

## 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 Rpt: \_\_\_\_\_ 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

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: SMR6727ZYr Regn: 2020 Jan.Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Audi Q3c.c. 1395Colour: Grey

A/C: Insured / Std / NI / NA

Sp. Reading: 7085

T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: WAUZZZF30L1018349Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 215/65R17R: 215/65R17

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

TOYO / YOKO or Falken

Front

Rear

R/Bal. 06 mmR/Bal. 06 mmL/Bal. 06 mmL/Bal. 06 mm

D.O.A. \_\_\_\_\_

D.O.I. 17/09/20Survey held at Premium

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

Front o/s

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

Date / Time Action / Instruction

OD A16MV: 1401cPV: 57.71cNett: 82.31c

Date/Time, File Pass to?



Preli. Report

1)



Final Report

Date/Time, File Return to?

2)

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Add Fee: ☐

Site Insp (\$)



Interview (\$)



Tech. Insp (\$)



Reel end (\$)

Survey Fee:

Transportation:

S + RS, SI

Photo

Others

TOTAL

Report Format:

Long Form / Short Form

## 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 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	16/09/2020 17:05
Date Of Accident	16/09/2020 10:30
Exact Location Of Accident	8 MENG SUAN ROAD S779211
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMR6727Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LEE YEE PING
NRIC No	SXXXX314C
Email Address	JOELOOSJ@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96824994
Alternative Phone No	OFFICE-96824994

### Vehicle Particulars

Manufacturer	AUDI
Model	Q3 1.4 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	2000002554
Cover Note Number	

### Driver

Name of Driver	LEE YEE PING
NRIC No	SXXXX314C
Date Of Birth	23/01/1978
Occupation	INDOOR
Date Of Driving Pass	19/05/1999
Driving Experience	21 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96824994
Fax Number	
Contact Number	OFFICE-96824994
EMail Address	JOELOOSJ@GMAIL.COM

Address	10A BRADDELL HILL #20-02
Postcode	579720
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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.	NO
Number of Passengers (Including Driver)	0

#### 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

THE TRUCK REVERSED AND HIT THE STATIONARY PARKED VEHICLE (SMR 6727 Z) ON THE FRONT RIGHT AND SIDE.

#### 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

Vehicle Registration Number	XD7387H
Vehicle Make/Model/Colour	ISUZU/TRUCK/WHITE
Details Of Properties	
Vehicle Category	MOTOR TRADE
Name of Driver	VENKATRAMAN MANIKANDAN
NRIC/Passport Number	GXXXX488L
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



## Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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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 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 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:

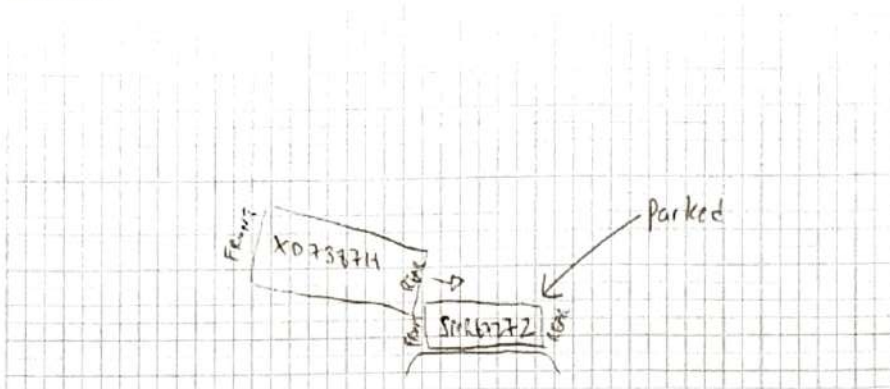
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name: Tommy Fung  
NRIC/FIN No.: G20461416

GIA/MSI SKETCH PLAN Form V3

### Sketch Plan #2

### SKETCH PLAN



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

The truck reversed and hit the stationary parked vehicle (SMR 67272) on the front right end side.

## DECLARATION

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

Policyholder's Signature

Date & Time: 11/9/20

Copyright © 2000 by John Wiley & Sons, Inc.

Driver's Signature \_\_\_\_\_

(If driver is not the policyholder)

**Date & Time:**



Reporting Centre Personnel's Signature

Name: Tony Fain

NRIC/FIN No: 62401471

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Portrait of a woman

License Number **S7871314C**  
Name  
**LEE YEE PING**

Birth Date: **23 Jan 1978**  
Issue Date: **26 Apr 2003**

Barcode: 000423626J

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

Class 3 Motor Cycle and Motor Tricycle: Dry weight of 400kg or less and a maximum of 2000 cc engine

