

ASS. REC. BY:

REF: CC3/AIG20014785/Avd3

ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_
Estimated Cost: \_\_\_\_\_
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
To Inspect Vehicle No: \_\_\_\_\_
at Workshop m/s \_\_\_\_\_
of \_\_\_\_\_
Insured: \_\_\_\_\_
Policy No. 1700023569-03
Claims No. 1954246629SG
Sum Insured: \_\_\_\_\_ Excess: 600
(Client's Record)
Make of Veh: \_\_\_\_\_

Veh No: SLQ3049J Yr Regn: 2017 / July
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or
Make: Audi A4 c.c 1395
Colour: Silver A/C: Insured / Std / NI / NA
Sp. Reading: 61133 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_
C/No: WAUZZZF43HA164129
Gen. Cond: Good / Fair / Poor / Burnt
Steering: Inorder / Jammed / Leaked / Burnt or
Brake: Inorder / Jammed / Leaked / Burnt or
Modi: Nil / S/Rim / STD A/Rim or
Tyre Size: F: 205/60R16
R: 205/60R16

(Policy Condition)
Remark: The veh had commenced its
repair at the time of inspection.

Table with 2 columns: N/S, O/S

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or
Front Rear
R/Bal. 06 mm R/Bal. 06 mm
L/Bal. 06 mm L/Bal. 06 mm
D.O.A. 27/12/20 D.O.I. 30/12/20
Survey held at Premium
Des. of Damages: Frt / Rear O/S N/S / U/C / Rooftop or

Bal. or Market Value: \_\_\_\_\_
IDAC Accident Rport: \_\_\_\_\_ 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
Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

The U/C / Chassis frame / Body Structure affected due to collision.

Table with 2 columns: Date / Time, Action / Instruction

2/2/21 Final fig \$2292 confirmed by email (Red 18,380, 88%)

Date/Time, File Pass to?
1) [ ] : Preli. Report
[ ] : Final Report

Days Of Repair: 5

Resurvey No. of Trip: \_\_\_\_\_

Table for Survey Fee, Transportation, Photos, Others, TOTAL

2) 8/2/21-Typist

Add Fee: [ ] : Site Insp (\$)
[ ] : Interview (\$)
[ ] : Tech. Invs (\$)
[ ] : Weekend (\$)

Report Format: Merimen
Lump Sum / I.B.I: \$2292.00

## 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 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. 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.

### ACCIDENT STATEMENT

Date of Submission .....	28/12/2020 14:35 (SGT)
Date of Accident .....	27/12/2020 13:30 (SGT)
Exact Location of Accident .....	Near 144 Bishan Street 12, Singapore 570144
Additional Location Information .....	T-JUNCTION BETWEEN BISHAN ST 11 & BISHAN ST 12
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLQ3049J
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	KAREN TEO
NRIC No .....	SXXXX278B
Email Address .....	KARENTEO.SG@GMAIL.COM
Mobile Phone No .....	(Phone) +65-92788177
Alternative Phone No .....	+65-92788177

#### VEHICLE PARTICULARS

Manufacturer .....	Audi
Model .....	A4
Variant .....	-
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
Vehicle Category .....	Private car

#### INSURANCE COMPANY

Name of Insurance Company .....	AIG
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	1700023569-03
Cover Note Number .....	-

#### DRIVER

Name of Driver .....	NEO TIEN SONG PAUL
NRIC No .....	SXXXX870F
Date Of Birth .....	07/03/1975
Occupation .....	Indoor

Date Of Driving Pass .....	21/06/1995
Driving experience .....	25 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-92769607
Alt. Phone Number .....	-
Email Address .....	PAULNTS@GMAIL.COM
Address .....	53 HUME AVENUE
Address complement .....	#01-04
Postcode .....	598751
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Spouse
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Collision - Cross Junction
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	Yes
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	KAREN TEO
Gender .....	Female

#### PASSENGER 2

Name .....	NEO TZE-EH RACHEL
Gender .....	Female

#### PASSENGER 3

Name .....	NEO TZE-YI DANIEL
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

