CC3/AIG20009718/Aqf3

PER 9 30. 20

224	MGNMENT
Frem Date -	100 No. SMJ8296D. 11 Regn. 2020 Jan.
Estimated Cost.	Type A.C. 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 And A4. 00 1984
at Workshop m/s	Colour G. AV. Insured / Std / NI / NA
of	Sp. Reading 79 23 T/Radio: Insured / Std / NI / NA
Insured.	Eng/No:
Policy No. 2070006071	CNO: WAUZZZF46KA 1/270
Claims No. 4808449471SG	Gen. Cond Gold / Fair / Poor / Burnt
Sum Insured: Excess: 3000	Steering. Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inarder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil / SRim / STD A/Rim or
	Tyre Size: F: 205/60P-16-
(Policy Condition)	R: 205/60R16
Remark: The veh had commenced its N/S 0/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.	<u>Front</u> <u>Rear</u>
IDAC Accident Rport: Consistent?: Yes or No	R/Bal. 06 mm R/Bal. 06 mm
GIA / PR Seen: Consistent?: Yes or No	L/Bal. 06 mm L/Bal. 0C mm
Est. Repairs: days Res.: Yes or No	D.O.A. D.O.I. 11/09/23
Lum Sum: % 3 Val.: Yes or No	Survey held at Rolling.
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Vehicle: IN / OU Date: Person Contacted:	
Date / Time Action / Instruction	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Institution	•
11/09/20@2.49pm revert to Victor via Merimen.	
11/09/20@5.42pm Victor informed C/A via Merime	n.
M √ : 130 C 14/09/20@9.05a	am Informed Terrence C/A & ex:\$3000 by email.
PV: 631K	
Nett: 66.9K	
OMETICAL DESCRIPTION OF THE PROPERTY OF THE PR	
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:
2) Add Fe	The state of the s
Power of Frances	: Interview (\$) Fhotos
Report Formet:	: Tech, Invs. (8) ones
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	. 7040

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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.

- 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	03/09/2020 09:16
Date Of Accident	02/09/2020 14:35
Exact Location Of Accident	PIE AFTER BKE EXIT(TUAS)
Country/State of Loss	SINGAPORE
Country/State of Loss	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMJ8296D

Insured/Policyholder

LEE WAI MENG(LI WEIMING) Name Of Registered Owner

SXXXX731C NRIC No

WAIMENG.W.LEE@GMAIL.COM **Email Address**

(LOCAL) +65-96259384 Mobile Phone No OFFICE-96259384 Alternative Phone No

Vehicle Particulars

AUDI Manufacturer

A4 SEDAN 2.0 TFSI 8W Model

Exact Purpose for which vehicle was being used at PRIVATE USE

time of accident

Are you claiming under your own insurance policy YES

for repair to your vehicle?

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

2070006071 Policy Number

Cover Note Number

Driver

LEE WAI MENG(LI WEIMING) Name of Driver

SXXXX731C NRIC No 09/10/1985 Date Of Birth **INDOOR** Occupation 17/01/2019 **Date Of Driving Pass**

1 YEAR AND 7 MONTHS **Driving Experience**

MALE Gender

(LOCAL) +65-96259384 Mobile Number

Fax Number

OFFICE-96259384 Contact Number

WAIMENG.W.LEE@GMAIL.COM **EMail Address**

Address

BLK 187 BUKIT BATOK WEST AVENUE 6

#10-161

Postcode

650187

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)

2

involved in the accident

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.

NO

Number of Passengers (Including Driver)

2

Passenger 1

NAME:

: KOH CHAI HUA

GENDER:

: FEMALE

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

ALONG PIE(TUAS) AFTER BKE EXIT THERE WERE ROAD WORKS ON LANE 1. TRAFFIC WAS SLOW AND MERGING. AS THE CAR IN FRONT MOVED OFF, IT JAMMED BRAKE AND I BRAKED AS WELL. THE WHITE ALTIS BEHIND HIT MY REAR.

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 1

Vehicle Registration Number

SJW7812M

Vehicle Make/Model/Colour

TOYOTA ALTIS WHITE

Details Of Properties Vehicle Category

PRIVATE CAR

Name of Driver

KHAN

NRIC/Passport Number

Contact Number

88757550

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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
- 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.
- 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)

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 insurers) 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:
 - 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

18:00

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name: TCNAMETAN NRIC/FIN No.: 49308T

bilithii shottopiidhoo yi

Sketch Plan #2

1

SKETCH PLAN			\$	lou tra	ffic		
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DESCRIBE CIRCUMS	TANCES OF TI	HE ACCIDENT			Pre		there
Along	PIE	(Tuas)	add	eas-	to La	ie L	
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Traffic	we	s slo	0 -	CAEVET A	arang d	7) 6.	14.
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14	anneo	1 670	· ICE	CANCE	- Alberta		- Trible de la constant de la consta
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reat.							
Policyholder's Signature Date & Time 2/3 Countage: Slagnet drump berne, V	10000	Driver's Signature (If driver is not the		er)	Reportin Name NRIC/Fit	Centre Person Internet (4	nnei's Signature

