"39/10a/ VII/action/enquireRebateByPublicBeforeDeregInput?FUNCTION_ID=F0304009T

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Foreign Identification Number
Owner ID:	069Q
Vehicle No.:	SMJ7843G
Vehicle to be Exported:	No
Intended Deregistration Date:	16 Feb 2021
Vehicle Make:	AUDI
Vehicle Model:	A3 SB 1.0 TFSI S TRONIC (LED & NAV)
Primary Colour:	Grey
Manufacturing Year:	2019
Engine No.:	CHZC27715
Chassis No.:	WAUZZZ8V0KA059576
Maximum Power Output:	85.0 kW (113 bhp)
Open Market Value:	\$22,832.00
Original Registration Date:	20 Mar 2019
First Registration Date:	20 Mar 2019
Transfer Count:	0
Actual ARF Pald:	\$23,965.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	19 Mar 2029
PARF Rebate Amount:	\$17,973.00
COE Expiry Date:	19 Mar 2029
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$26,309.00
COE Rebate Amount:	\$21,287.00
Total Rebate Amount:	\$39,260.00

The information contained herein is correct as at 16 Feb 2021

OK













PARF/COE Rebate

rmart.com/used_cars/info.php?ID=968094&DL=2303

▶ Audi A3 Sportback 1.0A TFSI S-tronic

Overview

Financial

Accessories

Similar

Research

Photos

Map



Price	\$102,800		
Depreciation ⑦	\$11,100 /yr View models with similar depre	Reg Date	23-Apr-2019 (8yrs 2mths 6days COE left)
Mileage	25,394 km (13.9k /yr)	Manufactured ⑦	2019
Road Tax ②	\$392 /yr	Transmission	Auto
Dereg Value ⑦	\$45,136 as of today (change)	OMV ⑦	\$22,826
COE ⑦	\$33,199	ARF ⑦	\$23,957
Engine Cap	999 cc	Power	85.0 kW (113 bhp)
Curb Weight ⑦	1,275 kg	No. of Owners ⑦	1
Type of Vehicle	Hatchback		

Features

Black Exterior With Brown Interior. Comes With Select Approved Inspection. Agent Warranty Till Apr 2024. View specs of the Audi S3 Sportback (2009-2013)















ASSEREC. BY: (VIGIL) - REF: CS 9142100	12212 Ritol3 1 069 a
ASSIC	SNMENT
From: Date:	Veh No: _ Sm > 78434 Yr Regn: 2019 1 MAR
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry /. Taxl / Prime Mover /
OD/TP/WS/TP RES/OD RES/EVA/INV/MIV	Truck / Traller or
To Inspect Vehicle No: SMJ 78436	Make: DOLOL A3 1.0 TKSI STRONU. C.C 999
9 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10	Alour ADMA A/C: Insured / Std / NI / NA
at Workshop m/s PREMIUM	Sp.Reading 6845 T/Radio: Insured / Std / NI / NA
of 281 presumon ro	Eng/No:
Insured: Alh	CNO: WKM 2228VKA 059576.
Policy No.	Gen. Cond: Good / Fairl Poor / Burnt
Claims No.	Steering: Norder / Jainmed / Leaked / Burnt or
Sum Insured: Excess: TOA	Brake: Gorder / Jammed / Leaked / Burnt or
(Cilent's Record)	Modi: NII / SIRIM / STD A/Rim or
Make of Veh:	- CLEVEN
20m	1
(Policy Condition)	R:
Remark: The veh had commenced its N/S O/S	
repair at the time of inspection.	TOYOTYOKO or .
Bal. or Market Value:	Fron! Rear
IDAC Accident Rport: Consistent?: Yes or No	RVBal. 6 mm
GIA / PR Seen: Consistent? : Yes or No	UBal. UBal. UBal. 10 mm
Est Repairs: days Res.: Yes or No	D.O.A. 10 02/2021
Lum Sum: % · 3 Val.: Yes or No	Survey held at PREMIUM
Colli Solli.	Des. of Damages: Frt / Rear / OIS / NIS / UIC / Rooftop or
CA I REV. I REP. I 24 HRS	NIS DEATC
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date/Time Action/Instruction Report mt - 6 K	
Tapara ((+3) - 61	· ·
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DaierTime, File Pass to? Prell. Report	Days Of Repair:
	Sun/ey Fee:
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Date/Time, File Return to?	The same of the sa
2) Ad	a ree
	: Interview (\$) Photos
Poriod-Foreset .	:Tech, Invs (\$) otten
Representation	:Weel:end (%
Lump Sun (1.8.1: /5)	TOTAL