PASS DATE  
**19 May 1999**

NP 428A

Barcode: License No: S7871314C





# CERTIFICATE OF INSURANCE

## AUDI AUTO PROTECTOR PRIVATE VEHICLE

**Name of Policyholder** : LEE YEE PING  
**Period of Insurance** : 17 Jan 2020 To 16 Jan 2021  
**Engine No.** : CZD886648  
**Chassis No.** : WAUZZZF30L1018349

**Vehicle No.** : SMR6727Z  
**Policy No.** : 2000002554  
**Endorsement No.** :  
**Issued Date** : 21 Jan 2020

### ABOUT THE COVER

**Make/Model** : AUDI Q3 1.4 TFSI (150 BHP)  
**Engine Capacity/Tonnage** : 1,395.00 CC  
**Driver Restriction** : NA  
**Sum Insured** : Market Value  
**Off Peak Car** : No  
**First Year of Registration** : 2020  
**Insuring with COE/PARF** : Yes  
**Person or Classes of Persons Entitled to Drive\*** :

a) The Policyholder  
b) 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 "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience.

**Age Condition** : All Age Condition

**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 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

### EXCESS

#### Section 1

Fire - \$0 Own Damage - \$800 Theft - \$0 Flood Cover - \$800

#### Section 2

Property Damage - \$0

**Windscreen** : \$100

**Named Driver and Excess** (where applicable)

LEE YEE PING - \$800 (Own Damage), \$800 (Flood Cover)

### APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS FOR DAMAGE TO GLASS AND REPAIRED REPAIRS

1 Audi Customer Service Center Add: 55 Ubi Road 1 Singapore 408699 63562323

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at 805 6305 6200. Alternatively, you may refer to AIG website [www.aig.sg](http://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

I/We hereby certify that the policy to which this Certificate of Insurance relates 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 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0504125207

PREMIUM LEASING - SLEE

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

# 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/0670/2020/NS
DATE	:	16-Sep-20
WIP	:	49707

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	:	MS LEE YEE PING
ADDRESS	:	10A BRADDELL ROAD #20-02 SINGAPORE 579720
TELEPHONE	:	HP +65 96824994
TYPE OF CLAIM	:	OWN DAMAGE CLAIM
POLICY NO	:	2000002554
VEHICLE NO	:	SMR 6727 Z
MODEL CODE	:	AUDI Q3 1.4 TFSI S TRONIC
MODEL YEAR	:	17/1/2020
ENGINE NO	:	CZD 886648
CHASSIS NO	:	WAUZZZF30L1018349
MILEAGE	:	7085KM
DATE IN	:	16-Sep-20
ESTIMATED BY	:	JOHNNY BOO / ALLAN WU
ACCIDENT DATE	:	16-Sep-20
PLACE OF ACCIDENT	:	8 MENG SUAN ROAD S779211





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 SMR 6727 Z

S/N	NATURE OF JOBS	ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATIONS
1	TO REMOVE, CHECK AND TRANSFER FRONT WIRE HARNESS FOR HEADLIGHTS, HORNS, OUTSIDE TEMPERATURE SENSOR, HEADLIGHT WASHER ASSY AND FRONT PARKING AID.	S/N \$ 480.00	✓
2	TO REMOVE AND TRANSFER RHS HEADLIGHT CONTROL UNIT AND POWER MODULE.	S/N \$ 400.00	?
3	TO DISMANTLE AND REINSTALL RH FRONT DOOR PANEL TRIM. TO REMOVE AND REINSTALL WIND MIRROR ASSY.	S/N \$ 280.00	✓
4	TO DISMANTLE AND RENEW FRONT BUMPER, RHS FRONT FENDER, RHS FRONT DOOR AND RHS HEADLIGHT. RE-ORGANISE CRASH MANAGEMENT COMPONENTS. REINSTALL ALL PARTS REMOVED.	\$ <del>3,200.00</del>	1000.
<b>SUB TOTAL LABOUR CHARGES</b>		<b>: \$ <u><u>4,360.00</u></u></b>	

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## ESTIMATED LABOUR CHARGES FOR ACCIDENT VEHICLE SMR 6727 Z

S/N	NATURE OF JOBS	ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATIONS
5	TO RESPRAY FRONT BUMPER, RHS FRONT FENDER AND RHS FRONT DOOR. ✓	\$ 3,400.00	1650
6	TO RENEW RHS FRONT RIM. TO CARRY OUT WHEEL ALIGNMENT.	S/N \$ 280.00	X.
7	TO REAPPLY PAINT COATING ON DAMAGED AREA.	S/N \$ 800.00	600.
8	TO REAPPLY HEADLIGHT STICKER.	S/N TBC	?
9	TO CARRY OUT DIAGNOSTIC CHECK.	S/N \$ 192.00	✓
TOTAL LABOUR CHARGES		: <u>\$ 9,032.00</u>	

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## MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SMR 6727 Z

