Mariani (S

TOTAL

> Back to OneMotoring

Vehicle Owner Particulars

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC
Owner ID:	417E

Vehicle Details
Vehicle No.: SJZ620E

 Vehicle to be Exported:
 No

 Intended Deregistration Date:
 04 Feb 2021

Vehicle Make: AUDI
Vehicle Model: A1 SB ADVANCED 1.0 TFSI S TRONIC

Primary Colour: Yellow
Manufacturing Year: 2019

Engine No.: DKJ043869
Chassis No.: WAUZZZGB3LR006221

Maximum Power Output: 85.0 kW (113 bhp)
Open Market Value: \$23,590.00

Original Registration Date: 06 Aug 2020
First Registration Date: 06 Aug 2020
Transfer Count: 0

Actual ARF Paid: \$25,026.00

Intended PARF Rebate Details

PARF Eligibility: Yes

PARF Eligibility Expiry Date: 05 Aug 2030
PARF Rebate Amount: \$18,769.00

COE Expiry Date: 05 Aug 2030

COE Category: A - Car up to 1600cc & 97kW (130bhp)

 COE Perioc (Years):
 10

 QP Paid:
 \$33,000.00

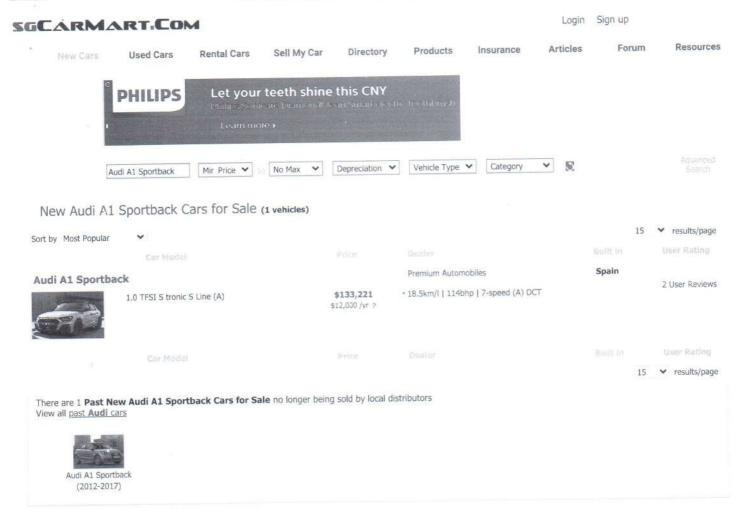
 COE Rebate Amount:
 \$31,358.00

The information contained herein is correct as at 04 Feb 2021

Intended COE Rebate Details

Total Rebate Amount:

\$50,127.00



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CERTIFICATE OF INSURANCE

AUDI AUTO PROTECTOR PRIVATE VEHICLE

Period of Insurance

Name of Policyholder : NIENIE NARWASTU ADMAJAYA : 06 Aug 2020 To 05 Aug 2021

Engine No.

: DKJ 043869

Chassis No. : WAUZZZGB3LR006221 Vehicle No.

: SJZ620E

Policy No.

: 2070116981

Endorsement No. Issued Date

: 27 Aug 2020

ABOUT THE COVER

Make/Model

: AUDI A1 SPORTBACK ADVANCED 1.0 TFSI

Engine Capacity/Tonnage: 999.00 CC

Sum Insured : Market Value

First Year of Registration : 2020 Insuring with COE/PARF : Yes

Off Peak Car : No 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.

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 - \$600 Theft - \$0 Flood Cover - \$600

Section 2

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

NIENIE NARWASTU ADMAJAYA - \$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 or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: DBS BANK LTD

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).

0504125221

PREMIUM LEASING - SHE

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

281 ALEXANDRA ROAD AUDI CUSTOMER SERVICE CENTRE SINGAPORE 159938

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Steffany Loh

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver
 Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate

- 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 30/01/2021 20:10 (SGT) Date of Accident 30/01/2021 13:30 (SGT) Exact Location of Accident Kim Seng Rd, Singapore Additional Location Information JUNCTION OF KIM SENG ROAD AND HAVELOCK ROAD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Private car

Vehicle Registration Number SJZ620E

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NIENIE NARWASTU ADMAJAYA NRIC No SXXXX417E **Email Address** CWUISAN@GMAIL.COM Mobile Phone No (Phone) +65-97802125 Alternative Phone No. (Office) +65-97802125

VEHICLE PARTICULARS

Manufacturer Audi Model A1 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

INSURANCE COMPANY

Name of Insurance Company AIG Type of Coverage Comprehensive Fleet Policy No Policy Number Cover Note Number

