

AIG Asia Pacific Insurance Pte Ltd
78 Shenton Way
#07-16 AIG Building
Singapore 079120
Attn: Motor Claims
Yr Ref: SML 2722 U

Norah Khai From
6768 9911 Telephone +65 -
6841 1183 Telefax +65 -
Nora.khai@premiumauto.com.sg Email
Body & Paint Dept Our Dept
PA/OD/0979/2020/NH Our Ref

21-May-2021 Date
1 Total Pages

Dear Sir,

RE: INSURANCE CLAIM FOR SML 2722 U - Audi Q2 1.0 TFSI S-TRONIC

With reference to the above-mentioned vehicle, no. **SML 2722 U**, claimant, **Mr. Yang Xiao**, please find the related document per attached.

1. A copy of the Original invoice no. 85016279 – S\$ 10,777.30.
2. A copy of the Discharge Voucher duly signed by client.

Premium Automobiles Pte Ltd,
Showroom
9 Leng Kee Road
Singapore 159090
Telephone (65) 6566 1111
Telefax (65) 6471 3733

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

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

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

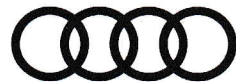
Regards

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

Norah Khai
Claims Dept

Encl
AIG Insurance – SML 2722 U

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

INS TAX INVOICE

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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: 85016279	Account: A0006 (T 0)
	Date : 07/05/2021	AIG ASIA PACIFIC INSURANCE PTE LTD MOTOR CLAIM DEPT AIG BUILDING 78 SHENTON WAY #07-16 SINGAPORE 079120
	Order : SML2722U	
	Term : 30	

Regn No: SML2722U (V 42099)	Regn Date: 13/05/2019	Mileage: 16145	WIP No.: 62783
Model: Q2 1.0 TFSI S tronic GABANG	Chassis: WAUZZZGA3KA054581	Engine: CHZ C29865	Dept: U
You have been assisted by :- UB-Tony Foong (33)			

		Details	Qty	Unit Price	Amount
Q	EXC	M: 8888 Insurance Excess/Liability	-3400.00	1.00	-3,400.00
S	BODYWORK	M: TO REMOVE AND TRANSFER LHS FRONT DOOR'S MULTI LOCK SYSTEM AND POWER WINDOW DEVIES. INSPECT FRONT DAMAGED	280.00	1.00	280.00
S	BODYWORK	M: TO DISMANTLE AND RENEW FRONT BUMPER, LHS FRONT FENDER AND LHS FRONT DOOR. REOGANISE CRASH MANAGEMENT COMPONENTS. REINSTALL ALL PARTS REMOVED	1500.00	1.00	1,500.00
S	BODYWORK	M: TO RESPRAY FRONT BUMPER, LHS FRONT FENDER, LHS FRONT DOOR AND LHS WING MIRROR COVER	1800.00	1.00	1,800.00
S	BODYWORK	M: TO RENEW LHS FRONT RIM AND CARRY OUT WHEEL ALIGNMENT.	280.00	1.00	280.00
S	BODYWORK	M: TO CARRY OUT DIAGNOSTIC CHECK	192.00	1.00	192.00
S	BODYWORK	M: TO REMOVE AND TRANSFER LHS REAR DOOR'S MULTI LOCK SYSTEM AND POWER WINDOW DEVICES. INSPECT FOR DAMAGES.	280.00	1.00	280.00
S	BODYWORK	M: TO RENEW LHS REAR DOOR.	500.00	1.00	500.00
S	BODYWORK	M: TO RESPRAY LHS REAR DOOR	550.00	1.00	550.00
X	A81A821105	FENDER (LAST)	Less 020%	1.00	1134.00
X	AN 0161857	POP-RIVET	Less 020%	6.00	3.20
X	A81A853717 4W3	COVER (LAST)	Less 020%	1.00	318.00
X	A81A853718 4W3	COVER (LAST)	Less 020%	1.00	318.00
X	A81A831051C	(A) (SK) DOOR 17/12/20	Less 020%	1.00	2499.00
X	A81A837249	CHECK ROD (LAST) AP	Less 020%	1.00	118.50
					94.80

