

> 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 Paid:	\$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

Grey





Merimen e-Claims



Used 2019 Audi A3 Sportback 1.0



PARF/COE Rebate

rmart.com/used\_cars/info.php?ID=968094&amp;DL=2303

## ▶ Audi A3 Sportback 1.0A TFSI S-tronic

Overview

Financial

Accessories

Similar

Research

Photos

Map

# Select

By Performance Premium Selection

Price

**\$102,800**

Depreciation ?

\$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 ?

2019

Road Tax ?

\$392 /yr

Transmission

Auto

Dereg Value ?

\$45,136 as of today (change)

OMV ?

\$22,826

COE ?

\$33,199

ARF ?

\$23,957

Engine Cap

999 cc

Power

85.0 kW (113 bhp)

Curb Weight ?

1,275 kg

No. of Owners ?

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)

Compare





0696

## 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
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. <i>(side agreement)</i>	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 \$	1,400.00 /	
<b>SUB-TOTAL LABOUR CHARGES</b>		:	<b>\$ 3,980.00</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. SMJ 7843 Y**

S/N	NATURE OF JOBS	ESTIMATED 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.	\$ 5,600.00 @ 500	3000
8	TO RESPRAY REAR BUMPER, LHS REAR DOOR, LHS REAR FENDER, DOOR HANDLE, DOOR ENTRANCES, ROOF CHANNEL, DRAIN PANEL AND END PANELLING. TO CARRY OUT STONE CHIP TREATMENT AND JOINT SEALER WORKS.	\$ 4,850.00 3.5 + 100 + 550	1925 2575
9	TO RENW LHS REAR RIM AND CARRY OUT WHEEL ALIGNMENT.	S/N \$ 280.00	
10	TO CARRY OUT DIAGNOSTIC CHECK.	S/N \$ 192.00	
<b>TOTAL LABOUR CHARGES</b>		<b>: \$ 14,902.00</b>	

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 <i>bt</i>	1	\$	4,140.00
2	REAR SIDE WINDOW-LH <i>ne</i>	1	\$	292.00
3	REAR SIDE WINDOW TRIM STRIPS-LH <i>ne</i>	1	\$	261.00
4	REAR WHEEL HOUSING LINER-LH <i>X</i>	1	\$	240.00
5	REAR WHEEL HOUSING LINER ATTACHMENT PARTS-LH <i>X</i>	1	\$	57.00
6	REAR DOOR-LH <i>bt</i>	1	\$	2,767.00
7	REAR DOOR OUTER SEAL-LH <i>ne</i>	1	\$	161.00
8	BONDING AGENT <i>ne</i>	1	\$	49.00
9	CLEANING SOLUTION <i>ne</i>	1	\$	68.00
10	APPLICATOR <i>ne</i>	1	\$	8.00
11	REAR DOOR CATCH-LH <i>ne</i>	1	\$	94.00
12	REAR DOOR ATTACHMENT PARTS-LH <i>?</i>	1	\$	129.00
13	REAR DOOR HANDLE EXTERIOR-LH <i>repair</i>	1	\$	374.00
14	REAR DOOR HANDLE HOUSING-LH <i>X</i>	1	\$	52.00
15	REAR ALUMINIUM RIM-LH <i>ne</i>	1	\$	1,166.00
16	ACRYLIC SEALANT <i>ne</i>	S/N	\$	180.00
17	CAVITY WAX <i>ne</i>	S/N	\$	140.00
18	STONE CHIP <i>ne</i>	S/N	\$	180.00
19	METAL FILLER POWDER <i>ne</i>	S/N	\$	280.00
20	1/4 GLASS SEALANT <i>ne</i>	S/N	\$	100.00
21	SUNDRIES <i>?</i>		\$	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 APPROVED  
 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: TAA

: Revert

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

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMJ7843G
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	BADER AXEL
Passport No/FIN	GXXXX069Q
Email Address	AXEL.BADER@GMAIL.COM
Mobile Phone No	(Phone) +65-82015248
Alternative Phone No	(Office) +65-82015248

## VEHICLE PARTICULARS

Manufacturer	Audi
Model	A3
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	1900079159-01
Cover Note Number	-

## DRIVER

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

Date Of Driving Pass ..... 30/06/2001  
 Driving experience ..... 19 YEARS AND 8 MONTHS  
 Gender ..... Male  
 Mobile Number ..... (Phone) +65-82015248  
 Alt. Phone Number ..... (Office) +65-82015248  
 Email Address ..... AXEL.BADER@GMAIL.COM  
 Address ..... 33 KEPPEL BEY VIEW  
 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 ..... -  
 Insurance Company of Other Vehicle Owned by Driver ..... -

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident ..... Collided into Property  
 Weather Conditions ..... Clear  
 Road Surface ..... Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? ..... No  
 Number of vehicles involved in the accident ..... 1  
 Was anybody injured in the Accident? ..... No  
 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? ..... -

#### CIRCUMSTANCES OF ACCIDENT

EXITING MY PARKING SPOT NEXT TO A COLUMN, I TAKE A TIGHT TURN AND HIT/SWIPE THE COLUMN WITH THE LEFT (PASSENGER) SIDE OF THE CAR.

#### ATTACHMENT(S)

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



## SKETCH PLAN

### 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 willful 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)

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' lawyers/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

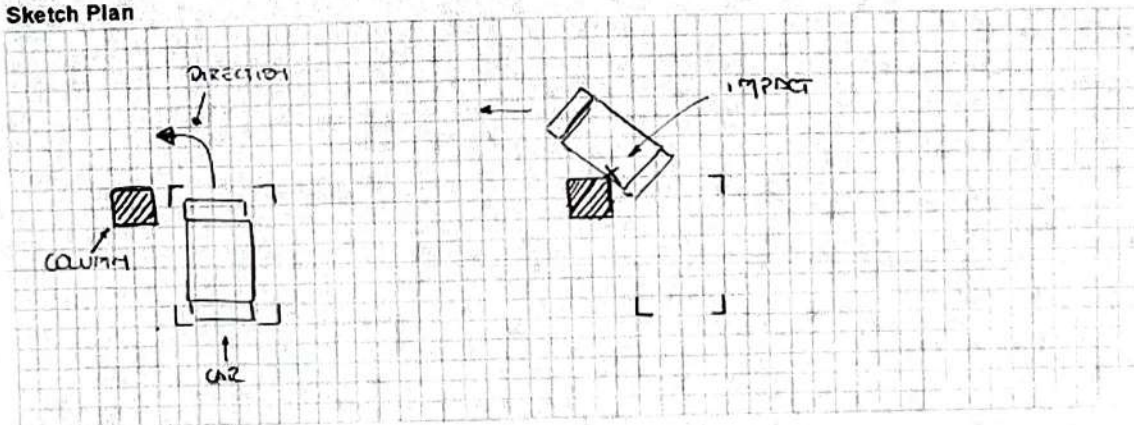
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan




**Describe Circumstances of the Accident**

EXITING MY PARKING SPOT NEXT TO A COLUMN, I TAKE A RIGHT  
TURN AND HIT/SWIPE THE COLUMN WITH THE LEFT (PASSENGER)  
SIDE OF THE CAR.

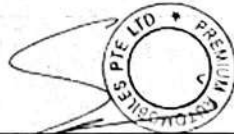
**Declaration**

We declare the foregoing particulars are true in every respect.

  
Policyholder's Signature / Date &  
Time

10/2/21 19:02

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

  
Witnessed by Reporting Centre  
Personnel