ASS)	GNMENT
rom: Date:	Veh No: SMA 5054C Yr Regn: 2018 / Jun
slimaled Cost:	Type M.Caf / M.Cycle / Bus / Van / Lorry / Taxi / Fillie Motor
DITPIWSITP RESIDD RESIEVA / INV / MV	Truck/Trailer or
o Inspect Vehicle No: SMA 5054C	Make: And Q3 14 TPS S. TRONIC C.C 1398 Colour BULK A/C: Insured / Std / NI / NA
Workshop m/s Prenium	Tipedia: Insured Std NI NA
281, MENAMORA RD	- Op. 1000 mg
sured: Ah	Eng/No: WAUZZZ8USJRO.73576
olicy No.	Gen. Cond: Good Fall Poor Burn't
alms No.	Steering: Inorder / Jammed / Leaked / Burnt or
ım Insured: Excess: TBA	- Linumit or
(Client's Record)	Modi: Nil / SRim / STD A/Rim or
ake of Veh:	72000
A	——————————————————————————————————————
(Policy Condition)	R:
emark: The veh had commenced Its N/S ON	
repair at the time of inspection.	TOYO / YOKO or .
al. or Market Value:	Front PIRal mm
AC Accident Rport: Consistent?: Yes or No	R/Bal, mm , NBal, mm
IA / PR Seen: Consistent? : Yes or No	UBal. mm
st. Repairs: days Res.: Yes or No	D.O.A. 21/01/2021
um Sum: % · 3 Val.: Yes or No	Survey held at PREMIUM
on som.	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
A / REV / REP. / 24 HRS Vehicle: IN /	Des. of Damages: Frt / Rear / Ols / N/S / U/C / Rooftop or
A 1 (RFV 1 REP. 1 24 HRS	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
A / REV / REP. / 24 HRS Vehicle: IN/	Des. of Damages: Frt Rear OIS NIS UIC Rooftop or NIS WIC Rooftop or The UIC Chassis frame Body Structure affected due to collision
A / REV / REP. / 24 HRS Vehicle: IN / ale: Person Contacted:	Des. of Damages: Frt / Rear / Ols / N/S / U/C / Rooftop or
A / REV / REP. / 24 HRS ale: Person Contacted: Date / Time Action / Instruction	Des. of Damages: Frt Rear OIS NIS UIC Rooftop or NIS WIC Rooftop or The UIC Chassis frame Body Structure affected due to collision
A / REV / REP. / 24 HRS ale: Person Contacted: Date / Time Action / Instruction	Des. of Damages: Frt Rear OIS NIS UIC Rooftop or NU FM The U/C Chassis frame Body Structure affected due to collision.
A / REV / REP. / 24 HRS ale: Person Contacted: Date / Time Action / Instruction	Des. of Damages: Frt Rear OIS NIS UIC Rooftop or NIS WIC Rooftop or The UIC Chassis frame Body Structure affected due to collision
A / REV / REP. / 24 HRS ale: Person Contacted: Date / Time Action / Instruction	Des. of Damages: Frt Rear OIS NIS UIC Rooftop or NU FM The U/C Chassis frame Body Structure affected due to collision.
A / REV / REP. / 24 HRS ale: Person Contacted: Date / Time Action / Instruction	Des. of Damages: Frt Rear OIS NIS UIC Rooftop or NU FM The U/C Chassis frame Body Structure affected due to collision.
A / REV / REP. / 24 HRS ale: Person Contacted: Date / Time Action / Instruction From Mit - 6 K	Des. of Damages: Frt Rear OIS NIS UIC Rooftop or NU FM The U/C Chassis frame Body Structure affected due to collision.
A / REV / REP. / 24 HRS ale: Person Contacted: Date / Time Action / Instruction From Mit - 6 K	Des. of Damages: Frt Rear OIS NIS UIC Rooftop or NU FM The U/C Chassis frame Body Structure affected due to collision.