DRIVER

Name of Driver CHARLOTTE DEVIANI WUISAN NRIC No SXXXX861D Date Of Birth 09/05/1989 Occupation Indoor

Date Of Driving Pass 04/03/2017 3 YEARS AND 10 MONTHS Driving experience Gender Female Mobile Number (Phone) +65-97379661 Alt. Phone Number Email Address CWUISAN@GMAIL.COM 11 ARDMORE PARK Address Address complement #08-04 259957 Postcode Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Parent 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 - Change/cross lane Weather Conditions Clear Road Surface Dry 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) 3 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No PASSENGER 1 Name PHILIP CHEN Gender PASSENGER 2 Name AVGRY CHEN Gender Female 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 WAS DRIVING ON KIM SENG ROAD ON THE MOST RIGHT LANE. I THOUGHT THIS LANE ALLOWED FOR BOTH GOING STRAIGHT AND TURNING RIGHT. AT THE JUNCTION OF KIM SENG ROAD AND HAVELOCK ROAD, I WAS HEADING STRAIGHT TO OUTRAM ROAD. THE CAN ON THE NEXT LANE (ON MY LEFT), WAS TURNING RIGHT OF THE JUNCTION. WHILE I WAS GOING STRAIGHT. I HIT THE BRAKES IN TIME. THE OTHER CAR TURNED RIGHT AND KEPT GOING. I DIDN'T FELT A BUMP SO I THOUGHT THERE WAS NO PHYSICAL CONTACT BETWEEN THE CARS. AND I ALSO DIDN'T SEE THE OTHERS CAR SLOPPING SO I PROCEEDED TO ARRIVE TO MY NEXT DESTINATION. 10 MINUTES LATER AFTER I PARKED. I CHECKED MY CAR AND REALIZED THERE WAS A SMALL SCRATCH & SMALL DENT ON MY FRONT BUMPER AND FENDER. THUS I CONTACTED THE AUDI SERVICE CENTER THIS 3AM AFTERNOON TO FILE A REPORT AND FIGURE OUT THE DUE PROCESS. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	-
Vehicle Manufacturer	2
Vehicle Model	*
Vehicle Variant	ā
Vehicle Colour	9
Vehicle Category	Private car
Name of Driver	-
Contact Number	
Address	-
Address complement	2
Postcode	*
Insurance Company Name	e .
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

2 was driven on Kin	Sery Road on the most right lan	. I throught this lane allowed
for the state of the state of the	and turning right. At the junction	of rise and and warder
po toon geing margine	trought to Outram Road. The can on t	The state of the s
Hon, I was weading s	magnito vieram word the can on t	THE PORT WAY TON MY TOTAL
was turning aight of the	e junction while I was gaing strain	ght I have the brakes willing.
The our car tweed ng	ic and kept going 2 dianit feet a b	ury do sanaight were was
no physical contact b	there we aus are I also didn't	see the other can slopping
so I proceeded to drive	no my next destination. To minut realized frere was a small sever	es later after I parked.
1 Checked my car and	realized there was a small savar	ich & small dent on my
	. Thus I contacted the Awai servi	te center this same afternoon
to file a report and of	gun our the due poxem.	
	ALLE DESIGNATION OF THE SECOND	
	And the second second	
		AND THE REPORT OF THE PARTY OF
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Peclaration		
- Claration		
We declare the foregoing particular	s are true in every respect.	
		KOMOR!
	laton	12 (2)
	1179/	
	(NV)	
olicyholder's Signature / Date & ime	Driver's Signature (if driver is not the policyholder). & Time	Date Witnessed by Reporting Centre
	30/ pn 0 1800	- Continent
	3/1200	

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.
- Information provided must be as <u>truthful</u> and <u>accurate as possible</u>. Any wiful 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 GN, 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 shall be collectively referred to as the "finsurers"), 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, w hich 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, hendling 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 yers/haw 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 seed outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Driver's Signature (# driver is not the policyholder) / Date & Time & Time & J. 1/2/21/9/8/10

Sketch Plan

A SJZ 620 F.

* 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

.

