# ASSIGNMENT

| Editinate Coats  UP / TP INS   TP RES   DD RES   EVA   INV   INV    To Inspect Vehicle No:  Ind Workshop mis  of Sp. Reading   2   0   | From Dale: -   | veh No: SBN 7318R. Yr Reyn: 2020, Sept.  |
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| To inspect Vehicle No at Workshop rife of at Workshop rife of Auct Auct Auct Auct Auct Auct Insured Istal fill IN A Sp. Reading 2 190 Tithodic Insured Istal fill IN A Sp. Reading 2 190 Tithodic Insured Istal fill IN A Sp. Reading 2 190 Tithodic Insured Istal fill IN A Sp. Reading 2 190 Tithodic Insured Istal fill IN IN A Sp. Reading 2 190 Tithodic Insured Istal fill IN IN A Sp. Reading 2 190 Tithodic Insured Istal fill Insured  | Estimated Cost:  |  |
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| of bauned bauned   Sp. Peading 2190   Tileaulo: Insured 1 Std I NI I NA  | To Inspect Vehicle No:   | Make: Audi Q3 SB a.c. 1395   |
| Insured Insured Insured Policy No. Chemis No Chemis No Chemis No Sum Insured: Excess: (Count's Excord) Make of Veh:  (Policy Condition) Remark: The veh had commenced its repair at the time of inspection.  Eat Peptits:  (A PER / REP. / 24 HRS Vehicle: IN / OUT Date: Person Contacted:  Person Contac | at Workshop m/s  |  |
| Insured Policy No. Chains No. Sum Insured: Excess: (Clear's Record) Make of Vet  Make of Vet  Make of Vet  Modi: Ni I sell of  | of   | The own that is a second of the second of th |
| Policy No Claims No. Sum insured: Excess: Steening Involver / Jammed / Leaked / Burnt or Steering Involver / Jammed / Leaked / Burnt or Steering Involver / Jammed / Leaked / Burnt or Modi: Nil / Skin / Steering Involver / Jammed / Leaked / Burnt or Modi: Nil / Skin / Steering Involver / Jammed / Leaked / Burnt or Modi: Nil / Skin / Steering Involver / Jammed / Leaked / Burnt or Modi: Nil / Skin / Steering Involver / Jammed / Leaked / Burnt or Modi: Nil / Skin / Steering Involver / Jammed / Leaked / Burnt or Modi: Nil / Skin / Steering Involver / Jammed / Leaked / Burnt or Modi: Nil / Skin / | Insured:   |  |
| Claims No.  Sum Insured:  Cicent's Record)  Make of Veh:  (Policy Condition)  Remark: The veh had commenced its repair at the time of inspection.  Path or Market Value  End Accident Port:  Consistent?: Yes or No  Survey held at  Date / Time  Action / Time  Acti | Policy No.   |  |
| Coloris Record   Make of Veh:   Brinks: Infrafer / Jammed / Leaked / Burnt or   Modi: Nil / Skip / StD ARkim or   Tyre Size: F: 2/5/65 & T.   Remark: The veh had commenced its   repair at the time of inspection.   NIS O/S   BS / DUN/ EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMi / TOYO / YOKO or   Continuatul   Piron   Rear   RIBal   Dun   RIB   | Claims No.   |  |
| Modi: NII / Rinh / STD AIRIM or Tyre Size: P: 2/5/65 R-7. R: 3/5/65 R-7 R: 3/5/65 R-7 R: 3/5/65 R-7 R: 3/5/65 R-7 R: 3/5/65 R- | Sum Insured: Excess:   |  |
| Tyre Size: F: 2/5/65 & T.  Remark: The veh had commenced its repair at the time of inspection.  Ball or Market Value:  IDAC Accident Rport Consistent? : Yes or No GIA / PR Seen: Consistent? : Yes or No LUBAL / PR Seen: Consistent? : Yes or No LUBAL / PR Seen: Consistent? : Yes or No CA / REV / REP. / 24 HRS  Date: Person Contacted:  Date: Person Contacted:  Date: Person Contacted:  The UKC / Chassis frame / Body Structure affected due to collision  MV : 150 IC PV : 67 K  Neth: 83 K   Date: Preli. Peport Days Of Repair:  Since Pies Fib Pown no  Acticl Field: Site Insp. (S. 18 Person)  The UKC / Chassis frame / Survey Fee: Transpectation  Date: Prelia Report Resurvey No. of Trip: Survey Fee: Transpectation  Acticl Field: Site Insp. (S. 18 Person)  Fee-Lots Forth 4: Site Insp. ( | (Client's Record)  | Brake: Inorder / Jammed / Leaked / Burnt or  |
| Remark: The veh had commenced its repair at the time of inspection.   NIS OVS  | Make of Veh:   | Modi: Nil / S/Rim / STD A/Rim or   |