I WAS MAKING A RIGHT TURN FROM BISHAN ST 12 TO BISHAN ST 11 (NEAR BLK 144) WHEN I SAW THAT IT WAS CLEAR. THEN AS I WAS COMPLETING THE TURN INTO BISHAN ST 11, I HEARD A BANG TO MY CAR AT THE REAR RIGHT SIDE I SAW THAT A WHITE MOTORCYCLE HAD STOPPED BY THE REAR RIGHT CORNER OF MY CAR. THE RIDER WAS STILL SITTING ON THE MOTORCYCLE AT THAT POINT. I STOPPED MY CAR TO GET OUT AND CHECK WHAT HAPPENED AND THE RIDER DISMOUNTED. I ASKED THE RIDER IF SHE WAS INJURED AND SHE SAID THAT HER LEFT WRIST HURT. MY WIFE THEN CALLED FOR AN AMBULANCE AND WE MOVED OUR VEHICLES TO THE SIDE OF THE ROAD (BISHAN ST 11). WE GAVE THE RIDER SOME ICE TO PUT ON HER WRIST AND ALSO EXCHANGED PARTICULARS. THE AMBULANCE ARRIVED VERY SHORTLY AND ONE OF THE PARAMEDICS HELPED TO MOVE THE MOTORCYCLE INTO THE NEAREST CARPARK NEXT TO BLK 170 BISHAN ST 11. THE AMBULANCE CREW ASKED IF WE WANTED TO NOTIFY THE POLICE OR JUST SETTLE WITH OUR INSURANCE COMPANIES. BOTH PARTIES SAID THAT WE WILL JUST REPORT TO OUR RESPECTIVE INSURANCE COMPANIES. THE AMBULANCE CREW THEN TOLD US THAT THEY WOULD TEND TO HER WRIST WHILE WE DID NOT HAVE TO WAIT AND COULD LEAVE. UPON ARRIVING HOME, WE CHECKED WITH OUR INSURANCE POLICY WITH AIG AND UNDERSTOOD THAT A POLICE REPORT OF THE ACCIDENT IS REQUIRED UNLESS THERE IS NO INJURY. THUS, WE ARE MAKING THIS REPORT AS REQUIRED BY THE AIG INSURANCE POLICY.

**ADDITIONAL INFORMATION:**

MY SPOUSE, PAUL ASSISTED TO MOVE MS NURUL'S MOTORBIKE TO SIDE OF ROAD BUT IT FELL ON HIM. HE EXPERIENCED BACK PAIN THE MORNING AFTER THE ACCIDENT.

**ATTACHMENT(S)**

Are accident photos available for attachment? ..... Yes  
 Was there any video captured by Car Camera? ..... No  
 Was there any audio recorded? ..... No

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number ..... FBR6522C  
 Vehicle Manufacturer ..... -  
 Vehicle Model ..... -  
 Vehicle Variant ..... -  
 Vehicle Colour ..... White  
 Vehicle Category ..... Motorcycle  
 Name of Driver ..... NURUL SHAHIDAH BINTI MUSTAFA  
 NRIC No ..... SXXXX565E  
 Contact Number ..... (Phone) +65-81552532  
 Address ..... -  
 Address complement ..... -  
 Postcode ..... -  
 Insurance Company Name ..... -  
 Nature Of Damage ..... -  
 Details of property damaged in accident ..... -  
 No. Of Passenger (Including Driver) ..... -

**INJURED PERSONS DETAILS**

**INJURED 1**

Name of injured person ..... NURUL SHAHIDAH BINTI MUSTAFA  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... PAIN AT WRIST  
 Injured person in which vehicle? ..... FBR6522C  
 Were seat belts worn? ..... -  
 Was this injured conveyed to hospital by ambulance? ..... Yes

Describe Circumstances of the Accident

Please refer to Traffic Police Report no. T/2020/227/2012 dated 27 Dec 2020 at 15:17h.

Additional information:

My spouse, Paul, assisted to move Ms. Nicole's motorcycle to side of road but it fell on him. He experienced back pain the morning after the incident.

Declaration

We declare the foregoing particulars are true in every respect.

 28/12/2020  
Policyholder's Signature / Date & Time

  
Driver's Signature (if driver is not the policyholder) / Date & Time

  
Witnessed by Reporting Centre Personnel

SKETCH PLAN

ATTENTIVE NOTICE

- 1. Please report **correctly** the details of the accident to speed up the claims process.
- 2. The Form must be **completed by the Policyholder and/or the Authorized Driver**.
- 3. Information provided must be as **truthful and accurate as possible**. Any willful misrepresentation or withholding of material facts may allow insurance companies to **rescind the policy benefits**.
- 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 GI Records Management Centre established by the General Insurance Association of Singapore (GIAS) 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.
- 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 (GIAS) may be 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 the accident (all insurer(s) who have insured vehicle(s) involved in the accident shall be collectively referred to as the "Insurers"), the Insurers' law partner/firm, 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 enquires by me;  
(iv) administering my claims (including the mailing of correspondence, statements, copies, 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 enveloped 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' law partner/firm, may be 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 be disclosed by any of the Insurers and/or GIAS to their third party service providers or agents (including their law partner/firm), which may be sited outside of Singapore, for one or more of the above Purposes.

