* PREMIUM AUTOMOBILES



AIG Asia Pacific Insurance Pte Ltd 78 Shenton Way #07-16 AIG Buildin Singapore 079120 Attn: Ceccilia Chong / Motor Claims Yr Ref: SKZ 2630 B Norah Khai From
6768 9911 Telephone +65 6841 1183 Telefax +65 Nora.khai@premiumauto.com.sg
Body & Paint Dept
PA/TP/0865/2020/JT Our Ref

25-AUG-2021 Date 1 Total Pages

Dear Sir,

RE: INSURANCE CLAIM FOR SFU 7643 S - Audi Q3 1.4 TFSI S TRONIC

With reference to the above-mentioned vehicle, no. SFU 7643 S, claimant, Mr Zutshi Rohit, please find the related document per attached.

- 1. A copy of the Original Invoice no. 85016577 S\$ 3,698.09.
- 2. A copy of Discharge Voucher duly signed by client.
- 3. A copy of the Letter of Authorisation duly signed by client.
- 4. Loss of Use S\$ 180.00 (S\$ 60.00 x 3 working days)
- 6. A copy of Medical Invoice S\$ 114.50

Based on the above document, we would appreciate you could expedite the payment soonest possible.

If you require any further clarification, please do not hesitate to contact me at 6768 9911.

Regards

This is a computer-generated document. No signature is required.

Norah Khai Claims Dept

Encl AIG Insurance – SFU 7643 S Premium Automobiles Pte Ltd, Showroom 9 Leng Kee Road Singapore 159090 Telephone (65) 6566 1111 Telefax (65) 6471 3733

Service & Parts Centres 55 Ubi Rd 1 Singapore 408699 Telephone (65) 6336 2323 Telefax (65) 684 11183

AUTHORISATION TO ACT (AIG Express Third Party Claim)

I. ZUTSHI ROHIT	(the third party claimant) of 8 Alexandra View
#10-08 SG 158747	(address), owner of SFU 7643 S (vehicle no
hereby authorize PREMIUM AUTO	MOBILES PTE LTD ("the workshop") to act for n
with respect to my claim for repair co	sts and/or rental and/or loss of use ("claim") for my vehic pursuant to the accident which occurred on 10/11/202
(date) along TANGLIN TURNING	TO ALEXANDRA RD (location) involving vehicle no
SKZ 2630 B ("the accident").	
I further authorize the workshop to set	le my above mentioned claim in a manner that they deem f
and the workshop is further authorize	to receive payment further to settlement of my claim wit
payment cheque/s being made in favor	r of the workshop.
I further acknowledge that any settler	nent the workshop may reach on my behalf is on a withou
prejudice and without admission of li	bility basis insofar as the driver/owner/insurers of the other
vehicle/s is concerned.	
Dated this 2 (day) of 1	(month) 20 21 (year) 7 (month) 20 21 (year) 2
Signed by "the third party claimant"	Signed by "the workshop"
(with chop if applicable)	(with chop)

RELEASE VOUCHER (AIG Asia Pacific - Express Third Party Claim)

"We/I, Premium Automobiles Pte Ltd ("the workshop") hereby confirm that we/I have reached an agreement with the appointed surveyor of AIG Asia Pacific Insurance Pte Ltd LKK AUTO CONSULTANTS PTE LTD (name of surveyor) with respect to the amount claimed for \$\$3,698.09 (Repair Cost), \$\$180.00 (Loss of Use/Rental), \$\$\$ 114.50 (Disbursement) for vehicle no. \$\frac{\text{SFU}}{\text{7643S}}\$ that was damaged pursuant to the accident which occurred on \$\frac{\text{10/11/2020}}{\text{10/11/2020}}\$ (date) along \$\frac{\text{TANGLIN TURNING TO ALEXANDRA RD SLIP ROAD}}{\text{10/11/2020}}\$ (location) involving vehicle no/s \$\frac{\text{SKZ 2630B}}{\text{2630B}}\$.

This is pursuant to the inspection conducted on 18/11/2020 (date) at "the workshop".

We/I confirm that we/I are/am authorized by the owner <u>CHUA SU SHIA SOPHIA</u> ("the third party claimant") of vehicle no. <u>SFU 7643S</u> make the claim as set out in the above paragraph and we/I have full authority to settle the matter on his/her behalf in a manner that we/I deem fit. We/I enclose herein the letter of authority given by "the third party claimant".

We/I further confirm that we/I will indemnify AIG Asia Pacific Insurance Pte Ltd for all damages, loss and/or expense that they will or have already incurred in the event that "the third party claimant" after the above said agreement lodges a further claim against the former for any loss and expenses suffered pertaining to costs of repairs and/or rental and/or loss of use pursuant to the damage to SFU 7643S (vehicle no.) as a result of the accident.