| Remark: The veh had commenced its repair at the time of inspection.  Ball or Market Value.  |  | Tyre Size: F: 2/5/65 R.7.  |
| TOYO / YOKO or Contract L.  Bal. or Market Value.  IDAC Accident Rport: Consistent? : Yes or No  GIA / PR Seen: Consistent? : Yes or No  Lum Sum: % 3 Val. Yes or No  D.O.A. D.O.I. 37 io 20  CA / REV / REP. / 24 HRS  Vehicle: IW / OUT  Date: Person Contacted: W/ OUT  Date: Person Contacted: W/ OUT  Date: Person Contacted: W/ OUT  The U/C / Chassis frame / Body Structure affected due to collision.  Date / Time Action / Instruction  OD AUG.  Date/Time File Pass No? Prest. Peport  Days Of Repair:  Sunsey File  Days Of Repair:  Sunsey File  Trang-ectains  Trang-ectains  Person Contacted: Site Insp. (\$ 1.5 the prest transpectation)  Date/Time File Pass No? Site Insp. (\$ 1.5 the prest transpectation)  Date/Time File Pass No? Site Insp. (\$ 1.5 the prest transpectation)  Date/Time File Pass No? Site Insp. (\$ 1.5 the prest transpectation)  Date/Time File Pass No? Site Insp. (\$ 1.5 the prest transpectation)  Date/Time File Pass No? Site Insp. (\$ 1.5 the prest transpectation)  Date/Time File Pass No? Site Insp. (\$ 1.5 the prest transpectation)  Person Contact Instruction  Date/Time File Pass No? Site Insp. (\$ 1.5 the prest transpectation)  Date/Time File Pass No? Site Insp. (\$ 1.5 the prest transpectation)  Person Contact Instruction  Date/Time File Pass No? Site Insp. (\$ 1.5 the prest transpectation)  Date/Time File Pass No? Site Insp. (\$ 1.5 the prest transpectation)  Date/Time File Pass No? Site Insp. (\$ 1.5 the prest transpectation)  Person Contact Instruction  Date/Time File Pass No? Site Insp. (\$ 1.5 the prest transpectation)   | (Policy Condition)   | R: 215/65R17.  |
| Ball or Market Value:  DAC Accident Rport: Consistent?: Yes or No  GIA / PR Seen: Consistent?: Yes or No  Est. Repairs: days Res.: Yes or No  LURB.: Q6 mm LUBal 06 mm  LUBAL Q6 mm LUBAL 06 mm  LUBAL Q6 mm LUBAL 06 mm  CA / REV / REP. / 24 HRS  Vehicle: IN/OUT  Date: Person Contacted:  Date / Time Action / Instruction  OD ALG.  Coule/Time File Pros No  I Source File Pros No  | Remark: The veh had commenced its N/S O/S  | BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  |
| Each or Market Value  IDAC Accident Eport: Consistent?: Yes or No GIA / PR. Seen: 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: Vehicle: IN/OUT Date: Person Contacted: The UIC / Chassis frame / Body Structure affected due to collision.  Date / Time Action / Instruction OD ALG.  DiserTime Pie Pass In: Interview / Sak  Preport Resurvey No. of Timp: Survey Fee: Transpertation The UIC / Chassis frame / Sak  Description / Sak  Interview / Sak  Person Contacted: Transpertation The UIC / Chassis frame / Sak  DiserTime Pie Pass In: Interview / Sak  Preport Resurvey No. of Timp: Survey Fee: Transpertation The UIC / Chassis frame / Sak  DiserTime Pie Pass In: Interview / Sak  Person Contacted: Transpertation The UIC / Chassis frame / Body Structure affected due to collision.  DiserTime Pie Pass In: Interview / Sak  Preport Transpertation The UIC / Chassis frame / Body Structure affected due to collision.  DiserTime Pie Pass Interview / Sak  Interview / Sak  Person Contacted: Transpertation The UIC / Chassis frame / Body Structure affected due to collision.  DiserTime Pie Pass Interview / Sak  Interview / Sak  Preport Transpertation The UIC / Chassis frame / Body Structure affected due to collision.  DiserTime Pie Pass Interview / Sak  Interview / Sak  Preport Transpertation The UIC / Chassis frame / Body Structure affected due to collision.  DiserTime Pie Pass Interview / Sak  Transpertation The UIC / Chassis frame / Body Structure affected due to collision.  DiserTime Pie Pass Interview / Sak  Transpertation The UIC / Chassis frame / Body Structure affected due to collision.  The UIC / Chassis frame / Body Structure affected due to collision.  The UIC / Chassis frame / Body Structure affected due to collision.  The UIC / Chassis frame / Body Structure affected due to collision.  The UIC / Chassis frame / Body Structure affected due to collision.                                   | repair at the time of inspection.  | TOYO/YOKO or Continental.  |