A / REV / REP. / 24 HRS ale: Person Contacted: Date / Time Action / Instruction From Mit - 6 K	Des. of Damages: Frt Rear OIS N/S U/C Rooftop or N/J FM The U/C Chassis frame Body Structure affected due to collision
A I REV I REP. I 24 HRS ate: Person Contacted: Date / Time Action / Instruction From Mit - 6 K Date / Time Person Press to? Press Report	Des. of Damages: Frt Rear OIS NIS UIC Rooftop or NIJ FM The UIC Chassis frame Body Structure affected due to collision.
A I REV I REP. I 24 HRS ale: Person Contacted: Date / Time Action / Instruction Figure Mid - 6 K Date/Time, File Pass to? Pre It. Report Final Report	Des. of Damages: Frt Rear Ols N/S U/C Rooftop or N/J FM The U/C Chassis frame Body Structure affected due to collision Days Of Repair: Resurvey No. of Trip: Survey Fee:
A I REV I REP. I 24 HRS ale:Person Contacted: Date / Time Action / Instruction From Mit - 6 K Date/Time, File Pass to? Preli. Report Date/Time, File Return to?	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or NOT The U/C / Chassis frame / Body Structure affected due to collision Days Of Repair: Resurvey No. of Trip: Survey Fee: Transportation:
A I REV I REP. I 24 HRS ale:Person Contacted: Date / Time Action / Instruction From Mit - 6 K Date/Time, File Pass to? Preli. Report Date/Time, File Return to?	Des. of Damages: Frt Rear O/S N/S U/C Rooftop or NOT The U/C Chassis frame Body Structure affected due to collision Days Of Repair: Resurvey No. of Trip: Survey Fee: Transportation: dd Fee: Site Insp (\$
A / REV / REP. / 24 HRS ale:Person Contacted: Date / Time Action / Instruction Proprior Action / Instruction	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or NOT The U/C / Chassis frame / Body Structure affected due to collision Days Of Repair: Resurvey No. of Trip: Survey Fee: Transportation:
A / REV / REP. / 24 HRS ale: Person Contacted: Date / Time Action / Instruction Press Mind Color	Des. of Damages: Frt Rear O/S N/S U/C Rooftop or NOT The U/C Chassis frame Body Structure affected due to collision Days Of Repair: Resurvey No. of Trip: Survey Fee: Transportation: dd Fee: Site Insp (\$
A / REV / REP. / 24 HRS ale:Person Contacted: Date / Time Action / Instruction Proprioration Action / Instruction	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or N/S Fry The U/C / Chassis frame / Body Structure affected due to collision Days Of Repair: Resurvey No. of Trip: Survey Fee: Transportation: Interview (\$) Photos Interview (\$) Photos
A / REV / REP. / 24 HRS ale: Person Contacted: Date / Time Action / Instruction Press Mind Color	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or N/J FM The U/C / Chassis frame / Body Structure affected due to collision Days Of Repair: Resurvey No. of Trip: Survey Fee: Transportation: Site Insp (\$)S+RSSI Interview (\$) Photos