We/I confirm that the agreement reached above is in full and final settlement of any claim of "the third party claimant" pursuant to the accident and that further this settlement is reached on a without prejudice and without admission of liability basis.

This agreement is subject to the application of Singapore law and the Singapore Courts have exclusive jurisdiction over any dispute arising out of the same.

Dated this(da	y) of <u>Muv</u>	(month) 20 (year)
(LKK) LUP		MINW PTE LINE
Signed by appointed surve	yor	Signed by "the workshop" (with chop)

Premium Automobiles Pte Ltd



Audi Centre Singapore 281 Alexandra Road Singapore 159938 Main Telephone 6836 2223 Main Telefax 6471 3733

Alexandra Service Centre 281 Alexandra Road Singapore 159938 Main Telephone 6388 2223 Main Telefax 6475 1023

Ubi Service Centre 55 Ubi Road 1 Singapore 408699 Main Telephone 6388 2323 Main Telefax 6841 1183

Customer Service Service Appointment 24-hour Breakdown Service 6366 2323 9828 1233 Email customer.care@premiumauto.com.sg

INS TAX INVOICE

Page 16:59 Company Reg. No. 199902271W GST Reg. No. 199902271W

AIG ASIA PACIFIC INSURANCE PTE LTD

MOTOR CLAIM DEPT AIG BUILDING 78 SHENTON WAY

#07-16 SINGAPORE 079120 079120 Invoice No: 85016577

Account: A0006

0)

Date : 11/08/2021

Order: SFU7643S

AIG ASIA PACIFIC INSURANCE PTE LTD MOTOR CLAIM DEPT

AIG BUILDING 78 SHENTON WAY

#07-16

Term : 30

SINGAPORE 079120

Regn No: SFU7643S

(V 25392) Regn Date: 15/01/2015

Mileage: 96197

WIP No.: 57308

Model: Q3 1.4 TFSI S tronic (MY 14) 8 Chassis: WAUZZZ8U5ER137122

Engine: CHP 184567

Dept: U

You have been assisted by :- UB-Lim Kee Siang

(43)

	Details		Qty	Unit Price	Amount
S BODYWORK	M: TO REMOVE AND TRANSFER REAR PARKING AID. CHECK FUNCTION AND RENEW ACCORDING TO		280.00	1.00	280.00
S BODYWORK	DAMAGE. M: TO DISMANTLE AND RENEW REAR BUMPER. REORGANISE CRASH MANAGEMENT COMPONENTS. REINSTALL ALL PARTS REMOVED		500.00	1.00	500.00
S BODYWORK	TO RESPRAY REAR BUMPER.		550.00	1.00	550.00
S BODYWORK	TO CARRY OUT DIAGNOSTIC CHECK		192.00	1.00	192.00
A8U0807434A 4U8 A8U0853817 4U8 K A8U0853818 4U8 K A8U0807067B GRU K A000979034E K A000979940	COVER(LAST) Les (A) (SK) COVER 19/11/2 Les COVER EX Les WIRE SET Les	ss 020% ss 020% ss 020% ss 020% ss 020% ss 020%	1.00 1.00 1.00 1.00 1.00	470.00 255.00 255.00 1379.00 48.70 10.00	376.00 204.00 204.00 1,103.20 38.96 8.00

Parts 1,934.16 0.00 Labour Sublet Menus 0.00 Lubricant

Sub-Total 3,456.16 241.93 7% **GST** 3,698.09 **Grand Total**



TAX INVOICE

GST REGN NO.

: M9-0000467-N

PAGE

: 1 of 1

VISIT NO.

: G06720007422

BILL TYPE

: PATIVNOUT

VISIT DATE/TIME : 16-NOV-2020 10:45AM

BILL DATE

: 16-NOV-2020

INVOICE NO.

: PG06720007422-1

PATIENT NAME : PREETI BEHAL

PAY BY

: SELF

PATIENT ID NO. : *****4031

PAYER NAME **ADDRESS**

: PREETI BEHAL

POLICY NO.

