Estimated Cost:

at Workshop m/s

To Inspect Vehicle No:

Dale:

Excess:

Consistent?: Yes or No

: Preli. Report

: Final Report

N/S

OD/TP/WS/TP RES/OD RES/EVA/INV/MV

From

Insured:

Policy No. Claims No.

Sum Insured:

Make of Veh:

(Client's Record)

(Policy Condition)

Bal. or Market Value: IDAC Accident Rport:

Date/Time, File Pass to?

Date/Time, File Politin In?

Peport Format:

Eming Emiliables

1)

Remark: The veh had commenced its

repair at the time of inspection.

455	IGNMENT							
Woa	Veh No: SLC 335B YR Regn: 2020 / Sept.  Type: M.Car M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /							
	Truck / Trailer or							
	Make: Audi Q3 SB c.c 1395							
	Colour While A/C: Insured / Std / NI / NA							
	Sp.Reading 807. T/Radio: Insured / Std / NI / NA							
	Eng/No:							
	C/No: WAUZZZF3xM1008431							
	Gen. Cond Good Fair / Poor / Burnt							
	Steering: (norder / Jammed / Leaked / Burnt or							
	Brake: Inorder / Jammed / Leaked / Burnt or							
	Modi: Nil S/Rim STD A/Rim or							
	Tyre Size: F: 2 (5/55 R17							
	R: 215/55R7							
O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /							
	TOYO/YOKO or Fulken.							
	<u>Front</u> <u>Rear</u>							
	R/Bal. 06 mm R/Bal. 06 mm							
	L/Bal. 06 mm L/Bal. 06 mm							
	D.O.A. D.O.I. 05/11/20							
	Survey held at							

GIA / PR Ser	en: Consistent?: Yes or No	L/Bal. 06 mm L/Bal. 06 mm
Est. Repairs:	days Res.: Yes or No	D.O.A. D.O.I. 05/1/20
Lum Sum:	% 3 Val.: Yes or No	Survey held at Televilus.
	/ REP. / 24 HRS  Vehicle: IN / OUT	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Date:	Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time	Action / Instruction  OD A(G)	
	mv : 1501C	
	PV: 67K Nett: 83K	

Days Of Repair:

Add Fag:

Resurvey No. of Trip:

Site Insp (\$

Interview (3

Tech. Ing. G

Marter C

Survey Fee:

Transportation:

Floring

til)cr.

7-1/4

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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 <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 aforesaid.

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	02/11/2020 11:31
Date Of Accident	31/10/2020 17:00
Exact Location Of Accident	TAKASHIMAYA BASEMENT 3 CARPARK EXIT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLC335B
Insured/Policyholder	
Name Of Registered Owner	AZIZAH BINTI JAON
NRIC No	SXXXX796F
Email Address	ZIZA.JAON@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96607736
Alternative Phone No	OFFICE-96607736
Vehicle Particulars	
Manufacturer	AUDI
Model	Q3 1.4 TFS
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	2070139930
Cover Note Number	
Driver	
Name of Driver	JEFFRI BIN HAMDAN
NRIC No	SXXXX628I
Date Of Birth	25/05/1963
Occupation	INDOOR
Date Of Driving Pass	27/04/1987
Driving Experience	33 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96782787
Fax Number	
Contact Number	
EMail Address	JEF.HAMDAN@GMAIL.COM

BLK 535 PASIR RIS DR 1 Address

#02-284

Postcode 510535

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

Vehicle Registration Number of Driver's Own

Insurance Company of Driver's Own Vehicle

1

General Information of the Accident

Type Of Accident COLLIDED INTO PROPERTY

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

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by NO

ambulance?

Was any other material or property damaged? NO

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

Number of Passengers (Including Driver)

Passenger 1

2

NO

NAME: : AZIZAH JAON

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

AS I WAS EXITING THE CARPARK I ACCIDENTALLY GRAZED THE REAR RIGHT SIDE OF MY CAR AGAINST THE SIDE WALL.

Attachment(s)

Are accident photos available for attachment? YES 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.
- 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
- 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)

Lunderstand, 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)
  - 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 Date & Time: 02 - 11 - 2020

10:10 am

3000

Driver's Signature (If driver is not the policyholder) Date & Time: 02 × 11 2020

10-10 am-

Reporting Centre Personnel's Signature
Name: Lyu CRO Say
NRIC/FIN No.: Carros SayA

GUALLIC Sketchflanform, V3

# SKETCH PLAN

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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	dentl	dently my con	l was ex dently gras	I was exiting dently grazed my car against	I was exiting the dently grazed the my car against to	I was exiting the adentity grazed the ri	I was exiting the carpadently grazed the rear my car against the side	I was exiting the carpark dently grazed the rear right my car against the side u	I was exiting the carpark a dently grazed the rear right side my car against the side wall.