· ive .

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/0081/2021/GW

DATE

26/01/2021

WIP

12735

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 SOON PHENG

ADDRESS

STRATHMORE AVENUE

#18-239

SINGAPORE 1410542

TELEPHONE

HP +65 97893265

OWN DAMAGE CLAIM

TYPE OF CLAIM

1800068072-02

POLICY NO VEHICLE NO

SMA 5054 C

MODEL CODE

AUDI Q3 1.4 TFSI

MODEL YEAR

11/6/2018

ENGINE NO

CHASSIS NO

CZD872649

WAUZZZ8U5]R073576

MILEAGE

DATE IN

ESTIMATED BY

JOHNNY BOO / ALLAN WU

WEST COAST HIGHWAY

ACCIDENT DATE

21/01/2021

PLACE OF ACCIDENT





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 SMA 5054 C

S/N	NATURE OF JOBS			STIMATED CHARGES	SURVEYOR'S RECOMMENDATIONS
<u> </u>					
1	TO REMOVE, CHECK AND TRANSFER FRONT WIRE HARNESS FOR HEADLIGHTS, HORNS, OUTSIDE TEMPERATURE SENSOR AND HEADLIGHT WASHER ASSY.	S/N	\$	360.00	
2	TO REMOVE AND TRANSFER LHS HEADLIGHTS'S CONTROL UNI AND POWER MODULE.	S/N	\$	490.00	250%
3	TO DISMANTLE AND RENEW FRONT BUMPER, LHS FRONT FENDER AND LHS HEADLIGHT. RE-ORGANISE CRASH MANAGEMENT COMPONENTS. REINSTALL ALL PARTS REMOVED.		\$ \$	2,490.00	(000)
4	TO RESPRAY FRONT BUMPER, LHS FRONT FENDER AND LHS FRONT DOOR.		\$	3,000.00	1650
5	TO RENEW LHS FRONT RIM AND CARRY OUT WHEEL ALIGNMENT.	S/N	\$	280.00	X
6	TO CARRY OUT DIAGNOSTIC CHECK.	S/N	\$	192.00	
	SUB TOTAL LABOUR CHARGES	:	\$	6,632.00	-



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

IEL: 0300 2323 FAX: 6841 1183 EMAIL: NORA.KHAI@PREMIUMAUTO.COM.SG / CLAIMS@PREMIUMAUTO.COM.SG

MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SMA 5054 C

		DAMAGED PARTS 8	
S/N PARTS DESCRIPTION	QTY	S/NETT	REMARKS
		2 125 00	
1 FRONT BUMPER SUA	\$	2,125.00	
2 FRONT BUMPER FIXING PARTS 7	\$	109.00	
3 FRONT BUMPER AIR GUIDE GRILLE -LH de	\$	153.00	
FRONT BUMPER CLOSING ELEMENT - LOWER 7	\$	176.00	
5 FRONT BUMPER GRILLE-CENTER 🗶	\$	217.00	
6 FRONT BUMPER SPOILER SUL	\$	383.00	
7 FRONT BUMPER REINFORCEMENT BEAM 🗶	\$	916.00	
8 FRONT FOAM FILLER PIECE X	\$	102.00	
9 FRONT BUMPER COVER	\$	123.00	
10 AIR CONDITIONER STICKER 🗡	\$	42.00	
11 SIGN CAUTION STICKER 🔨	\$	14.00	
12 FRONT SIGNAL HORN X	\$	200.00	
13 FRONT FENDER-LH	\$	902.00	
14 FRONT FENDER ATTACHMENT PARTS-LH	/ \$	70.00	
15 FRONT FENDER BRACKET-LH	\$	83.00	
16 FRONT FENDER BRACE-LH -	\$	105.00	
17 FRONT WHEEL HOSUING LINER-LH 🔨	\$	240.00	
FRONT WHEEL HOUSING LINER ATTACHMENT PARTS	× \$	153.00	
19 FRONT WHEEL SPOILER-LH ·	\$	73.00	
20 FRONT WHEEL COVER-LH/RH	2 \$	516.00	
SUB TOTAL SPARE PARTS	: \$	6,702.00	





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. SMA 5054 C

	DAMAGED PARTS	& PRICES
QTY	S/NETT	REMARKS
Property and the		
(*************************************	118.00	
2 Miller (14) \$	87.00	
**************************************	7,781.00	
SHER-LH X \$	210.00	
\$	1,262.00	
\$	300.00	
: \$	16,460.00	
: \$	6,632.00	
: \$	23,092.00	
	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	\$ 118.00 \$ 87.00 \$ 7,781.00 \$ 210.00 \$ 1,262.00 \$ 300.00 \$ 16,460.00 \$ 6,632.00

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

NAME

SURVEYED DATE

AUTHORISED DATE

EXCESS COST

LIABILITY

REMARKS

: RASUL - HP 9,0010068 : 26/01/2021 @ 1015 : 5 clays : EXCESS: TEA REVERT RESURY before print

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



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report <u>correctly</u> 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 aforesaid.