: 8 ALEXANDRA VIEW THE METROPOLITAN CONDOMINIUM #10-08 SINGAPORE

158747

DESCRIPTION	QTY	S\$	S\$
CONSULTATION			21.00
PHARMACEUTICAL			
ORPHENADRINE 35MG/PARACETAMOL 450MG TAB	10.0	4.05	
			4.05
PRACTICE COST			
PRACTICE COST	1.0	10.00	
			10.00
RADIOLOGY			
CERVICAL SPINE XRAY (2 VIEWS)	1.0	72.00	
			72.00
SUB-TOTAL			107.05
TOTAL CHARGES BEFORE GST			107.05
GST @ 7%			7.49
TOTAL CHARGES AFTER GST			114.54
LESS ROUNDING ADJUSTMENT			(0.04)
TOTAL AMOUNT PAID			(114.50)
REG2001067584 - 16/11/2020 - VISA		114.50	
TOTAL BALANCE DUE			0.00

RafflesMedical 370 Mexandra Road

#B1-41 Anchorpoint, Singapore 159953 Tel: (65) 6479 3818 Fax: (65) 6479 6563



MEDICAL CERTIFICATE

NRIC

: S7583403I

NAME

: PREETI BEHAL

VISIT DATE

: 16 Nov 2020 (11:27)

VISIT NO

: G06720007422

This is to certify that the above mentioned has been given:

OUTPATIENT SICK LEAVE for 1 day from 16 Nov 2020 to 16 Nov 2020

DOCTOR

: Samuel Chiu (M18506Z)

CLINIC

: Anchorpoint

ADDRESS

: 370 ALEXANDRA ROAD LEVEL -B1-41 ANCHORPOINT 159953

This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.

Printed: 16 Nov 2020, 11:40AM

*This certificate is electronically generated. No signature is required.



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- . More features ...



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. Scan QR Code to request online.

Raffles Medical 370 Mexandra Road #81-11 Anchorpoint, Singapore 159953 Tel: (65) 6479 3818 Fax: (65) 6479 6563

Raffles Medical Group Ltd | Company Registration No: 198901967K | GST Registration No: M9-0000467-N



MEDICAL CERTIFICATE

NRIC

: S7583403I

: PREETI BEHAL

VISIT DATE

: 10 Nov 2020 (17:01)

NAME

VISIT NO

: G06720007319

This is to certify that the above mentioned has been given:

OUTPATIENT SICK LEAVE for 2 days from 11 Nov 2020 to 12 Nov 2020

DOCTOR

: Samuel Chiu (M18506Z)

CLINIC

: Anchorpoint

ADDRESS

: 370 ALEXANDRA ROAD LEVEL -B1-41 ANCHORPOINT 159953

This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.

Printed: 10 Nov 2020, 05:18PM

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Medicine Delivery Service:

. Scan QR Code to request online.

RafflesMedical 370 Alexandra Road #B1-41 Anchorpoint, Singapore 159953 Tel: (65) 6479 3818 Fax: (65) 6479 6563

Raffles Medical Group Ltd | Company Registration No: 198901967K | GST Registration No: M9-0000467-N



51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL: (065) 62563561 FAX: (065) 62564315

Our Ref: CC3/AIG20012387/gs3

17 NOVEMBER 2020

TANG GEK LUAN
BLK 133 TECK WHYE LANE
#14-385
SINGAPORE 680133
DRIVER: TOH CHWEE HONG

Dear Sir/Madam,

ACCIDENT INVOLVING SKZ 2630B & SFU 7643S ON 10/11/2020

We refer to the above accident. We are the Appointed Surveyor and Loss Adjuster Company by your Motor Insurer (AIG Asia Pacific Insurance Pte Ltd.) to resolve the claim against you and/or your authorized driver under the Auto Insurance policy taken up with them.

This is to inform you that we received a Third Party Claim from SFU 7643S.

Based on the accident report and accident scenario, liability is down against us. We will therefore proceed to negotiate for an amicable settlement with the Third Party.

Should you however wish to further discuss on the matter prior to our negotiations and settlement, please contact us within 10 days from the date of this letter.

Please note that your No-Claim Discount (NCD) (if any) will be affected and reduced by 30% (20% for commercial vehicles) upon next renewal due to this Third Party claim. However, if your policy has a NCD protector feature, it will be deemed utilized for this claim and your NCD will be protected.

Please call us if you have further queries.

Yours faithfully.

Cecilia Chong Case Handler DID: 6749 4274 FAX: 6741 4108

EMAIL: ceciliachong@lkkauto.com

c.c AIG Asia Pacific Insurance Pte Ltd
(Motor Claims Dept)

9/27/21, 8:41 PM Merimen e-Claims

Print Received Message

This mail is associated with:

*SFU7643S (5423790430SG) [SKZ2630B] TP **ZUTSHI ROHIT**

Nov 10 2020 3:00PM [TANG GEK LUAN]

Premium Automobiles Pte Ltd

AIG Asia Pacific Insurance Pte. Ltd. (Express) (AIG_SG_EXPRESS), sent on 15/09/2021 09:01 **From** AM.

To LKK HQ

Subject Alert - Adj Mandate Approved (S\$3992.59) - SFU7643S - Claim Handler: Loh, Chee-Heng

Approved: 3992.59: to verify signature of LOA for TPPD claim.