DECLARATION

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

Policyholder's Signature Date & Time: p2 . 11. 2020 10-10 am GIARMC SteechFlanForm\_V3

Driver's Signature (If driver is not the policyholder)
Date & Time: 02 - 7)- 2-0-2-0

10.10 am

Reporting Centre Personnel's Signature Name: LIM LOD Stone
NRIC/FIN NO: COLORUS STAN



VOU ARE LICENSED TO ORIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3 Motor Cars and Motor Tractors the weight of which unleden does not exceed 2500 kilograms

PASS DATE

27 Apr 1987

NP 428A

8



# CERTIFICATE OF INSURANCE

### AUDI AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : AZIZAH BINTI JOAN

Period of Insurance : 30 Sep 2020 To 29 Sep 2021

Engine No. : CZDC05363

Chassis No. : WAUZZZF3XM1008431 Vehicle No.

Issued Date

: SLC335B

Policy No.

: 2070139930

Endorsement No.

: 01 Oct 2020

### ABOUT THE COVER

Make/Model : AUDI Q3 SPORTBACK 1.4 TFSI S TRONIC

Engine Capacity/Tonnage: 1,395.00 CC Sum Insured : Market Value First Year of Registration : 2020 Insuring with COE/PARF : Yes

**Driver Restriction** : NA Off Peak Car : No

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

Mileage Condition

: Unlimited Mileage

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)

AZIZAH BINTI JOAN - \$800 (Own Damage), \$800 (Flood Cover)

### APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

1 Audi Customer Service Center Add, 55 Ubi Road 1 Singapore 408699 63662323

For other. Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, you may refer to AIG website 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).

PREMIUM LEASING - AP

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature

SINGAPORE 159938

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

281 ALEXANDRA ROAD AUDI CUSTOMER SERVICE CENTRE





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/0832/2020/NS

**DATE** : 3-Nov-20 **WIP** : 56133

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 : MDM AZIZAH BINTI JAON

ADDRESS : BLK 535 PASIR RIS DRIVE 1

#02-284

SINGAPORE 510535

**TELEPHONE** : HP +65 96607736

TYPE OF CLAIM : OWN DAMAGE CLAIM

POLICY NO : 2070139930 VEHICLE NO : SLC 335 B

MODEL CODE : AUDI Q3 SPORTSBACK 1.4 TFS

 MODEL YEAR
 : 30/9/2020

 ENGINE NO
 : CZD C05363

CHASSIS NO : WAUZZZF3XM1008431

MILEAGE : DATE IN : -

ESTIMATED BY : JOHNNY BOO / ALLAN WU

ACCIDENT DATE : 31-Oct-20

PLACE OF ACCIDENT : TAKASHIMAYA BASEMENT 3 CARPARK EXIT



# \* PREMIUM AUTOMOBILES



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 SLC 335 B**

S/N	NATURE OF JOBS		-	ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATIONS
1	TO DISMANTLE AND REINSTALL RHS FRONT DOOR PANEL TRIM. TO REMOVE AND REINSTALL RHS WING MIRROR ASSY.	S/N	\$	400.00	×.
2	TO REMOVE AND TRANSFER REAR DOOR'S MULTI- LOCK SYSTEM AND POWER WINDOW DEVICES. INSPECT FOR DAMAGES.	S/N	\$	280.00	
3	TO DISMANTLE AND RENEW RHS REAR DOOR. RE- ORGANISE CRASH MANAGEMENT COMPONENTS. REINSTALL ALL PARTS REMOVED.		\$	1,200.00	
4	TO RESPRAY RHS FRONT DOOR, RHS REAR DOOR, DOOR COVERS AND RHS REAR WHEEL ARCH TRIM.		\$	3,300.00	Poor 550 Poor Goes 200 Wheel Ac 200
5	TO CARRY OUT DIAGNOSTIC CHECK.	S/N	\$	192.00	950
	TOTAL LABOUR CHARGES	: :	\$	5,372.00	