28/12/2020

Policyholder's Signature / Date & Time	Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personal

**Sketch Plan**



# CERTIFICATE OF INSURANCE

## AUDI AUTO PROTECTOR PRIVATE VEHICLE

**Name of Policyholder** : KAREN TEO  
**Period of Insurance** : 04 Jul 2020 To 03 Jul 2021  
**Engine No.** : CVN038975  
**Chassis No.** : WAUZZZF43HA164129

**Vehicle No.** : SLQ3049J  
**Policy No.** : 1700023569-03  
**Endorsement No.** :  
**Issued Date** : 22 Jun 2020

### ABOUT THE COVER

**Make/Model** : AUDI A4 1.4 TFSI S tronic  
**Engine Capacity/Tonnage** : 1,395.00 CC  
**Driver Restriction** : NA  
**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.

**Sum Insured** : Market Value  
**Off Peak Car** : No

**First Year of Registration** : 2017  
**Insuring with COE/PARF** : Yes

You have to pay an additional sum of \$3,000 as "Inexperienced Driver Excess" ("IDR") if You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving experience.

**Age Condition** : 40 years old and above  
**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 - \$600 Theft - \$0 Flood Cover - \$600

#### Section 2

Property Damage - \$0

**Windscreen** : \$100

**Named Driver and Excess** (where applicable)

TEO KAREN - \$600 (Own Damage), \$600 (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](http://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:** NA

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).

0504125207

PREMIUM LEASING - SLEE

281 ALEXANDRA ROAD AUDI CUSTOMER SERVICE CENTRE

SINGAPORE 159938

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

**AIG Asia Pacific Insurance Pte. Ltd.**

This computer generated document does not require a signature.

AIGSGMOBILEAPP

# PREMIUM AUTOMOBILES



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/1022/2020/NS  
**DATE** : 29-Dec-20  
**WIP** : 64465

**VEHICLE IS 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** : MS KAREN TEO  
**ADDRESS** : 53 HUME AVENUE  
#01-04  
SINGAPORE 598751  
**TELEPHONE** : HP +65 92788177  
**TYPE OF CLAIM** : OWN DAMAGE CLAIM  
**POLICY NO** : 1700023569-03  
**VEHICLE NO** : **SLQ 3049 J**  
**MODEL CODE** : AUDI A4 SEDAN 1.4 TFSI S  
**MODEL YEAR** : 4/7/2017  
**ENGINE NO** : CVN 038975  
**CHASSIS NO** : WAUZZZF43HA164129  
**MILEAGE** : -  
**DATE IN** : -  
**ESTIMATED BY** : JOHNNY BOO / ALLAN WU  
**ACCIDENT DATE** : 27-Dec-20  
**PLACE OF ACCIDENT** : T-JUNCTION BETWEEN BISHAN ST 11 AND BISHAN ST 12



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 SLO 3049 J**

<b>S/N</b>	<b>NATURE OF JOBS</b>	<b>ESTIMATED CHARGES</b>	<b>SURVEYOR'S RECOMMENDATIONS</b>
1	TO REMOVE AND REINSTALL REAR PARKING AID AND REAR LID LICK SENSOR. CHECK FUNCTION AND RENEW ACCORDING TO DAMAGE.	S/N \$ 360.00	X
2	TO RENEW REAR WINDSCREEN AND 1/4 GLASS TO FACILITATE FENDER RENEWAL.	S/N \$ 600.00	X
3	TO INSTALL SOLAR FILM FOR 1/4 GLASS AND REAR WINDSCREEN.	S/N \$ 400.00	X
4	TO CARRY OUT WATER SEEPAGE TEST FOR 1/4 GLASS AND REAR WINDSCREEN.	S/N \$ 200.00	X
5	TO DISLODGE AND REINSTALL RER WIRE HARNESS FOR LIGHTS, BATTERY MANAGER, FUSE AND RELAY TRAYS, ELECTRICAL AND AUDIO EQUIPMENT.	S/N \$ 1,400.00	X
<b>SUB TOTAL LABOUR CHARGES</b>		<b>: \$ 2,960.00</b>	



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 SLO 3049 J**

S/N	NATURE OF JOBS	ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATIONS
6	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 \$ 1,400.00	X
7	TO DISMANTLE REAR BUMPER. TO REPAIR RHS REAR DOOR. CUT OUT AND WELD RHS REAR FENDER. RE-ORGANISE CRASH MANAGEMENT COMPONENTS. REINSTALL ALL PARTS REMOVED.	\$ 5,250.00	1000
8	TO RESPRAY RHS REAR FENDER, RHS REAR DOOR, DOOR HANDLE, RHS SILL PANEL, DOORENTRANCES, ROOF CHANNEL, DRAIN PANEL AND END PANELLING. TO CARRY OUT STONE CHIP TREATMENT AND JOINT SEALER WORKS.	\$ 4,750.00	1100
9	TO CARRY OUT DIAGNOSTIC CHECK.	S/N \$ 192.00	/
<b>TOTAL LABOUR CHARGES</b>		<b>: \$ 14,552.00</b>	