EACCIDENT STATEMENT

Date of Submission 22/01/2021 14:51 (SGT) Date of Accident 21/01/2021 17:57 (SGT) Exact Location of Accident W Coast Hwy, Singapore Additional Location Information WEST COAST HIGHWAY Country/State of Loss Singapore

IDETAILS OF OWN VEHICLE

Vehicle Registration Number SMA5054C INSURED/POLICYHOLDER

Is company? Name Of Registered Owner TAN SOON PHENG SXXXX511A NRIC No PATRICKTSP72@GMAIL.COM Email Address (Phone) +65-97893265 Mobile Phone No

(Office) +65-97893265 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Audi Q3 Model Variant Exact purpose for which vehicle was being used at time of

Private use accident

Are you claiming under your own insurance policy for repair to your vehicle?

Vehicle Category Private car

INSURANCE COMPANY

AIG Name of Insurance Company Type of Coverage Comprehensive Fleet Policy No 1800068072-02 Policy Number ...

Cover Note Number

DRIVER

JAMIE CHUA PEI GEK (CAI PEIYU) Name of Driver SXXXX518F NRIC No 20/04/1975 Date Of Birth Indoor Occupation

Postcode Insuranc Nature Detail

05/05/1995 25 YEARS AND 8 MONTHS Date Of Driving Pass Female (Phone) +65-97805621 Driving experience Gender JPGCHUA@GMAIL.COM Mobile Number Alt. Phone Number STRATHMORE AVENUE #18-239 **Email Address** Address Address complement 1410542 Postcode Is the driver the policyholder? Spouse If No, Relationship of the Driver with the Insured No Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Side Swipe Type of Accident ... Clear Weather Conditions Drv Road Surface OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? DETAILS OF POLICE ACTION Was the accident reported to the police? No Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT I SIGNALLED LEFT TO FILTER INTO THE LEFT LANE AS MY LANE WAS LEADING UP TO THE FLYOVER. CAR B ON THE LEFT

I SIGNALLED LEFT TO FILTER INTO THE LEFT LANE AS MY LANE WAS LEADING UP TO THE FLYOVER. CAR B ON THE LEFT LANE MOVED INTO MY LANE WITHOUT SIGNALLING. I HONKED AND APPLIED THE BRAKES IMMEDIATELY BUT THE LEFT SIDE OF MY CAR SCRAPED THE RIGHT SIDE OF CAR B. THE DRIVER OF CAR B THEN BRAKED IN THE MIDDLE OF THE LINE. LATER WE BOTH MOVED OUR CARS TO THE NEAREST ROADSIDE BAY TO EXCHANGE DETAILS.

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

No

DETAILS OF OTHER VEHICLE PROPERTY IN

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Category

Name of Driver

Contact Number

Address

Address complement

SLN1091P

BMW

Fivate

Private

Contact Number

Address complement

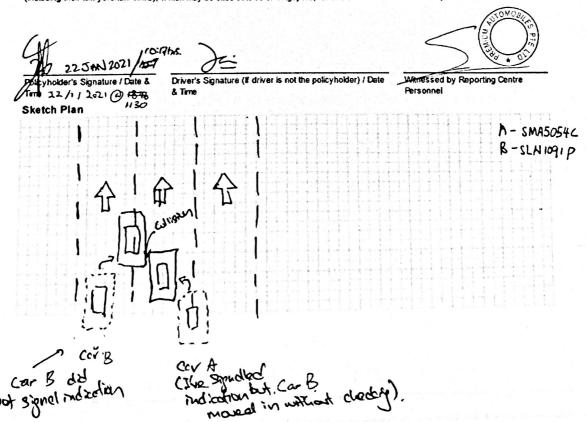
SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any waful 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
- 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 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 ("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 law yers/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
- (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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



