ASSIGNMENT

odar:

From Linte -	Veh No. SM481905- 17 Regn. 2020 August.
Estimated Cost	Type M.Car/ 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: Andi Q3. cc 1395
at Workshop m/s	Colour Grey. A/C: Insured / Std / NI / NA
of	Sp.Reading 530 - T/Radio: Insured / Std / NI / NA
Insured.	Eng/No:
Policy No.	C/No: WAUZZZF 33L1111236
Claims No.	Gen. Cond Good / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh;	Modi Nil / S/Rim) STD A/Rim or
	Tyre Size: F: 215/65R17.
(Policy Condition)	R: 215/63R17.
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO/YOKO OF Falker.
Bal. or Market Value	<u>Front</u> Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal of mm R/Bal of mm
GIA / PR Seen. Consistent? : Yes or No	L/Bal. 06 mm L/Bal. 06 mm
Est Repairs. days Res.: Yes or No	DOA DOI 22/10/20.
Lum Sum. % 3 Val.: Yes or No	Survey held at Prenim.
CA / REV / REP. / 24 HRS	Des. of Damages : Frt. / Rear. / O/S. / N/S. / U/C. / Rooftop or
Vehicle: IN / OUT	Front N/s.
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision
Date / Time Action / Instruction	
OV RIST.	
mv: (SOK	
PV:59.6K	
Nett: 904K.	
Date/Time File Pass to? : Prefit. Report	Days Of Repair:
: Final Report	Resurvey No. of Trip: Survey Fee:
Date/Time File Polium In?	Transportation:
Add Fee	:: Site Insp(\$
	Interview (3 , page
Septit Forms	Term (n/s 42) other
Imp Pent P.P. E. I	("Heat sive "

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 <u>truthful and accurate</u> 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

	ACCIDENT STATEMENT
Date Of Report	10/10/2020 18:20
Date Of Accident	10/10/2020 09:35
Exact Location Of Accident	NEAR BOTANICAL GARDEN
Country/State of Loss	SINGAPORE
HONOR DESCRIPTION OF THE PROPERTY OF THE PROPE	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SMU8190S
Insured/Policyholder	
Name Of Registered Owner	SINGHANIA MANAV
NRIC No	SXXXX994E
Email Address	MANAV.SINGHANIA@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97114721
Alternative Phone No	OFFICE-97114721
Vehicle Particulars	
Manufacturer	AUDI
Model	Q3 1.4 TFSI S TRONIC (17")
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	

AIG ASIA PACIFIC INSURANCE PTE. LTD.

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 2070114801

Cover Note Number

Name of Insurance Company

Driver

Name of Driver SINGHANIA MANAV

 NRIC No
 SXXXX994E

 Date Of Birth
 03/11/1981

 Occupation
 INDOOR

 Date Of Driving Pass
 16/05/2011

Driving Experience 9 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97114721

Fax Number

Contact Number OFFICE-97114721

EMail Address MANAV.SINGHANIA@GMAIL.COM

19 KORAM ROAD Address

#10-10 KORAM MELODY

Postcode 548791 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

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - MAJOR/MINOR RD

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle) 2 involved in the accident

NO Was any body injured in the Accident?

Was any injured conveyed to hospital by NO

ambulance?

YES Was any other material or property damaged? I have been approached by unknown person(s) NO soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1 : RESHU SINGHANIA NAME:

4

GENDER: : FEMALE

Passenger 2 : ARYAV SINGHANIA NAME:

> GENDER: : MALE

Passenger 3 : AVEOR SINGHANIA NAME:

> GENDER: : MALE

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

I STOPPED AT THE STOP LINE AND THEN PROCEEDED SLOWLY BUT THE CAR CAME AT SPEED RIGHT INFRONT AND ACCIDENT HAPPENED.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SDV50S Vehicle Registration Number Vehicle Make/Model/Colour BMW/BLUE

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)

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.
- 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 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 Date & Time: 10 | 10 (10)0