| DAC Accident Rport:   Consistent? : Yes or No   Class   Consistent? : Yes or No   Class   Consistent? : Yes or No   Class      | Bal, or Market Value:  | New Yorks, and the second seco |
| 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  Date: Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision  OD ALG.  MV : ISOIC  PV : GTK  Nett : 83 K   Describe File Pess to: Preti. Report  Days Of Repair:  I) Survey held at  PV: GTK  Nett : Resurvey No. of Trip: Survey Fee: Transperdation  Discorting File Pess to: Site Insp. (S) 1 J. S. FR. 31  Interview (S) File No. 1  Preport Forms (S) 1 J. S. FR. 31  Interview (S) File No. 1  Preport Forms (S) 1 J. S. FR. 31  Interview (S) File No. 1  Preport Forms (S) 1 J. S. FR. 31  Interview (S) File No. 1  Preport Forms (S) 1 J. S. FR. 31  Interview (S) File No. 1  Preport Forms (S) 1 J. S. FR. 31  Interview (S) File No. 1  Preport Forms (S) 1 J. S. FR. 31  Interview (S) File No. 1  Preport Forms (S) 1 J. S. FR. 31  Interview (S) File No. 1  Preport Forms (S) 1 J. S. FR. 31  Interview (S) File No. 1  Preport Forms (S) 1 J. S. FR. 31  Interview (S) File No. 1  Preport Forms (S) 1 J. S. FR. 31  Interview (S) File No. 1  Preport Forms (S) 1 J. S. FR. 31  Interview (S) File No. 1  Preport Forms (S) 1 J. S. FR. 31  Interview (S) File No. 1  Preport Forms (S) 1 J. S. FR. 31  Interview (S) File No. 1  Preport Forms (S) 1 J. S. FR. 31  Interview (S) File No. 1  Preport Forms (S) 1 J. S. FR. 31  Interview (S) File No. 1  Preport Forms (S) 1 J. S. FR. 31  Interview (S) File No. 1  Preport Forms (S) 1 J. S. FR. 31  Interview (S) 2 J. S. FR. 31  Interview (S) 3 J. S. FR. 31  Interview (S) 3 J. S. FR. 31  Interview (S) 4 J. S. FR. 31  Interview (S) 4 J. S. FR. 31  Interview (S) 4 J. S. FR. 32  Interview (S) 4 J. | IDAC Accident Rport: Consistent? : Yes or No   | P/Pol  |
| Lum Sum:    3 Val.: Yes or No   Survey held at   Clm Val.  | GIA / PR Seen: Consistent?: Yes or No  | L/Bal. 06 mm L/Bal 06 mm   |
| Date: Person Contacted: Vehicle: IN / OUT  Date: Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision.  Date / Time  | Est. Repairs: days Res.: Yes or No   | D.O.A. D.O.I. 27/10/20   |
| Date: Person Contacted: Vehicle: IN/OUT  Date: Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision.  Date/Time Action / Instruction  OO ALG.  MV: 1501C  PV: G1K  Neth: 83K   Date/Time File Pass to? Prefix Report Days Of Repair:  I) Survey Fee: Transperiation:  Date/Time File Person to?  Action Files: Site Insp. (3 1 3 + PS 3)  Inforview (3 1 5 + PS 3)  Preport Forms:  Preport Forms: Transperiation:  | Lum Sum: % 3 Val.: Yes or No   | Survey held at Premium.  |
| Date   Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision.  Date / Time   Action / Instruction   OD ALG    MV : ISOIC   PV : GIK   Nett : 83K    Date/Time File Pass for   Prefix Peport   Days Of Repair:    Prefix Person for  |  | Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or  |
| Date / Time Action / Instruction OD ALG.  MV: 1501C PV: 67K Nett: 83K  Date / Time File Pass to:  Days Of Repair:  1: Final Report Resurvey No. of Trip: Survey Fee: Transportation: Date / Time File Petinn to:  Date / Time File Petinn to:  Action Fee: Site Insp. (3 )   |  | The U/C / Chassis frame / Body Structure affected due to collision.  |
| MV: 1501C PV: 67K Neth: 83K  Dele/Time, File Pass to:  1) : Preti. Report Days Of Repair: 1) : Final Report Resurvey No. of Trip: Survey Fee: 1) : Transportation: 2) : Actor Feg: : Site Insp. (\$ 1  | Date / Time   Action / Instruction   |  |
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### 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