S/N PARTS DESCRIPTION	QTY	DAMAGED PARTS & PRICES		REMARKS
			S/NETT	
1 FRONT BUMPER <i>Distorted</i>		\$	2,045.00	✓
2 FRONT BUMPER CLOSING ELEMENT - RH ?		\$	58.00	?
3 FRONT BUMPER GRILLE - RH <i>seen</i>		\$	109.00	x
4 FRONT BUMPER CLOSING ELEMENT <i>not seen</i> ?		\$	188.00	?
5 FRONT SPOILER ?		\$	379.00	?
6 FRONT BUMPER AIR GUIDE GRILLE - RH <i>let</i>		\$	151.00	✓
7 FRONT BUMPER GUIDE SECTION - RH <i>Repl</i>		\$	38.00	✓
8 FRONT FENDER - RH <i>Distorted</i>		\$	1,271.00	✓
9 FRONT FENDER ATTACHMENT PARTS ?		\$	62.00	?
10 FRONT FENDER BRACE - RH <i>Best</i>		\$	87.00	✓
11 FRONT FENDER BRACKET - RH <i>Best</i>		\$	31.00	✓
12 FRONT FENDER DAMPING - RH UPPER ?		\$	31.00	?
13 DAMPING SEAL ?		\$	36.00	?
14 FRONT FENDER CLOSING ELEMENT - RH ?		\$	33.00	?
15 FRONT FENDER INSULATION - RH ?		\$	42.00	?
16 FRONT WHEEL HOUSING LINER - RH <i>torn</i>		\$	237.00	✓
17 WHEEL HOUSING LINER ATTACHMENT PARTS ?		\$	100.00	?
18 WHEEL HOUSING LINER COVER - RH ?		\$	16.00	?
19 WHEEL HOUSING LINER CLOSING ELEMENT - RH ?		\$	19.00	?
20 HEADLIGHT MOUNTING - RH <i>seen</i>		\$	117.00	x
SUB TOTAL SPARE PARTS		:	\$	<u>5,050.00</u>





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## MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SMR 6727 Z

S/N PARTS DESCRIPTION	QTY	DAMAGED PARTS & PRICES		REMARKS
		S/NETT		
21 LED HEADLIGHT - RH ?		\$	5,526.00 ?	
22 LIFT CYLINDER - RH ?		\$	208.00 ?	
23 FRONT WHEEL COVER - LH / RH LH NEC, RH 2 missing		\$	530.00 ✓	
24 FRONT DOOR - RH Repair		\$	2,542.00 +	
25 FRONT DOOR OUTER SEAL ? mean NEC		\$	164.00 +	
26 FRONT DOOR ATTACHMENT PARTS ? mean		\$	155.00 +	
27 FRONT DOOR CATCH ?		\$	119.00 +	
28 FRONT DOOR COVER - RH ? mean		\$	265.00 +	
29 FRONT ALUMINIUM RIM - RH ? mean		\$	756.00 *	
30 SUNDRIES ?		\$	300.00 ?	
<b>TOTAL SPARE PARTS</b>	:	\$	<b>15,615.00</b>	
<b>TOTAL LABOUR CHARGES</b>	:	\$	<b>8,512.00</b>	
<b>GRAND TOTAL</b>	:	\$	<b>24,127.00</b>	

ALL CHARGES ARE INCLUSIVE OF GST

LEGEND: REMARKS (OK) = APPROVED, REMARKS (X) = NOT APPROVED  
SPARE PARTS ARE SPECIAL NETT.

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NAME

SURVEYED DATE

AUTHORISED DATE

EXCESS COST

LIABILITY

REMARKS

: Adrian L.  
: 17/09/20.

:  
: Not Authorised, OS 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

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	314C
Vehicle Details	
Vehicle No.:	SMR6727Z
Vehicle to be Exported:	No
Intended Deregistration Date:	18 Sep 2020
Vehicle Make:	AUDI
Vehicle Model:	Q3 1.4 TFSI S TRONIC (17")
Primary Colour:	Grey
Manufacturing Year:	2019
Engine No.:	CZD886648
Chassis No.:	WAUZZZF30L1018349
Maximum Power Output:	110.0 kW (147 bhp)
Open Market Value:	\$27,687.00
Original Registration Date:	17 Jan 2020
First Registration Date:	17 Jan 2020
Transfer Count:	0
Actual ARF Paid:	\$30,762.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	16 Jan 2030
PARF Rebate Amount:	\$23,071.00
Intended COE Rebate Details	
COE Expiry Date:	16 Jan 2030
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$37,109.00
COE Rebate Amount:	\$34,615.00
Total Rebate Amount:	\$57,686.00

The information contained herein is correct as at 17 Sep 2020

OK





Q3 1.4 TFSI S tronic 1

Min Price

to

No Max

Depreciation

Vehicle Type

Category

Advanced Search

New Q3 1.4 TFSI S Tronic 17 Rim (A) Cars for Sale (2 vehicles)

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