* PREMIUM AUTOMOBILES



55 UBI ROAD 1, SINGAPORE 408699 TEL: 6366 2323 FAX: 6841 1183

EMAIL: NORA.KHAI@PREMIUMAUTO.COM.SG / CLAIMS@PREMIUMAUTO.COM.SG

ESTIMATE

ACCIDENT REPAIRS

WORKSHOP

Ubi Road 1

CONTACT NO

6366 2323

FAX NO

6841 1183

REFERENCE

PA/OD/0631/2020/TT

DATE

9-Sep-20

WIP

47821

VEHICLE NOT IN WORKSHOP. KINDLY ARRANGE FOR SURVEY.

:

:

:

:

:

:

AIG ASIA PACIFIC INSURANCE PTE LTD

78 SHENTON WAY #07-16 AIG BUILDING SINGAPORE 0689877

ATTN: MR. ADRIAN LING - MOTOR CLAIMS DEPT

TEL: 6841 0055 - FAX: 6256 4315

OWNER'S NAME

MR LEEWAI MENG (LI WEIMING)

ADDRESS

BLK 187 BUKIT BATOK WEST AVENUE 6

#10-51

SINGAPORE 650187

TELEPHONE

HP +65 96259384

TYPE OF CLAIM

OWN DAMAGE CLAIM

POLICY NO

2070006071

VEHICLE NO

SMJ 8296 D

MODEL CODE

AUDI A4 SEDAN 2.0 TFSI 8W

MODEL YEAR

21/1/2020

ENGINE NO

CVK 087120

CHASSIS NO

WAUZZZF46KA11270

MILEAGE DATE IN

ESTIMATED BY

JOHNNY BOO / ALLAN WU

ACCIDENT DATE

2-Sep-20

PLACE OF ACCIDENT

PIE AFTER BKE EXIT (TUAS)





55 UBI ROAD 1, SINGAPORE 408699 TEL: 6366 2323 FAX: 6841 1183

EMAIL: NORA.KHAI@PREMIUMAUTO.COM.SG / CLAIMS@PREMIUMAUTO.COM.SG

ESTIMATED LABOUR CHARGES FOR ACCIDENT VEHICLE SMD 8296 D

S/N	NATURE OF JOBS		 STIMATED CHARGES	SURVEYOR'S RECOMMENDATIONS
1	TO REMOVE AND TRANSFER REAR PARKING AID AND REAR LID KICK SENSOR. CHECK FUNCTION.	S/N	\$ 360.00	
2	TO REMOVE AND TRANSFER REAR LID'S CONVENIENCE LOCK SYSTEM AND WIRE HARNESSFOR	S/N	\$ 280.00	
3	TO DISMANTLE AND RENEW REAR BUMPER, REAR BUMPER SPOILER AND REAR LID. RE-ORGANISE CRASH MANAGEMENT COMPONENTS. REINSTALL ALL PARTS REMOVED.		\$ 2,100.00	1000
4	TO RESPRAY REAR BUMPER, REAR LID AND HINGES.		\$ 2,200.00	1100
5	TO CARRY OUT DIAGNOSTIC CHECK.	S/N	\$ 192.00	
	TOTAL LABOUR CHARGES	:	\$ 5,132.00	





55 UBI ROAD 1, SINGAPORE 408699 TEL: 6366 2323 FAX: 6841 1183

EMAIL: NORA.KHAI@PREMIUMAUTO.COM.SG / CLAIMS@PREMIUMAUTO.COM.SG

MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SMD 8296 D

S/N PARTS DESCRIPTION	QTY	DAM	AGED PARTS & PRICES S/NETT REMARKS
1 REAR BUMPER Deld		\$	2,698.00 —
2 REAR BUMPER FIXING PARTS NO L		\$	454.00 ~
3 REAR BUMPER SECURING STRIP		\$	220.00
4 REAR BUMPER SPOILER RL		\$	246.00
5 REAR BUMPER TRIM Ould		\$	289.00
6 REAR BUMPER BRACKET - LH/RH	2	\$	230.00
7 REAR LGHT REFLECTOR - LH/RH / / ~	2	\$	82.00 🛨
8 REAR BUMPER CARRIER		\$	1,002.00 ?
9 REAR BUMPER CARRIER SEAL ?	2	\$	28.00
10 REAR BUMPER GUIDE SECTION - LH / RH	2	\$	44.00 👌
11 REAR BUMPER HOLDING STRAP - LH / RH	2	\$	164.00 -
12 REAR PARKING AID SENSOR - INNER / OUTER	2		TBC -
13 REAR PARKING AID SEAL RING " ~ ~	4	\$	14.00 +
14 BOOT LID CONTROL UNIT Ale me		\$	399.00 T
15 REAR LID Dented		\$	2,623.00
16 REAR LID HINGE - LH / RH 2	2	\$	452.00 ×
17 REAR LID LOCK JAC M		\$	227.00 +
18 REAR LID ATTACHEMENT PARTS MC		\$	144.00 -
19 REAR LID LOCK STRIKER 2		\$	33.00 +
20 REAR LID FLAP GASKET		\$	203.00 ₺
SUB TOTAL SPARE PARTS	:	\$	9,552.00