8: 00 pm

Driver's Signature

(If driver is not the policyholder)
Date & Time: 10 10 1070

man

Reporting Centre Personnel's Signature Name: Paymod 5-9 5-9 White NRIC/FIN No.: (XXXXIII)

KETCH PLAN						
		100			A = S B = S	MU 8190 DV 50.5
SCRIBE CIRCUMSTANCES	OF THE ACCID	ENT			Ш	ШШ
Stopped stopped in front	at the	Stop 6-	e and	then	bas cor	ded
Slowing bu	t the	car ca	me	at spe	ed o	ngut
in them?	and -	me au	dus	rayer.	-	
			Manus	SHAME	A TEN	
		The later of the l	Real Property			
		TAX DE				
Free Later						
			245		-	
				N. Frank		
CLARATION e declare the foregoing particu	lars are true in e	every respect.		/	THE STATE OF	
00	/	Wi		0000		
cyholder's Signature	Driver's Sig	nature		Reporting Co	ntre Personnel	's Signature
& Time: 10/10/200	(If driver is Date & Tim	not the policyhold		Name: Pay	rment Ting	Sing we
are the cas and che or but		6 mm			110	1

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/0770/2020/NS

DATE : 14-0ct-20 WIP : 53035

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 SINGHANIA MANAV

ADDRESS : 19 KOVAN ROAD

#10-10

SINGAPORE 548191

TELEPHONE : HP +65 97114721

TYPE OF CLAIM : OWN DAMAGE CLAIM

TYPE OF CLAIM : OWN DAMAGE CL POLICY NO : 2070114801

VEHICLE NO : SMU 8190 S

MODEL CODE : AUDI Q3 1.4 1.4 TFSI S TRONIC

 MODEL YEAR
 : 21/8/2020

 ENGINE NO
 : CZD 895168

CHASSIS NO : WAUZZZF33L1111236

MILEAGE : -

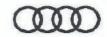
DATE IN : -

ESTIMATED BY : JOHNNY BOO / ALLAN WU

ACCIDENT DATE : 10-Oct-20

PLACE OF ACCIDENT : NEAR BOTANICAL GARDEN





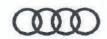
55 UBI ROAD 1, SINGAPORE 408699 TEL: 6366 2323 FAX: 6841 1183 EMAIL: NORA.KHAI@PREMIUMAUTO.COM.SG / CLAIMS@PREMIUMAUTO.COM.SG

ESTIMATED LABOUR CHARGES FOR ACCIDENT VEHICLE SMU 8190 S

5/N	NATURE OF JOBS		STIMATED CHARGES	SURVEYOR'S RECOMMENDATIONS
1	TO REMOVE, CHECK AND REINSTALL FRONT WIRE HARNESS FOR HEADLIGHTS, HORNS, OUTSIDE TEMPERATURE SENSOR, HEADLIGHT WASHER ASSY AND FRONT PARKING AID.	S/N	\$ 280.00	×.
2	TO REMOVE AND TRANSFER LHS HEADLIGHT CONTROL UNIT AND POWER MODULE.	S/N	\$ 400.00	253
3	TO DISMANTLE AND RENEW FRONT BUMPER, LHS FRONT FENDER AND LHS HEADLIGHT. RE-ORGANISE CRASH MANAGEMENT COMPONENTS. REINSTALL ALL PARTS REMOVED.		\$ 1,500.00	500
4	TO RESPRAY FRONT BUMPER AND LHS FRONT FENDER.		\$ 1,650.00	550
5	TO CARRY OUT DIAGNOSTIC CHECK.	S/N	\$ 192.00	
	TOTAL LABOUR CHARGES	: ;	\$ 4,022.00	



