CC3/AIG20011931/Aqf3

	WESTONNENI.
From Dale: -	Veh No: 5mv 8306x Yr Regn: 2020 1 oct.
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: Audi A35B c.c 1385
at Workshop m/s	Colour Grey, A/C: Insured / Std / NI / NA
of	Sp.Reading 454 T/Radio: Insured / Std / NI / NA
Insured: 6651637883SG	Eng/No:
Policy No. 2070149949	C/No: WAUZZZSV8LA088972
Claims No.	Gen. Cond. Good / Fair / Poor / Burnt
Sum Insured; Excess: 600	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: 225/+5R17-
(Policy Condition)	R: 225/45R17
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 or
Bal. or Market Value:	Front Rear
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. 06 mm
Est. Repairs: 3 days Res.: Yes or No	D.O.A. D.O.I. 02/1/20
Lum Sum: % 3 Val.: Yes or No	Survey held at Premion (Benoi)
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Vehicle: IN Date: Person Contacted:	
Date / Time Action / Instruction	The U/C / Chassis frame / Body Structure affected due to collision.
00/11/00 05 10	
02/11/20@5.16pm revert to Victor via Mer 03/11/20@3.48pm Victor informed C/A via	The second secon
my 125 K	a ivieninen.
PV: 59K	
Nett: 66K.	
04/11/20@11.56am Informed Tony C/A & c	ex:\$600 by email.
23/02/21@2.50pm confirmed with Carrine f	inal fig \$4914, 3 days (Red \$13560, 73%)
Dale/Time, File Pass lo? : Preli. Report	Days Of Repair: 3
: Final Report	Resurvey No. of Trip: Survey Fee:
Date/Time. File Petium to?	Transportation
2) A.C.	A Feg: : Site Insp (\$)5+Pssi
	: Interview (3 ; Fuens
Peport Format: MER-OD	Tech his. G spiner.
4914	"Mariani "
ACTIVITIES OF THE RELEASE	Le source de la company de la

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

 By the lodgement of this report to the insurers, you hereby consensed for example. 	nt to the archiving of this report at the centre and to copies of this report	
	ACCIDENT STATEMENT	
Date Of Report	31/10/2020 10:52	
Date Of Accident	30/10/2020 22:30	
Exact Location Of Accident	CAR PARK BUKIT BATOK EAST AVE 6	
Country/State of Loss	SINGAPORE	
DI	ETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMV8306X	
Insured/Policyholder		
Name Of Registered Owner	TAN JUN XIAN SHAWN	
NRIC No	SXXXX075H	
Email Address	SHWANTAN01@GMAIL.COM	
Mobile Phone No	(LOCAL) +65-97894220	
Alternative Phone No	OTHERS-97894220	
Vehicle Particulars		
Manufacturer	AUDI	
Model	A3 SB 1.4 TFSI COD 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	STELLE	
Name of Insurance Company	AIG ASÍA PACIFIC INSURANCE PTE. LTD.	
Type Of Coverage	COMPREHENSIVE	
Fleet Policy	NO 1	
Policy Number	2070149949	
Cover Note Number		

Driver

TAN JUN XIAN SHAWN Name of Driver SXXXX075H NRIC No 18/09/1986 Date Of Birth INDOOR Occupation 30/05/2008 Date Of Driving Pass

12 YEARS AND 5 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-97894220 Mobile Number

Fax Number

OTHERS-97894220 Contact Number

SHWANTAN01@GMAIL.COM EMail Address

BLK 620 BUKIT PANJANG RING ROAD Address

#15-822

670620 Postcode

Was driver an employee of the Insured's Company NO

OWNER If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLIDED INTO PROPERTY Type Of Accident

CLEAR Weather Conditions DRY Road Surface

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?

Was any injured conveyed to hospital by

ambulance?

NO Was any other material or property damaged?

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

Number of Passengers (Including Driver)

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

WHEN PARKING HEAD IN, KNOCKED INTO THE KERB.

Attachment(s)

Are accident photos available for attachment?

YES

NO

NO

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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 (POPA)

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
- 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.
- 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 & Timet 3/10/2020

179:40am

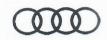
Driver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature Name: Raymond Ting Sing Wes

NRICFAN NO : GXXXXIOUX

Sketch Plan #2

	KERIS	A= SMV8306X
	A THE	
	DILLI DIE	
ESCRIBE CIRCUMSTAN	ICES OF THE ACCIDENT	
	hend in knocked into the la	eub
when parking	MENOLIN KHRENCH	
	The second second	
DECLARATION		
DECLARATION LAWA declaratible foregoin	ng particulars are true in every respect.	(SS PTE LA)
DECLARATION I/We declare the foregoi	ng particulars are true in every respect	SE PTE LO
DECLARATION I/We declare the foregoing	ng particulars are true in every respect	
DECLARATION I/We declare the foregoi Policyholder's Signature	ng particulars are true in every respect	Reporting Centre Personne's Signature Name: Raymond Try Story in a NRIC/FIN No. Germanux



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/0826/2020/NS

DATE : 2-Nov-20 WIP : 56207

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 TAN JUN XIAN SHAWN

ADDRESS : BLK 620 BUKIT PANJANG RING ROAD

#15-822

SINGAPORE 670620

TELEPHONE : HP +65 97894220

TWOSE OF CLAIM : OWN DAMAGE CLAIM

TYPE OF CLAIM : OWN DAMAGE OWN DA

VEHICLE NO : 2070149949 VEHICLE NO : SMV 8306 X

MODEL CODE : AUDI A3 SPORTSBACK 1.4 TFS

MODEL YEAR : 22/10/2020 ENGINE NO : CZE 866338

CHASSIS NO : WAUZZZ8V8LA088972

MILEAGE : -

DATE IN :