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/0140/2021/GW

DATE : 16/2/2021

WIP :

VEHICLE NOT IN WORKSHOP. KINDLY ARRANGE FOR SURVEY ON 11/2/2021

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 BADEL AXEL

ADDRESS : 33 KEPPEL BEY VIEW

#24-95

SINGAPORE 098419

TELEPHONE : HP +65 82015248

TYPE OF CLAIM : OWN DAMAGE CLAIM

POLICY NO : 1900079159-01

VEHICLE NO : SMJ 7843 G

MODEL CODE : A3 SEDAN 1.0 TFSI

 MODEL YEAR
 : 19/11/2020

 ENGINE NO
 : CZDC13601

CHASSIS NO : WAUZZZF36M1030913

MILEAGE :

DATE IN : -

ESTIMATED BY : JOHNNY BOO / ALLAN WU

ACCIDENT DATE : 8-Feb-21

PLACE OF ACCIDENT : ANG MO KIO COURTS CARPARK





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. SMJ 7843 Y

	S/N	NATURE OF JOBS			ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATIONS
-		PC CONTRACTOR	2-4155.00			
	1	TO REMOVE AND RENEW REAR PARKING AID. CHECK FUNCTION AND RENEW ACCORDING TO DAMAGE.	S/N	\$	280.00	
	2	TO RENEW 1/4 GLASS TO FACILLITATE FENDER RENEWAL.	S/N	\$	300.00	
	3	TO INSTALL SOLAR FILM FOR 1/4 GLASS. (Sale agent)	S/N	\$	400.00	
	4	TO CARRY OUT WATER SEEPAGE TEST FOR 1/4 GLASS.	S/N		200.00	
	5	TO DISLODGE AND REINSTALL REAR WIRE HARNESS FOR LIGHTS, BATTERY MANAGER, FUSE AND RELAY TRAYS, ELECTRICAL AND AUDIO EQUIPMENT.	S/N	\$	1,400.00	
	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	\$	1,400.0	0/
		SUB-TOTAL LABOUR CHARGES	:	_\$	3,980.0	0



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. SMJ 7843 Y

S/N	NATURE OF JOBS		100 to 10	TIMATED CHARGES	SURVEYOR'S RECOMMENDATIONS
7	TO DISMANTLE AND REINSTALL REAR BUMPER. TO RENEW LHS REAR DOOR. CUT OUT AND WELD LHS REAR FENDER. RE-ORGANISE CRASH MANAGEMENT COMPONENTS. REINSTALL ALL PARTS REMOVED.	N	\$	5,600.00	3000
8	TO RESPRAY REAR BUMPER, LHS REAR DOOR, LHS REAR 5, FENDER, DOOR HANDLE, DOOR ENTRANCES, ROOF CHANNEL, DRAIN PANEL AND END PANELLING. TO CARRY OUT STONE CHIP TREATMENT AND JOINT SEALER WORKS.	5 +16	v‡55 \$	4,850.00	H 2575
9	TO RENW LHS REAR RIM AND CARRY OUT WHEEL ALIGMENT.	S/N	\$	280.00	*/
10	TO CARRY OUT DIAGNOSTIC CHECK.	S/N	\$	192.0	0/
	TOTAL LABOUR CHARGES	_ i•	\$	14,902.0	0





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 7843 Y

DAMAGED PARTS & PRICES

S/N	PARTS DESCRIPTION	QTY		S/NETT	REMARKS
1	REAR FENDER-LH 64/	1	\$	4,140.00	
2	REAR SIDE WINDOW-LH	1	\$	292.00	
3	REAR SIDE WINDOW TRIM STRIPS-LH	1	\$	261.00	
4	REAR WHEEL HOUSING LINER-LH	1	\$	240.00	
5	REAR WHEEL HOUSING LINER ATTACHMENT PARTS-LH	1	\$	57.00	
6	REAR DOOR-LH	1	\$	2,767.00	
7	REAR DOOR OUTER SEAL-LH	1	\$	161.00	
8	BONDING AGENT AL	1	\$	49.00	
9	CLEANING SOLUTION ~	1	\$	68.00	
10	APPLICATOR ~	1	\$	8.00	
11	REAR DOOR CATCH-LH & MLL /	1	\$	94.00	
12	REAR DOOR ATTACHMENT PARTS-LH	1	\$	129.00	
13		1	\$	374.00	
	REAR DOOR HANDLE EXTERIOR-LH	1	\$	52.00	
14	REAR ALUMINIUM RIM-LH	1	\$	1,166.00	
15	- 1. N/2	S/N	\$	180.00	
16	ACRYLIC SEALANT 1	5/N	\$	140.00	
17	CAVITY WAX	S/N	\$	180.00	
18	STONE CHIP MANAGED BOWNER AND A STONE CHIP MANAGED BOWNER AND A STONE AND A ST	S/N	\$	280.00	
19	METAL FILLIER POWDER			100.00	
20	1/4 GLASS SEALANT 1/4	S/N	\$		
21	SUNDRIES		\$	400.00	
	TOTAL SPARE PARTS		\$	11,138.00	
	TOTAL LABOUR CHARGES	:	\$	14,902.00	
	GRAND TOTAL		\$	26,040.00	

