ASS. REC. BY GAME NEF: CC3 A16 2	1000 9054/Risof3 1 223A
	GNMENT
From: Date:	Veh No: SMM 8993J Yr Regn: 2019 /July
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD I TP I WS I TP RES I OD RES I EVA I INV I MV	Truck / Trailer or
To Inspect Vehicle No: Smm 89935	Make: Away A3 SCORN 1-0 TEST C.C 999
at Workshop m/s PREMIUM	Colour GREY A/C: Insured / Std / NI / NA
of 281, OLEXALIDER LD	Sp.Reading 18198 T/Radio: Insured / Std / NI / NA
Insured: ALA	Eng/No:
Policy No.	C/No: WAUZZZ8V9K1025247.
Claims No.	Gen. Cond: Good /Falr/ Poor / Burnt
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: (norder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil / 8/Rim / STD A/Rim or
	Tyre Size: F: 205 55 R 16
(Policy Condition)	R:
Remark: The veh had commenced its N/S O/S	BS I DUN / EXNOVA I GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO / YOKO or
Bal. or Market Value: 99K	Front Rear
IDAC Accident Rport: Consistent?: Yes or No	R/Bal. 6 mm R/Bal. 6 mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. 6 mm L/Bal. 6 · mm
Est. Repairs: 4 days Res.: Yes or No	D.O.A. 25 08 2020 D.O.I. 28/88/2020
Lum Sum: % · 3 Val.: Yes or No	Survey held at PREMIUM
CA PREV / REP. / 24 HRS	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
CA REP. / 24 HRS Vehicle: IN / OU	TRI N/S
Date:Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	
0 . 1 . 1 . 511	
Figur (init - 56K	200
31/08/20@10.31am revert to Victor via Merin 01/09/20@9.55am Victor informed C/A via Me	
01/09/20@11.31am Informed Syafiq C/A & ex	
	nal fig \$10620.72, 4 days (Red \$5032.12, 32%)
<u> </u>	,
Dale/Time, File Pass to? : Preli. Report	Days Of Repair: 4
: Final Report	Resurvey No. of Trip: 1 Survey Fee:
Date/Time, File Return to?	Transportation:
2) Add i	Fee: : Site Insp (\$)s+Rssi
•	: Interview (\$) Photos
Representate: MER-OD	: Tech, Invs (\$) Others
Lump Sum / LE J: (% 10620.72)	:Weellend (\$)
	TOTAL

i.. .

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 : 6366 2323
Fax No : 6841 1183

Reference : PA/OD/0603/2020/NS

Date : 26-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 Srivats Hariharan

Address : 89 Bukit Drive

#03-22

Singapore 587846 : HP +65 81557230

Telephone : HP +65 81557230

Type of Claim : Own Damage Claim

Policy No. : 190012167

Vehicle No : SMM 8993 J

Model Code : Audi A3 Sedan 1.0 TFSI 8V

Model / Year : Jul-19

Engine No : CHZ C27822

Chassis No : WAUZZZ8V9K1025247

Mileage : Date In : -

Estimated By : Johnny Boo / Allan Wu

Accident Date : 25-Aug-20

Place of Accident : Exit 11(AYE City) Towards Clementi Ave 6

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

Telefax

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Estimated Labour Charges for Accident Vehicle. SMM 8993 J

5/N	Nature of Jobs			stimated Charges	Surveyor's Recommendations
	To remove, check and transfer front wire harness for headlights, horns, outside temperature sensor and headlight S/washer assy.	N S	5	280.00	
2	To remove and transfer lhs headlight control unit and power S/module.	'N S	>	350.00	250/
3	To dismantle and renew front bumper and lhs headlight. Reorganise crash management components. Reinstall all parts removed.	:	\$	1,950.00	
4	To respray front bumper.		\$	990.00 .	550
5	To carry out diagnostic check.	/N :	\$	192.00	
	TOTAL LABOUR CHARGES	: _	\$	2,772.00	

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

Telefax

Material List for Accident Vehicle Regn No. SMM 8993]