ESTIMATED BY : JOHNNY BOO / ALLAN WU

ACCIDENT DATE : 30-Oct-20

PLACE OF ACCIDENT : CAR PARK BUKIT BATOK EAST AVE 6

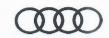


55 UBI ROAD 1, SINGAPORE 408699 TEL: 6366 2323 FAX: 6841 1183

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

ESTIMATED LABOUR CHARGES FOR ACCIDENT VEHICLE SMV 8306 X

5/N	NATURE OF JOBS		_	STIMATED CHARGES	SURVEYOR'S RECOMMENDATIONS
1	TO REMOVE, CHECK AND TRANSFER FRONT WIRE ARNESS FOR HEADLIGHTS, HORNS, OUTSIDE TEMPERATUE SENSOR AND HEADLIGHT WASHER ASSY.	S/N	\$	360.00	×,
2	TO REMOVE AND TRANSFER LHS HEADLIGHT CONTROL UNIT AND POWER MODULE.	S/N	\$	350.00	7
3	TO DISMANTLE AND RENEW FRONT BUMPER, LHS FRONT FENDER AND LHS HEADLIGHT. RE-ORGANISE CRASH MANAGAMENT COMPONENTS. REINSTALL ALL PARTS REMOVED.		\$	2,100.00	
4	TO RESPRAY FRONT BUMPER AND LHS FRONT FENDER.		\$	2,000.00	1130
5	TO CARRY OUT DIAGNOSTIC CHECK.	S/N	\$	192.00	
	TOTAL LABOUR CHARGES	:	\$	5,002.00	



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

MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SMV 8306 X

/N PARTS DESCRIPTION Q1	ſΥ	DAMAGED PARTS & PRICES S/NETT REMARKS
1 FRONT BUMPER tora	\$	1,842.00
2 FRONT BUMPER FIXING PARTS Men	\$	185.00 🗡
3 FRONT BUMPER GUIDE SECTION - LH	\$	38.00
4 FRONT BUMPER GRILLE - CENTRE WE A	\$	159.00
5 FRONT BUMPER CLOSING ELEMENT - LOWER CENTRE	\$	293.00
6 FRONT BUMPER CLOSING ELEMENT - LH	\$	293.00
7 RADIATOR GRILLE and	\$	1,406.00
8 RADIATOR GRILLE CLOSING ELEMENT	\$	189.00
9 AIRCON STICKER 2	EC \$	8.00 ~
O CAUTION SIGN STICKER	EC \$	14.00
1 FRONT BUMPER AIR GUIDE GRILLE - LH 100 m	\$	186.00 +
2 FRONT REINFORCEMENT BEAM	\$	715.00 +
3 FRONT BUMPER FOAM FILLER PIECE	\$	187.00 🗠
4 FOAM FILLER PIECE COVER	\$	121.00
5 SIGNAL HORN - LH HIGH TONE MILL	\$	197.00
6 FRONT FENDER - LH	\$	841.00 🗡
7 FRONT FENDER ATTACHMENT PARTS 7	\$	71.00
8 FRONT FENDER BRACKET - LH	\$	47.00
9 FRONT FENDER BRACE	\$	95.00
20 FRONT FENDER CLOSING ELEMENT - LH	\$	61.00
SUB TOTAL SPARE PARTS	: \$	6,948.00



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MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SMV 8306 X

/N PARTS DESCRIPTION	QTY	DAMAGED PARTS	& PRICES REMARKS
THE ARTS DESCRIPTION	4		
21 WHEEL HOUSING LINER - LH to Im		\$ 167.00	
22 WHEEL HOUSING LINER ATTACHMENT PARTS	?	\$ 57.00	,
23 LED HEADLIGHT - LH		\$ 5,455.00	7
24 LIFT CYLINDER - LH		\$ 141.00	?
25 LIFT CYLINDER HOSE		\$ 67.00	7
26 WASH WATER RESERVOIR 2		\$ 202.00	+
27 WASH WATER RESERVOIR PUMP		\$ 151.00	+
28 RADIATOR AIR GUIDE - LH		\$ 24.00	*
29 FRONT NO PLATE New	S/N	\$ 60.00	
30 SUNDRIES		\$ 200.00	-
TOTAL SPARE PARTS		\$ 13,472.00	
TOTAL LABOUR CHARGES	:	\$ 5,002.00	
GRAND TOTAL	:	\$ 18,474.00	=

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 EL: 6366 2323 FAX: 6841 1183

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

:

NAME

SURVEYED DATE

AUTHORISED DATE

EXCESS COST

LIABILITY

REMARKS

: Adria Lis : 02/11/20

Not Anthorised, 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	075H
Vehicle No.:	SMV8306X
Vehicle to be Exported:	No
Intended Deregistration Date:	02 Nov 2020
Vehicle Make:	AUDI
Vehicle Model:	A3 SB 1.4 TFSI COD S TRONIC (17")
Primary Colour:	Grey
Manufacturing Year:	2020
Engine No.:	CZE866338
Chassis No.:	WAUZZZ8V8LA088972
Maximum Power Output:	110.0 kW (147 bhp)
Open Market Value:	\$23,279.00
Original Registration Date:	22 Oct 2020
First Registration Date:	22 Oct 2020
Transfer Count:	0
Actual ARF Paid: Intended PARF Rebate Details	\$24,591.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	21 Oct 2030
PARF Rebate Amount: Intended COE Rebate Details	\$18,443.00
COE Expiry Date:	21 Oct 2030
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$40,690.00
COE Rebate Amount:	\$40,558.00
Total Rebate Amount:	\$59,001.00

The information contained herein is correct as at 02 Nov 2020

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