ALL CHARGES ARE INCLUSIVE OF GST

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

SPARE PARTS ARE SPECIAL NETT.

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 -4p 90010068
16/02/2021 @ 1420
12 days
EXCESS: TRA
Revier
Resy before paint

PLEASE NOTE

THIS ESTIMATE IS BASED ON VISUAL INSPECTION OF THE AFFECTED VEHICLE. SHOULD WE REQUIRE FURTHER LABOUR 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 / 6768 9911 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 correctly the details of the accident to speed up the claims process. Niease report sold and the sold and the sold and the speed up the claims proces
 This Form must be completed by the Policyholder and/or the Authorised Driver

2. This Form must be completed by the Foliagnostic state as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate 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.

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. and that copies of this report will, for a ree, be made available upon application by interested period.

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 11/02/2021 09:49 (SGT) N. 10/02/2021 09:35 (SGT) Date of Accident 6A Napier Rd, Singapore 258500 Exact Location of Accident GLENEAGLES HOSPITAL PARKING LOT Additional Location Information Singapore Country/State of Loss

DETAILS OF OWN VEHICLE

SMJ7843G Vehicle Registration Number

INSURED/POLICYHOLDER

No Is company? BADER AXEL Name Of Registered Owner GXXXX069Q Passport No/FIN AXEL.BADER@GMAIL.COM Email Address (Phone) +65-82015248 Mobile Phone No (Office) +65-82015248 Alternative Phone No

VEHICLE PARTICULARS

Audi A3 Exact purpose for which vehicle was being used at time of Private use Are you claiming under your own insurance policy for repair to Yes your vehicle? Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company AIG Type of Coverage Comprehensive Fleet Policy Policy Number 1900079159-01 Cover Note Number

DRIVER

Name of Driver BADER AXEL Passport No/FIN GXXXX069Q Date Of Birth 29/06/1984 Occupation Indoor

backs

	Dredk
a tidag Pass	
Of Driving Pass	30/06/2001
aving experience	19 YEARS AND 8 MONTHS
	Male MONTHS
cia Number	(Phone) +65-82015248
Alt. Phone Number	(Office) +65-82015246
Email Address	AXEL.BADER@GMAIL COM
Address	22 VELLET BEA NEM
Address complement	#24-95
Postcode	098419
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	- w
Insurance Company of Other Vehicle Owned by Driver	
Insurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
A STATE OF THE PROPERTY OF THE PARTY OF THE	CONTRACTOR OF THE CONTRACTOR O
Type of Accident	Collided into Property
Weather Conditions	Clear
Road Surface	Dry
OTHER INFORMATION	
	No
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident	No 1
Was anybody injured in the Accident?	No
Was any injured in the Accident? Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	No
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s)	
soliciting/offering accident claims assistance?	No
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	_
ii yes, agailist whom:	
CIRCUMSTANCES OF ACCIDENT	
EXITING MY PARKING SPOT NEXT TO A COLUMN, I TAKE A (PASSENGER) SIDE OF THE CAR.	TIGHT TURN AND HIT/SWIPE THE COLUMN WITH THE LEFT
ATTACHMENT(S)	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No
3	

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 willul 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. 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)

Lunderstand, acknowledge, agree and consent that :

- (a) My insurer, my w orkshop 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;

14.02

- (iv) administering my claims (including the mailing of correspondence, statements, involces, 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' law yers/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.

Driver's Signature (If driver is not the policyholder) / Date

Witnessed by Reporting Centre

Sketch Plan

OFFICE OF

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