				Damage Part	s & Prices
S/N	Parts Description			S/Nett	Remarks
			J425		
1	FRONT BUMPER de		\$	1,987.00	
2	FRONT BUMPER FIXING PARTS		\$	185.00	
3	FRONT BUMPER GUIDE SECTION - LH		\$	38.00	
4	FRONT BUMPER GRILLE - CENTRE X 14	_	\$	159.00	
5	FRONT BUMPER CLOSING ELEMENT - LOWER CENTRE	11	\$	530.00	
6	FRONT BUMPER CLOSING ELEMENT - LH 💢 🔨		\$	293.00	
7	FRONT BUMPER COVER TRIM - LH 💢 🐧 🥆		\$	161.00	
8	RADIATOR GRILLE		\$	1,406.00	
9	RADIATOR GRILLE CLOSING ELEMENT 7		\$	189.00	
10		NEC	\$	8.00	
11	CAUTION SIGN STICKER	NEC	\$	14.00	
12	FRONT BUMPER AIR GUIDE GRILLE - LH X		\$	186.00	
13	FRONT BUMPER SIDE REINFORCEMENT BEAM ?		\$	715.00	
14	FRONT BUMPER FOAM FILLER PIECE ?		\$	187.00	
15	FOAM FILLER PIECE COVER 7.		\$	121.00	
16	LED HEADLIGHT - LH CM		\$	5,455.00	
17	LIFT CYLINDER - LH 🗶 🇥		\$	141.00	
18	RADIATOR AIR GUIDE - LH XALA		\$	24.00	
19	FRONT NO PLATE X ASICE AN	S/N	\$	60.00	
20	SUNDRIES 7		\$	200.00	
	TOTAL SPARE PARTS CHARGES	:	\$1	2,059.00	
	TOTAL LABOUR CHARGES	•		2,772.00	
	GRAND TOTAL	:	\$1	4,831.00	

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

RASUL - 4p 90000568 28/08/2020@1020 3 days Excess: TBA

Perset Resur Se for print

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 0072843 / Premium Automobiles Pte Ltd - UBI V DATE & TIME: 25/08/2020 14:33 WITTED BY: Chang Chee Sing

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.

ACC	DE	III III	EME.	1

 Date Of Report
 25/08/2020 14:33

 Date Of Accident
 25/08/2020 07:35

Exact Location Of Accident EXIT 11 (AYE CITY) TOWARDS CLEMENTI AVE 6

Country/State of Loss SINGAPORE

IIDETAILS OF OWN VEHICLE

Vehicle Registration Number SMM8993J

Insured/Policyholder

Name Of Registered Owner SRIVATS HARIHARAN

NRIC No SXXXX223A

Email Address SRIVATS.HARIHARAN@GMAIL.COM

Mobile Phone No (LOCAL) +65-91557230

Alternative Phone No OFFICE-91557230

Vehicle Particulars

Manufacturer AUDI

Model A3 SEDAN 1.0 TFSI

Exact Purpose for which vehicle was being used at

time of accident

RES

No:

VOL

comm

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rsor

Ins

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 190012167

Cover Note Number

Driver

Name of Driver SHVETHA SANKARAN

 NRIC No
 SXXXX613E

 Date Of Birth
 23/11/1980

 Occupation
 INDOOR

 Date Of Driving Pass
 13/01/2014

Driving Experience 6 YEARS AND 7 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-90928197

Fax Number

Contact Number OFFICE-90928197

EMail Address SRIVATS.HARIHARAN@GMAIL.COM

dress #9 BUKIT DR #03-22

587846

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

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

NO

Road Surface DRY

Other Information
Was any foreign vehicle involved in this accident?

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? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

RES/I

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Res.:

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Circumstances of Accident

SHVETHA SANKARAN WAS DRIVING HOWE FROM QIFA PRIMARY SCHOOL. WAS LOOKING AN ONCOMING TRAFFIC FROM CLEMENTI AVE 6. CAR B WAS SLOWLY MOVING OUT. SHVETHA THOUGH IT WAS SAFE TO MERGE INTO CLEMENTI AVE 6, BUT BUMPED ACCIDENTALLY INTO CAR B. FRONT LEFT OF CAR A BUMPED BACK RIGHT OF CAR B.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 111

Vehicle Registration Number SJT2967Z

Vehicle Make/Model/Colour SUBARU IMPREZA

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 11

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

- 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.
- 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.
- 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.
- 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.
- 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 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 "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

en f li

> Date & Time 25/8/2020

1340

Driver's Signature

(If driver is not the policyholder)

Name: Wash laters Skall Go

G2987143X

SKETCH PLAN

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Consi onsi:

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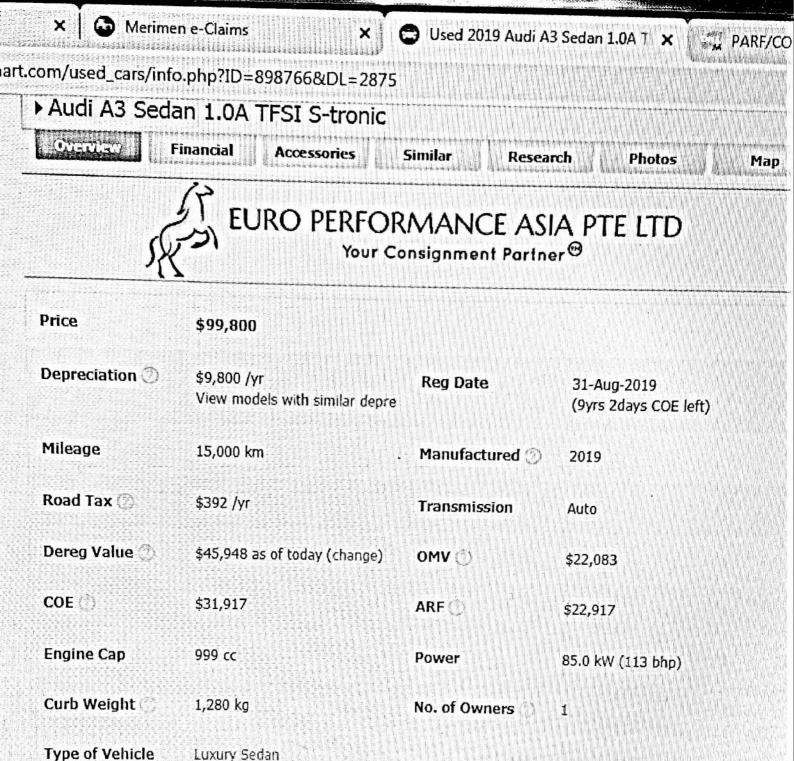
TCH PLAN	
CLE PUE B / STREAGE ? A / FAMBERS A YE (CLITY)	
ESCRIBE CIRCUMSTANCES OF THE ACCIDENT	
SHETHA SANKARAN CUAS DRIV	inty Home from
ALCO POLICE (CARA)	
WAS LOOKING AT CHOOMING	Territic Flows
CLEMENT ME. 6. HOS ENT	
CARB WAS SLOWLY MOVING DU.	T. SHVETHA THOUGH
IT WAS SOFE TO MERGE INTO CO	E. ME. 6, 807
BUMPED ACCIDENTALY INTO CAR	<u>R</u> .
FRONT LEFT OF CARA BUMPE	ED BACK PIGHT OF
CAR B.	
DECLARATION I/We declare the foregoing particulars are true in every respect. A-John A	
عدد الااءد	work stouch, stough, Google

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC
Owner ID:	223A
Vehicle No.	
	SMM8993J
Vehicle to be Exported:	No No
Intended Deregistration Date:	28 Aug 2020
Vehicle Make:	AUDI
Vehicle Model:	A3 SEDAN 1.0 TFSIS TRONIC (LED & NAV)
Primary Colour:	Grey
Manufacturing Year:	2019
Engine No.:	CHZC27822
Chassis No.:	WAUZZZ8V9K1025247
Maximum Power Output:	85.0 kW (113 bhp)
Open Market Value:	\$23,358.00
Original Registration Date:	18 Jul 2019
First Registration Date:	18 Jul 2019
Transfer Count:	0
Actual ARF Paid:	\$24,702.00
add (chlorista Nobel ad Colorida an Edward an	esantes y 7 augusta esa papa sente a mara a des antigipas anauzanan sayan akas estan ang antigipan antigipan d
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	17 Jul 2029
PARF Rebate Amount:	\$18,526.00
#filestilation (#) #filestilation (#)	es en en secretario de como de estados de aporto por el como de aporto de aporto de aporto de aporto de aporto
COE Expiry Date:	17 Jul 2029
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$26,667.00
COE Rebate Amounts	\$23,692,00
Total Rebate Amount: e information contained herein is correct as at 28 Aug 2020	\$42,218.00

ОК



Features

Fuel-Efficient Front Wheel Drive, 113Bhp At 200Nm Torque, 3 Cylinder Inline 12 Valve Turbocharge Engine With 7 Speed S-Tronic Gearbox, Top Speed 9.9s. View specs of the Audi A3 Sedan (2014)