|  | ACCIDENT STATEMENT                   |
|--|--------------------------------------|
| Date Of Report   | 22/10/2020 17:40                     |
| Date Of Accident   | 21/10/2020 19:00                     |
| Exact Location Of Accident   | 8 LIANG SEAH ST S(189029)            |
| Country/State of Loss  | SINGAPORE                            |
| D  | DETAILS OF OWN VEHICLE               |
| /ehicle Registration Number  | SBN7318R                             |
| nsured/Policyholder  |                                      |
| Name Of Registered Owner   | LIM WEISHENG, VINCENT (LIN WEISHENG) |
| NRIC No  | SXXXX904B                            |
| Email Address  | VINCENT.LIM.WS@GMAIL.COM             |
| Mobile Phone No  | (LOCAL) +65-87530058                 |
| Alternative Phone No   | OFFICE-87530058                      |
| Vehicle Particulars  |                                      |
| Manufacturer   | AUDI                                 |
| Model  | Q3 SPORTBACK 1.4 TFSI S TRONIC (17") |
| Exact Purpose for which vehicle was being used at<br>ime of accident         | PRIVATE USE                          |
| Are you claiming under your own insurance policy for repair to your vehicle? | YES                                  |
| f 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  | 2070135123                           |
| Cover Note Number  |                                      |
| Driver   |                                      |
| Name of Driver   | LIM WEISHENG, VINCENT (LIN WEISHENG) |
| NRIC No  | SXXXX904B                            |
| Date Of Birth  | 23/02/1988                           |
| Occupation   | INDOOR                               |
| Date Of Driving Pass   | 18/01/2008                           |
| Driving Experience   | 12 YEARS AND 9 MONTHS                |
| Gender   | MALE                                 |
| Mobile Number  | (LOCAL) +65-87530058                 |
| Fax Number   |                                      |
| Contact Number   | OFFICE-87530058                      |
|  | VINCENT.LIM.WS@GMAIL.COM             |