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

MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SMU 8190 S

S/N PARTS DESCRIPTION	QTY	DAMAGED PARTS S/NETT	8 & PRICES REMARKS
1 FRONT BUMPER WL	\$	2,045.00	/
2 FRONT BUMPER CLOSING ELEMENT - LH 2	\$	58.00	+
3 FRONT BUMPER GRILLE - LH	\$	109.00	+
4 FRONT BUMPER CLOSING ELEMENT	\$	188.00	+.
5 FRONT SPOILER Lt	\$	379.00	/
6 FRONT BUMPER AIR GUIDE GRILLE - LH 7	\$	151.00	+
7 FRONT BUMPER GUIDE SECTION - LH	\$	38.00	1,
8 FRONT FENDER - LH	\$	1,271.00	*
9 FRONT FENDER ATTACHMENT PARTS	\$	62.00	*
10 FRONT FENDER BRACE - LH 7	\$	87.00	+
11 FRONT FENDER BRACKET - LH	\$	31.00	S.
12 FRONT WHEEL HOUSING LINER - LH	\$	237.00	+
13 WHEEL HOUSING LINER ATTACHMENT PARTS M	em s	100.00	+
14 HEADLIGHT MOUNTING - LH Ken	\$	117.00	+
15 LED HEADLIGHT - LH W	\$	5,526.00	/
16 LIFT CYLINDER - LH	\$	208.00	×.
17 FRONT WHEEL COVER - LH / RH Her	2 \$	530.00	-
18 SUNDRIES	\$	250.00	. 3
TOTAL SPARE PARTS	: \$	11,387.00	-
TOTAL LABOUR CHARGES	: \$	4,022.00	
GRAND TOTAL	: \$	15,409.00	

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

Adra 6

Not Anthonised, 03 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: Vehicle Details	994E			
Vehicle No.:	SMU8190S			
Vehicle to be Exported:	No			
Intended Deregistration Date:	22 Oct 2020			
Vehicle Make:	AUDI			
Vehicle Model:	Q3 1.4 TFSI S TRONIC (17")			
Primary Colour:	Grey			
Manufacturing Year:	2020			
Engine No.:	CZD895168			
Chassis No.:	WAUZZZF33L1111236			
Maximum Power Output:	110.0 kW (147 bhp)			
Open Market Value:	\$27,743.00			
Original Registration Date:	21 Aug 2020			
First Registration Date:	21 Aug 2020			
Transfer Count:	0			
Actual ARF Paid: Intended PARF Rebate Details	\$30,841.00			
PARF Eligibility:	Yes			
PARF Eligibility Expiry Date:	20 Aug 2030			
PARF Rebate Amount: Intended COE Rebate Details	\$23,130.00			
COE Expiry Date:	20 Aug 2030			
COE Category:	B - Car above 1600cc or 97kW (130bhp)			
COE Period(Years):	10			
QP Paid:	\$37,102.00			
COE Rebate Amount:	\$36,463.00			
Total Rebate Amount:	\$59,593.00			

The information contained herein is correct as at 22 Oct 2020

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New Audi Q3 Cars for Sale (3 vehicles)

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Audi Q3

Car Model

Audi Q3 Sportback Section 1.4 TFSI S tronic [17" Rim] (A)

2.0 TFSI qu S tronic (A)

Price

\$168,711

\$15,100 /yr ?

\$200,161

\$158,800

\$14,300 /yr ?

\$182,800

Premium Automobiles

* 14.2km/l | 148bhp | 6-speed (A) S tronic

* 12.7km/l | 177bhp | 7-speed (A) S tronic

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results/page

User Rating

Audi Q3

1.4 TFSI S tronic [17" Rim] (A)

1.4 TFSI S tronic S line (A)

Premium Automobiles

Parallel Importers

* 14.3km/l | 148bhp | 6-speed (A) S tronic

* 13.9km/l | 148bhp | 6-speed (A) S tronic

Audi Q3 Sportback Mild Hybrid

1.4 35 TFSI S tronic (A)

Car Model

\$158,000

* 14.2km/l | 148bhp | 7-speed (A) S tronic

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15

Hungary

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Audi Q3 2016 (2011-2019)



(2012-2018)

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