ALL CHARGES ARE INCLUSIVE OF GST

LEGEND:

REMARKS (OK) = APPROVED, REMARKS (X) = NOT APROVED

SPARE PARTS ARE SPECIAL NETT.





55 UBI ROAD 1, SINGAPORE 408699 TEL: 6366 2323 FAX: 6841 1183

EMAIL: NORA.KHAI@PREMIUMAUTO.COM.SG / CLAIMS@PREMIUMAUTO.COM.SG

MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SMJ 8296 D

	QTY	DAMA	GED PARTS & PRICES S/NETT	REMARKS
S/N PARTS DESCRIPTION	- QII			
21 PACKING ADHESIVE ?		\$	18.00 -	
22 AUDI EMBLEM		\$	122.00 —	
23 A4 INSCRIPTION		\$	95.00 —	
24 REAR CROSS PANEL TRIM Me a		\$	164.00 🗡	
25 REAR NUMBER PLATE Lot	S/N	\$	60.00 —	
26 SUNDRIES		\$	300.00 7	
TOTAL SPARE PARTS	:	\$	10,311.00	
TOTAL LABOUR CHARGES	:	\$	5,132.00	
GRAND TOTAL	:	\$	15,443.00	

ALL CHARGES ARE INCLUSIVE OF GST

LEGEND:

REMARKS (OK) = APPROVED, REMARKS (X) = NOT APROVED

SPARE PARTS ARE SPECIAL NETT.

* PREMIUM AUTOMOBILES



55 UBI ROAD 1, SINGAPORE 408699 TEL: 6366 2323 FAX: 6841 1183

EMAIL: NORA.KHAI@PREMIUMAUTO.COM.SG / CLAIMS@PREMIUMAUTO.COM.SG

NAME

SURVEYED DATE

AUTHORISED DATE

EXCESS COST

LIABILITY

REMARKS

Adrian (1)/09/20

Mol Anthonsel, 04 Days

PLEASE NOTE

THIS ESTIMATE IS BASED ON VISUAL INSPECTION OF THE AFFECTED VEHICLE. SHOULD WE REQUIRE FURTHER LAOUR

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

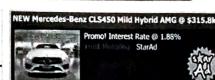
Enquire PARF/COE Rebate for Registered Vehicle

Owner ID: Owner ID:	Singapore NRIC
	731C
Vehicle No.:	SMJ8296D
Vehicle to be Exported:	No
Intended Deregistration Date:	11 Sep 2020
Vehicle Make:	AUDI
Vehicle Model:	A4 SEDAN 2.0 TFSI S TRONIC (NAV)
Primary Colour:	Grey
Manufacturing Year:	2019
Engine No.:	CVK087120
Chassis No.:	WAUZZZF46KA112470
Maximum Power Output:	140.0 kW (187 bhp)
Open Market Value:	\$33,713.00
Original Registration Date:	21 Jan 2020
First Registration Date:	21 Jan 2020
Transfer Count:	0
Actual ARF Paid:	\$39,199.00
1 1 V 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\$37,177.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	20 Jan 2030
PARF Rebate Amount:	\$29,399.00
intaria (a o i a fraga i a conse	
COE Expiry Date:	20 Jan 2030
COE Category:	E - Open - all except motorcycle
COE Period(Years):	10
QP Paid:	\$37,989.00
COE Rebate Amount:	\$33,687.00
Total Rebate Amount:	\$63,086.00

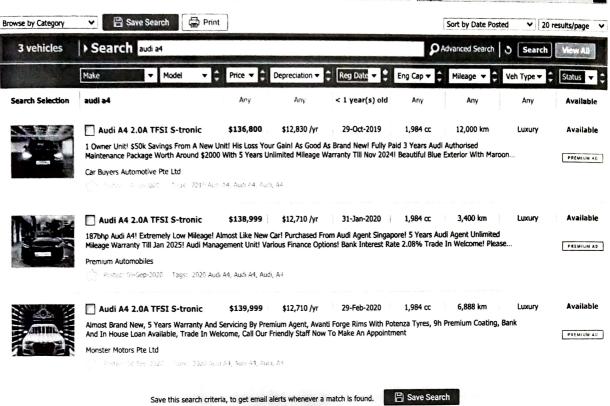
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