Period(Years):

10

QP Paid:

\$54,501.00

COE Rebate Amount:

\$35,968.00

Total Rebate Amount:

\$68,701.00

The information contained herein is correct as at 27 Aug 2020

OK



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GV Credit Pte Ltd





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2 vehicles

**Audio A6**

Model	Price	Depreciation	Reg. Date	Eng. Cap	Mileage	Veh Type	Available
<b>Audi A6</b>	Any	Any	<b>2017</b>	Any	Any	Any	<b>Available</b>
<b>Audi A6 2.0A TFSI</b>	<b>\$133,800</b>	<b>\$15,990 /yr</b>	<b>28-Apr-2017</b>	<b>1,984 cc</b>	<b>44,000 km</b>	<b>Luxury</b>	<b>Available</b>
 <p>Audi A6 252Bhp Product Improvement! Brilliant Black With Altas Beige Seats! Prev Audi Mgt Unit! 5 Years Warranty (Unlimited Mileage)! Fully Serviced By Premium Automobiles. Please Call/SMS For Viewing. Thank You.</p> <p>Eurokars Pre Owned</p> <p>Posted: 02-Aug-2020    Tags: 2017 Audi A6, Audi A6, Audi, A6</p>							
<b>Audi A6 1.8A TFSI Ultra S-tronic</b>	<b>\$108,800</b>	<b>\$12,880 /yr</b>	<b>29-May-2017</b>	<b>1,798 cc</b>	<b>107,000 km</b>	<b>Luxury</b>	<b>Available</b>
 <p>5 Years Warranty, Genuine Mileage, Not Modified, All Factory Original Part, Well Maintained By Owner, Accident Free. STA/Vicom Evaluation Welcome. View By Appointment.</p> <p>Posted: 11-Aug-2020    Tags: 2017 Audi A6, Audi A6, Audi, A6</p>							

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Model	Price	Depreciation	Eng. Cycle	Eng. Cap	Mileage	Veh. Type	Notes
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