CONTACT NO

6366 2323

UBI ROAD 1

FAX NO

: 6841 1183

REFERENCE

: PA/TP/0108/2021/GW

DATE

WIP

2-Mar-21

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 NIENIE NARWASTU ADMAJAYA

ADDRESS

11 ARDMORE PARK

#08-04

SINGAPORE 259957

OWN POLICY CLAIMS

TELEPHONE

TYPE OF CLAIM

978022125

POLICY NO

:

:

VEHICLE NO

SJZ 620 E

MODEL CODE

AUDI A1 ADVANCED SB 1.0 TFSI

MODEL YEAR

8/6/2020

ENGINE NO

CHASSIS NO

DK1043869 WAUZZZGB3LR006221

MILEAGE

:

DATE IN

ESTIMATED BY

JOHNNY BOO / ALLAN WU

ACCIDENT DATE

30/01/2021

PLACE OF ACCIDENT

JUNCTION OF KIM SEND ROAD AND HAVELOCK ROAD





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 SJZ 620 E

S/N	NATURE OF JOBS		ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATIONS
1	TO REMOVE, CHECK AND TRANSFER FRONT WIRE HARNESS FOR HEADLIGHTS, HORNS, OUTSIDE TEMPERATURE SENSOR AND HEADLIGHT WASHER ASSY.	S/N	\$ 360.00	<i>\times</i>
2	TO REMOVE AND TRANSFER LHS HEADLIGHT'S CONTROL UNIT AND POWER MODULE.	S/N	\$ 350.00	×.
3	TO DISMANTLE AND RENEW FRONT BUMPER, LHS FRONT FENDER AND LHS HEADLIGHT. RE-ORGANISE CRASH MANAGEMENT COMPONENTS. REINSTALL ALL PARTS REMOVED.		\$ 2,100.00	✓
4	TO RESPRAY FRONT BUMPER AND LHS FRONT FENDER.		\$ 2,000,00	11000
5	TO RENEW LHS FRONT RIM AND CARRY OUT WHEEL ALIGNMENT.	S/N	\$ 280.00	1
6	TO CARRY OUT DIAGNOSTIC CHECK.	S/N	\$ 192.00	/_
	SUB TOTAL LABOUR CHARGES	:	\$ 5,282.00	





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. SJZ 620 E

S/N PARTS DESCRIPTION QTY	DAMAGED PARTS & PRICES S/NETT REMARKS
1 FRONT BUMPER Del	\$ 1,634.00 / 1307-20
2 FRONT BUMPER FIXING PARTS New	\$ 137.00 ×
3 FRONT BUMPER SPOILER-LH	\$ 100.00 ? X
4 FRONT BUMPER AIR GUIDE GRILLE-LH	\$ 211.00+
5 FRONT BUMPER CLOSING ELEMENT MM	\$ 167.00 f
6 FRONT BUMPER GUIDE PROFILE-LH THE NEW	\$ 36.00 > 🍆
7 FRONT BUMPER GUIDE SECTION-LH No rev	\$ 107.00
8 FRONT FENDER-LH Dente	\$ 978.00
9 FRONT FENDER BRACE-LH WE ME	\$ 54.00 ? X
10 FRONT FENDER BRACKET-LH HAV	\$ 37.00
11 FRONT FENDER BRACKET OUTER-LH JUR MEN	\$ 37.00 > ★
12 FRONT FENDER BRACKET INNER-LH Me ~	\$ 14.00 /
13 FRONT FENDER BRACET CENTRE-LH Ne ~	\$ 58.00 X
14 FRONT WHEEL HOUSING LINER M	\$ 179.00 +
15 FRONT WHEEL HOUSING LINER ATTACHMENT APPARTS	\$ 69.00 ⊀
16 FRONT FENDER BRACE-LH UPPER WM	\$ 76.00 > 🗡
17 LED HEADLIGHT-LH WE MEC	\$ 4,288.00 +
18 LED HEADLIGHT LIFT CYLINDER-LH XH M	\$ 142.00 X
19 FRONT ALUMINIUM RIM-LH NOR NOC	\$ 962.00 4
20 SUNDRIES W.	\$ 300.00
TOTAL SPARE PARTS :	\$ 9,586.00
TOTAL LABOUR CHARGES :	\$ 5,282.00
GRAND TOTAL :	\$ 14,868.00

ALL CHARGES ARE INCLUSIVE OF GST

LEGEND:

REMARKS (OK) = APPROVED, REMARKS (X) = NOT APROVED SPARE PARTS ARE SPECIAL NETT.

* PREMIUM AUTOMOBILES



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EMAIL: NORA.KHAI@PREMIUMAUTO.COM.SG / CLAIMS@PREMIUMAUTO.COM.SG

NAME

SURVEYED DATE

AUTHORISED DATE

EXCESS COST

LIABILITY

REMARKS

Me Anthorised, Of 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:

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