70C TELOK BLANGAH HEIGHTS Address

#06-533

103070 Postcode

NO Was driver an employee of the Insured's Company

OWNER If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Insurance Company of Driver's Own Vehicle

2

NO

NO

2

General Information of the Accident

SIDE SWIPE Type Of Accident CLEAR Weather Conditions

DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

NO Was any body injured in the Accident?

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)

Passenger 1

NAME:

: TAY HUI MIN

GENDER:

: FEMALE

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO NO

Circumstances of Accident

SIDE SWIPE INTO A STATIONARY LORRY WHEN MAKING A RIGHT TURN IN A TIGHT STREET.

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** 

UNKNOWN Vehicle Registration Number LORRY Vehicle Make/Model/Colour

**Details Of Properties** 

COMMERCIAL VEHICLE Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

Page 2 of 32

#### 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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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:
  - (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.

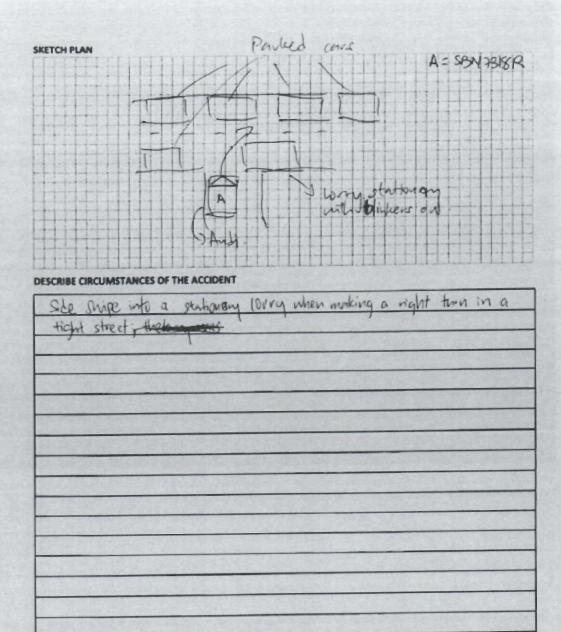
Policyholder's Signature Date & Time:

MOUN

220172020

Oriver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name: RAYMING TIME SAME WELL

NRIC/FIN No.: 6 XXX 1404



DECLARATION

I/We declare the forgoing particulars are true in every respect

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

Cardiniti ShetchPaniform 35



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/0801/2020/NS

**DATE** : 26-Oct-20 WIP : 54412

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 LIM WEISHENG, VINCENT(LIN WEISHENG)

ADDRESS : BLK 70C TELOK BLANGAH HEIGHTS

#06-533

SINGAPORE 103070

**TELEPHONE** : HP +65 87530058 **TYPE OF CLAIM** : OWN DAMAGE CLAIM

POLICY NO : 2070135123 VEHICLE NO : SBN 7318 R

MODEL CODE : AUDI 03 SPORTSBACK 1.4 TFS

 MODEL YEAR
 : 18/9/2020

 ENGINE NO
 : CZD C04066

CHASSIS NO : WAUZZZF32M1000646

MILEAGE : -

DATE IN :

ESTIMATED BY : JOHNNY BOO / ALLAN WU

ACCIDENT DATE : 21-Oct-20

PLACE OF ACCIDENT : 8 LIANG SEAH ST S(189029)