# 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. SMJ 3954 X

S/N PARTS DESCRIPTION	QTY	DAMAGED PARTS & PRICES		REMARKS
		S/NETT		
1 REAR FENDER - RH <i>Repair</i>		\$	2,644.00	+
2 REAR WINDSCREEN <i>new</i>		\$	1,141.00	+
3 1/4 GLASS - RH <i>new</i>		\$	609.00	+
4 PRIMER <i>new</i>		\$	19.00	+
5 WHEEL HOUSING LINER - RH <i>new</i>		\$	237.00	+
6 WHEEL HOUSING LINER ATTACHMENT PARTS <i>new</i>		\$	90.00	+
7 REAR WINDSCREEN SEALANT <i>new</i>	S/N	\$	200.00	+
8 1/4 GLASS SEALANT <i>new</i>	S/N	\$	100.00	+
9 METAL FILLER POWDER <i>new</i>	S/N	\$	280.00	+
10 STONE CHIP <i>new</i>	S/N	\$	180.00	+
11 CAVITY WAX <i>new</i>	S/N	\$	140.00	+
12 ACRYLIC SEALANT	S/N	\$	180.00	+
13 SUNDRIES		\$	300.00	?
<b>TOTAL SPARE PARTS</b>	:	\$	<b>6,120.00</b>	
<b>TOTAL LABOUR CHARGES</b>	:	\$	<b>14,552.00</b>	
<b>GRAND TOTAL</b>	:	\$	<b>20,672.00</b>	

ALL CHARGES ARE INCLUSIVE OF GST

LEGEND: REMARKS (OK) = APPROVED, REMARKS (X) = NOT APPROVED

# PREMIUM AUTOMOBILES



55 UBI ROAD 1, SINGAPORE 408699  
TEL : 6366 2323 FAX : 6841 1183  
EMAIL: NORA.KHAI@PREMIUMAUTO.COM.SG / CLAIMS@PREMIUMAUTO.COM.SG

NAME : *Adnan L*  
SURVEYED DATE : *30/12/20*  
AUTHORISED DATE :  
EXCESS COST :  
LIABILITY :  
REMARKS : *Not authorised, 05 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

**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:

JOHNNY BOO  
BODY REPAIR MANAGER

ALLAN WU  
CLAIMS CONSULTANT

> Back to OneMotoring

### Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Singapore NRIC
Owner ID:	278B
<b>Vehicle Details</b>	
Vehicle No.:	SLQ3049J
Vehicle to be Exported:	No
Intended Deregistration Date:	31 Dec 2020
Vehicle Make:	AUDI
Vehicle Model:	A4 1.4 TFSI S TRONIC (NAV)
Primary Colour:	Silver
Manufacturing Year:	2017
Engine No.:	CVN038975
Chassis No.:	WAUZZZF43HA164129
Maximum Power Output:	110.0 kW (147 bhp)
Open Market Value:	\$32,490.00
Original Registration Date:	04 Jul 2017
First Registration Date:	04 Jul 2017
Transfer Count:	0
Actual ARF Paid:	\$27,486.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	03 Jul 2027
PARF Rebate Amount:	\$20,614.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	03 Jul 2027
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$47,501.00
COE Rebate Amount:	\$30,913.00
<b>Total Rebate Amount:</b>	<b>\$51,527.00</b>

The information contained herein is correct as at 31 Dec 2020

OK



Post an Advertisement Sell it yourself! Advertise it at just \$58 until it's SOLD!

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Share your Condition Audi A4 Sportback!



Bank Price: 2.25M AUD! Monthly: 1.1M AUD! 9.9% Cash! 100% Finance! Golden Charter! 50000km!

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Sort by Date Posted 20 results/page

Browse by Category

6 vehicles

audi a4

Advanced Search

Table with columns: Make, Model, Price, Depreciation, Reg Date, Eng Cap, Mileage, Veh Type, Status. Contains 6 vehicle listings for Audi A4 1.4A TFSI S-tronic with various details like price, mileage, and status.

Save this search criteria, to get email alerts when ever a match is found.

Model Price Depreciation Reg Date Eng Cap Mileage Veh Type Status 20 results/page