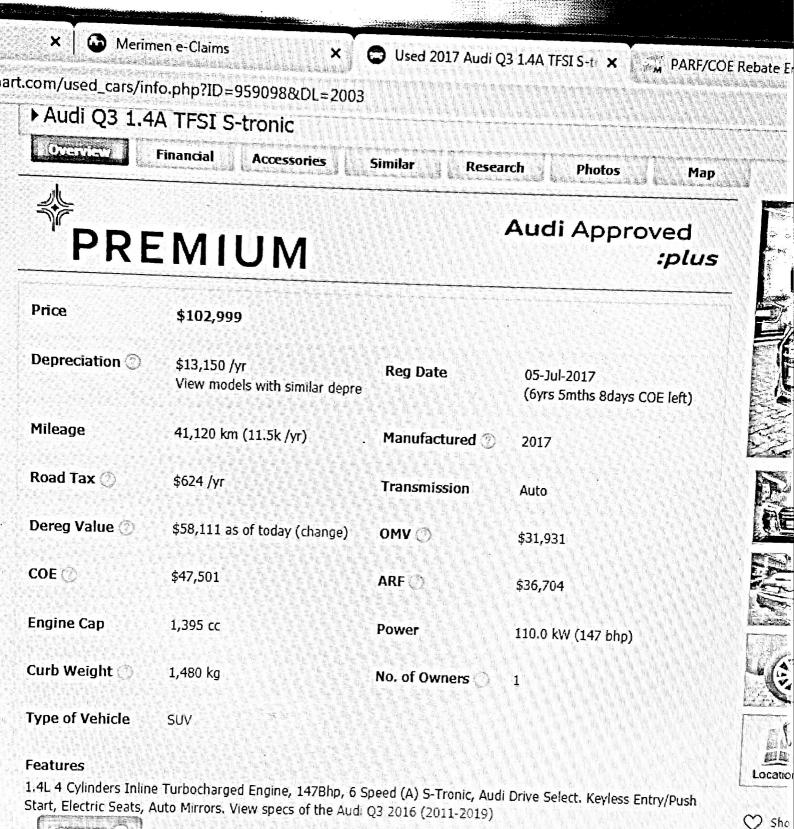
Describe Circumstances of th	e Accident	
I signalled left to	filtre in the	
to the fly-over.	filter into the left line as my l	one was leading up
Car B an the last	anc moved into my lane without is immediately but the left side car B. The driver of Car B then	
and Applied #	anc moved into my lane without	dishalling It I house
the sold it	es immediately but the left side	of Mile Cor Coranad
middle of the	ar B. The driver of Car B thon	braked in the
me une	• • • • • • • • • • • • • • • • • • • •	
later we last as	1	
details	d our care to the nearest madsi	de buy to exchange
- NATURAL D		· · · · · · · · · · · · · · · · · · ·
	and the control of th	
	and the control of th	
Destaration		
Declaration		
We declare the foregoing particulars	are true in every respect.	
		NTONO8/
Δ	_	(A)
/X. 1	Dr.	
275m221 10:17hm	0-	0, 0
folicyholder's Signature / Date &	Driver's Signature (If driver is not the policyholder) / Date	Witnessed by Reporting Centre Personnel
22/1/2021 @ 130		

Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	HETSPINISH STORE S
Owner ID:	Singapore NRIC 511A
V. I. V.	
Vehicle No.:	SMA5054C
Vehicle to be Exported:	No
Intended Deregistration Date:	26 Jan 2021
Vehicle Make:	AUDI
Vehicle Model:	Q3 1.4 TFSI S TRONIC
Primary Colour:	Black
Manufacturing Year:	2018
Engine No.:	CZD872649
Chassis No.:	WAU2ZZ8U5JR073576
Maximum Power Output:	110.0 kW (147 bhp)
Open Market Value:	\$29,906.00
Original Registration Date:	11 Jun 2018
First Registration Date:	11 Jun 2018
Transfer Count:	O
Actual ARF Paid:	\$33,869.00
#14497476676#543645#1711767#R713647160####################################	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	10 Jun 2028
PARF Rebate Amount:	\$25,401.00
* (元)	District and the second
COE Expiry Date:	10 Jun 2028
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period (Years):	10
QP Paid:	\$37,989.00
COE Rebate Amount:	\$28.015.00
Total Rebate Amount:	\$53,416.00

ОК



15 (^)