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 SBN 7318 R

| S/N | NATURE OF JOBS   |     | STIMATED<br>CHARGES | SURVEYOR'S<br>RECOMMENDATIONS |
|-----|--|-----|---------------------|-------------------------------|
| 1   | TO REMOVE AND REINSTALL REAR PARKING AID AND REAR LID KICK SENSOR. CHECK FUNCTION AND RENEW ACCORDING TO DAMAGE. | S/N | \$<br>360.00        | <b>X</b> .                    |
| 2   | TO REMOVE AND TRANSFER RHS REAR DOOR'S MULTI-<br>LOCK SYSTEM AND POWER WINDOW DEVICES.<br>INSPECT FOR DAMAGES.   | S/N | \$<br>280.00        |                               |
| 3   | TO RENEW RHS REAR 1/4 GLASS TO FACILITATE FENDER RENEWAL.  | S/N | \$<br>300.00        | /                             |
| 4   | TO INSTALL SOLAR FILM FOR RHS REAR 1/4 GLASS.  | S/N | \$<br>400.00        | X.                            |
| 5   | TO CARRY OUT WATER SEEPAGE TEST FOR RHS REAR 1/4 GLASS.  | S/N | \$<br>200.00        | 150                           |
|     | SUB TOTAL LABOUR CHARGES   | :   | \$<br>1,540.00      |                               |





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

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## ESTIMATED LABOUR CHARGES FOR ACCIDENT VEHICLE SBN 7318 R

| S/N | NATURE OF JOBS  |     | ESTIMATED<br>CHARGES   | SURVEYOR'S<br>RECOMMENDATIONS  |
|-----|---|-----|------------------------|--|
| 6   | TO DISLODGE AND REINSTALL REAR WIRE HARNESS<br>FOR LIGHTS, BATTERY MANAGER, FUSE AND RELAY<br>TRAYS, ELECTRICAL AND AUDIO EQUIPMENT.  | S/N | \$<br>1,400.00         |  |
| 7   | TO REMOVE AND REINSTALL REAR SEAT, BACK REST, HAT TRAY, ABCD PILLAR TRIMS, LUGGAGE COMPARTMENT TRIMS. DISLODGE ROOF LINER AND DISENGAGE CURTAIN AIRBAG ETC.   | S/N | \$<br>1,400.00         |  |
| 8   | TO DISMANTLE REAR BUMPER, REAR LID AND RHS REAR DOOR. TO RENEW RHS REAR DOOR. CUT OUT AND WELD RHS REAR FENDER AND REAR OUTER END PANELLING. RE-ORGANISE CRASH MANAGEMENT COMPONENTS. REINSTALL ALL PARTS REMOVED.        |     | \$<br>9,600.00         | 3500 (Without end pend)  |
| 9   | TO RESPRAY RHS REAR FENDER, RHS REAR DOOR, DOOR COVER, BOTH REAR WHEEL ARCH TRIMS, DOOR ENTRANCES, RHS SILL PANEL, ROOF CHANNEL. DRAIN PANEL AND END PANELLING. TO CARRY OUT STONE CHIP TREATMENT AND JOINT SEALER WORKS. | ٤   | \$<br>3175<br>5,750.60 | 4.5 x 550 = 2475<br>Wheel lover x2 = 200 x 2 = 40<br>Poor Cover = 200<br>Hadle = 100 |
| 10  | TO RENEW RHS REAR RIM AND CARRY OUT WHEEL ALIGNMENT.  | S/N | \$<br>280.00           | X 3175   |
| 11  | TO CARRY OUT DIAGNOSTIC CHECK.  | S/N | \$<br>192.00           |  |
|     | TOTAL LABOUR CHARGES  | : ] | \$<br>20,162.00        |  |





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## MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SBN 7318 R