# \* PREMIUM AUTOMOBILES



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. SLC 335 B

		DAMAGED PARTS & PRICES		
S/N PARTS DESCRIPTION	QTY	S/NETT REMARKS		
1 REAR DOOR - RH Deited		\$ 2,553.00		
2 REAR DOOR OUTER SEAL - RH	NEC	\$ 134.00		
3 REAR DOOR CATCH		\$ 119.00		
4 SILL PANEL SEAL - RH		\$ 134.00		
5 REAR DOOR COVER - RH Cut		\$ 345.00		
6 FRONT DOOR COVER - RH All M		\$ 366.00 2		
7 REAR WHEEL COVER - RH Cut .		\$ 530.00		
8 AUDI RING STICKER Nu		TBC		
9 SUNDRIES		\$ 300.00		
TOTAL SPARE PARTS	:	\$ 4,481.00		
TOTAL LABOUR CHARGES	:	\$ 5,372.00		
GRAND TOTAL	:	\$ 9,853.00		

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

LKK Auto Consultants hence notify the Repairer of the following:

- . To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- · Parts prices are subject to confirmation
- . Third party survey is on a "Without Prejudice" basis
- . No illegal modification(s) is allowed
- . Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

**EXCESS COST** LIABILITY

REMARKS

SURVEYED DATE

**AUTHORISED DATE** 

NAME

Not Arthorised,

**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.

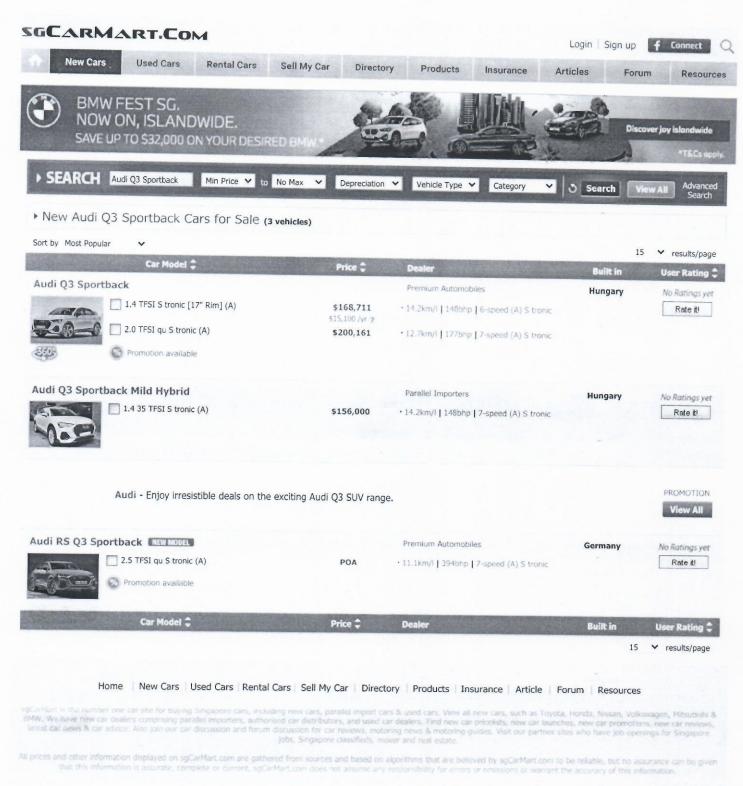
YOURS FAITHFULLY, PREMIUM AUTOMOBILES PTE LTD

JOHNNY BOO **BODY REPAIR MANAGER**  **ALLAN WU CLAIMS CONSULTANT** 

# > Back to OneMotoring

# Enquire PARF/COE Rebate for Registered Vehicle

Owner ID:	Singapore NRIC							
Vehicle Details	796F							
Vehicle No.:	CLCOSED							
Vehicle to be Exported:	SLC335B							
Intended Deregistration Date:	No 05 Nov 2020							
Vehicle Make:	AUDI							
Vehicle Model:								
Primary Colour:	Q3 SPORTBACK 1.4 TFSI S TRONIC (17")							
Manufacturing Year:	White 2020							
Engine No.:								
Chassis No.:	CZDC05363							
Maximum Power Output:	WAUZZZF3XM1008431							
Open Market Value:	110.0 kW (147 bhp)							
Original Registration Date:	\$30,407.00							
First Registration Date:	30 Sep 2020							
Transfer Count:	30 Sep 2020 0							
Actual ARF Paid:								
Intended PARE Repare Details	\$34,570.00							
PARF Eligibility:	Yes							
PARF Eligibility Expiry Date:	29 Sep 2030							
PARF Rebate Amount:	\$25,927.00							
Intended COE Reparte Details								
COE Expiry Date:	29 Sep 2030							
COE Paried(Years)	B - Car above 1600cc or 97kW (130bhp)							
COE Period(Years):	10							
QP Paid:	\$41,510.00							
COE Rebate Amount:	\$41,094.00							
Total Rebate Amount:	\$67,021.00							
information contained herein is correct as at 05 Nov 2020								



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