Premium Automobiles Pte Ltd



Audi Centre Singapore
281 Alexandra Road
Singapore 159938
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	Order : SML2722U	
	Term : 30	

Regn No: SML2722U (V 42099)	Regn Date: 13/05/2019	Mileage: 16145	WIP No.: 62783
Model: Q2 1.0 TFSI S tronic GABANG	Chassis: WAUZZZGA3KA054581	Engine: CHZ C29865	Dept: U
You have been assisted by :- UB-Tony Foong (33)			

		Details		Qty	Unit Price	Amount
X	A81A853959 4W3	(A) (SK) COVER 17/12/2	Less 020%	1.00	253.50	202.80
X	A81C857409C 9B9	(A) (SK) MOUNTING 17/1	Less 020%	1.00	1013.00	810.40
X	A81A857527 GRU	CAP (LAST)	Less 020%	1.00	166.50	133.20
X	A81A857535D	MIRROR (LAST)	Less 020%	1.00	216.50	173.20
X	A81A601025	WHEEL	Less 020%	1.00	568.00	454.40
X	A81A845201	WINDOW AP (LAST)	Less 020%	1.00	194.50	155.60
X	A81A837477	SEAL AP	Less 020%	1.00	133.50	106.80
X	A81A853817 4W3	COVER AP	Less 020%	1.00	168.00	134.40
X	A81A833051C	DOOR AP (LAST)	Less 020%	1.00	2499.00	1,999.20
X	A81A839911A	SEAL AP (LAST)	Less 020%	1.00	133.50	106.80
X	A81A839249	CHECK ROD AP	Less 020%	1.00	118.50	94.80
X	A81A853969 4W3	COVER AP (LAST)	Less 020%	1.00	223.00	178.40
X	AWHT003497	BOLT AP	Less 020%	2.00	2.90	4.64
X	AN 10833601	BOLT AP	Less 020%	4.00	1.10	3.52
X	A8K0837199	CLIP AP	Less 020%	12.00	0.70	6.72

Parts 8,090.24
Labour 0.00
Sublet 5,382.00
Menus 0.00
Lubricant 0.00



Sub-Total	10,072.24
7% GST	705.06
Grand Total	10,777.30

Received by

For & on behalf of
Premium Automobiles Pte Ltd

AIG Asia Pacific Insurance Pte Ltd
78 Shenton Way
#07-16 AIG Building
Singapore 079120
Motor Claims Dept
Yr Ref: SML 2722 U

Norah Khai
6768 9828
6841 1183

Body Repair

PA/OD/0979/2020/TF
4 Jan 2020

from
Telephone +65-
Telefax +65-
Mobile +65-
Our department
Your Claim Ref
Our Ref
Date

1 total pages

RE: CLAIM – OWNER’S SATISFACTION/DISCHARGE VOUCHER

Make & Model : Audi Q2 1.0 TFSI S tronic
Vehicle Chassis No. : WAUZZZGA3KA054581
Vehicle Regn No. : **SML 2722 U**
Vehicle Mileage : 16145 KM
Vehicle Owner : Mr. Yang Xiao
Certificate No : 1900097924-01
Own Damage Excess: S\$ 3,638.00 (Inclusive 7% GST)
Accident Date : 13/12/2020
Place : Bus Stop Opposite Lakeside Station
Repair Cost : S\$ 10777.70
WIP No. : 62783
Repairer's Name : Premium Automobiles Pte Ltd

Premium Automobiles Pte Ltd
Showroom
9 Leng Kee Road
Singapore 159090
Telephone (65) 6566 1111
Telefax (65) 6471 3733

Service & Parts Centres
55 Ubi Road 1
Singapore 408699
Telephone (65) 6366 2323
Telefax (65) 6841 1183

I/We certify that the vehicle has been fully repaired to my entire satisfaction and that payment of the repairer's charges that are claimable under the policy will be deemed in full and final settlement of my claim.

Insured Signature :

Time :

Date :