| S/N PARTS DESCRIPTION                   | QTY | DAMAGED PARTS & PRICES S/NETT REMARKS |
|---|-----|---------------------------------------|
| 1 REAR FENDER - RH Dented               |     | \$<br>3,431.00                        |
| 2 REAR CROSS PANEL                      |     | \$<br>417.00                          |
| 3 SIDE WINDOW - RH                      |     | \$<br>607.00                          |
| 4 REAR BUMPER GUIDE SECTION - RH        |     | \$<br>63.00 🖈                         |
| 5 REAR WHEEL HOUSING LINER - RH         |     | \$<br>239.00 -                        |
| 6 WHEEL HOUSING LINER ATTACHEMENT PARTS |     | \$<br>100.00 4                        |
| 7 REAR DOOR - RH Devile                 |     | \$<br>2,553.00                        |
| 8 REAR OUTER DOOR SEAL M                | NEC | \$<br>134.00                          |
| 9 REAR DOOR CATCH                       |     | \$<br>119.00                          |
| 10 SILL PANEL SEAL - RH                 |     | \$<br>134.00                          |
| 11 REAR DOOR COVER - RH                 |     | \$<br>345.00                          |
| 12 REAR WHEEL COVER - LH / RH           | 2   | \$<br>1,060.00                        |
| 13 REAR ALUMINIUM RIM - RH XH M         |     | \$<br>756.00 ×.                       |
| 14 1/4 GLASS SEALANT                    | S/N | \$<br>100.00 —                        |
| 15 METAL FILLER POWDER                  | S/N | \$<br>280.00                          |
| 16 STONE CHIP                           | S/N | \$<br>180.00 —                        |
| 17 CAVITY WAX                           | S/N | \$<br>140.00 /                        |
| 18 ACRYLIC SEALANT                      | S/N | \$<br>180.00                          |
| 19 SUNDRIES                             |     | \$<br>300.00                          |
| TOTAL SPARE PARTS                       | :   | \$<br>11,138.00                       |
| TOTAL LABOUR CHARGES                    | : : | \$<br>20,162.00                       |
| GRAND TOTAL                             | :   | \$<br>31,300.00                       |

ALL CHARGES ARE INCLUSIVE OF GST

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



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NAME

SURVEYED DATE

**AUTHORISED DATE** 

**EXCESS COST** 

LIABILITY

REMARKS

Adrian ( ) 27/10/20.

Abol Anthonised, 13 Duys. (Without end panel)

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

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Enquire PARF/COE Rebate for Registered Vehicle

| Vehicle Owner Particulars                        |                                       |
|--|---------------------------------------|
| Owner ID Type:                                   | Singapore NRIC                        |
| Owner ID:<br><b>Vehicle Details</b>              | 904B                                  |
| Vehicle No.:                                     | SBN7318R                              |
| Vehicle to be Exported:                          | No                                    |
| Intended Deregistration Date:                    | 27 Oct 2020                           |
| Vehicle Make:                                    | AUDI                                  |
| Vehicle Model:                                   | Q3 SPORTBACK 1.4 TFSI S TRONIC (17")  |
| Primary Colour:                                  | White                                 |
| Manufacturing Year:                              | 2020                                  |
| Engine No.:                                      | CZDC04066                             |
| Chassis No.:                                     | WAUZZZF32M1000646                     |
| Maximum Power Output:                            | 110.0 kW (147 bhp)                    |
| Open Market Value:                               | \$30,410.00                           |
| Original Registration Date:                      | 18 Sep 2020                           |
| First Registration Date:                         | 18 Sep 2020                           |
| Transfer Count:                                  | 0                                     |
| Actual ARF Paid:<br>Intended PARF Rebate Details | \$34,574.00                           |
| PARF Eligibility:                                | • Yes                                 |
| PARF Eligibility Expiry Date:                    | 17 Sep 2030                           |
| PARF Rebate Amount: Intended COE Rebate Details  | \$25,930.00                           |
| COE Expiry Date:                                 | 17 Sep 2030                           |
| COE Category:                                    | B - Car above 1600cc or 97kW (130bhp) |
| COE Period(Years):                               | 10                                    |
| QP Paid:   | \$41,510.00                           |
| COE Rebate Amount:                               | \$41,058.00                           |
| Total Rebate Amount:                             | \$66,988.00                           |

The information contained herein is correct as at 27 Oct 2020

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**Audi** - Enjoy special launch offers on the Audi RS Q3 Sportback, from \$255,040 without COE at https://audisale.sg.

PROMOTION

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1.4 35 TFSI S tronic (A)

\$158,000 • 14.2km/l | 148bhp | 7-speed (A) S tronic

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