

ASS. REC. BY:

REF:

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. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

<input type="checkbox"/>	<input type="checkbox"/>
N/S	O/S
<input type="checkbox"/>	<input type="checkbox"/>

Bal. or Market Value: _____

IDAC Accident Rpt: _____ 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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SKL8550H Yr Regn: 2013/Dec.

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Audi Q5 C.C. 1984

Colour: Black A/C: Insured / Std / NI / NA

Sp. Reading: 199083 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WAUZZZ8R6EA040814

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: 235/55R19

R: 235/55R19

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. _____ D.O.I. 19/02/21

Survey held at Premium

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

Rees o/s.

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

Date / Time	Action / Instruction
	<u>OD ALG.</u>
	<u>MV: 68K</u>
	<u>PV: 54.8K</u>
	<u>Nett: 13.2K</u>

Date/Time, File Pass to? : Preli. Report

1) : Final Report

Date/Time, File Return to? _____

2) _____

Report Format: _____

Lump Sum / I.B.F. (\$) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: : Site Insp (\$) _____

: Interview (\$) _____

: Tech. Inve (\$) _____

: Weel end (\$) _____

Survey Fee: _____

Transportation: _____ \$ + RS. _____ \$

Photos: _____

Others: _____

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 10:35 (SGT)
Date of Accident 10/02/2021 20:35 (SGT)
Exact Location of Accident Bedok Reservoir, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKL8550H

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LIU JUN
NRIC No SXXXX315Z
Email Address YUECHENG@LIVE.COM.SG
Mobile Phone No (Phone) +65-96988666
Alternative Phone No +65-96988666

VEHICLE PARTICULARS

Manufacturer Audi
Model Q5
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 2100364322-06
Cover Note Number -

DRIVER

Name of Driver LIU JUN
NRIC No SXXXX315Z
Date Of Birth 06/09/1971
Occupation Indoor

Date Of Driving Pass 17/05/2007
 Driving experience 13 YEARS AND 9 MONTHS
 Gender Male
 Mobile Number (Phone) +65-96988666
 Alt. Phone Number +65-96988666
 Email Address YUECHENG@LIVE.COM.SG
 Address BLK 867 TAMPINES ST 83
 Address complement #10-247
 Postcode 520867
 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 Collision - Head to Rear
 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? 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 LI CHUN XIANG
 Gender Female

PASSENGER 2

Name LIU XI CHENG
 Gender Male

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 STATIONARY AT THE ROAD, BECAUSE OF TRAFFIC AT THE FRONT. THE VEHICLE FROM THE OPPOSITE LANE HIT ONTO MY REAR RHS AND CAUSED DAMAGE.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SGX3628K
 Vehicle Manufacturer Toyota
 Vehicle Model -

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

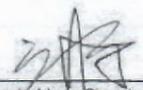
1. Please report correctly the details of the accident to speed up the claims process.
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available 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:

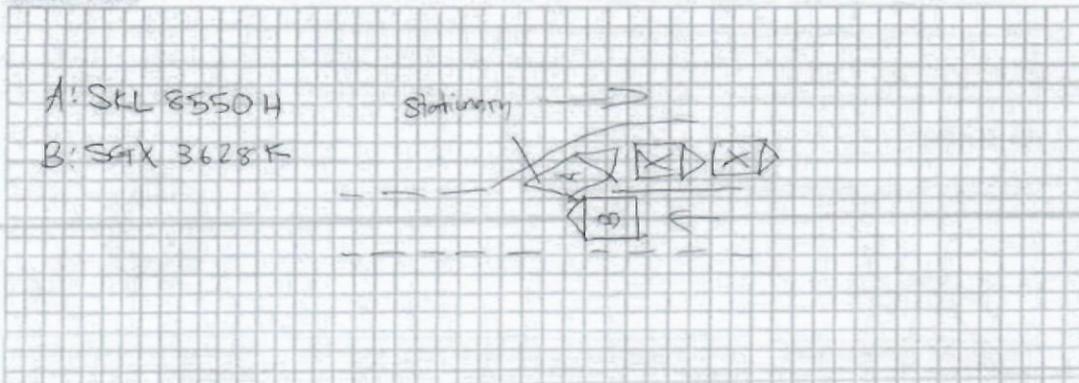
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (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

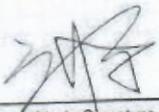


Describe Circumstances of the Accident

I was stationary at the road, because of traffic at the front.
The vehicle from the opposite lane hit onto my rear ~~the~~ rhs and causes
damaged.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &
Time

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





Witnessed by Reporting Centre
Personnel



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/0134/2021/KS
DATE : 15-Feb-21
WIP : 15279

VEHICLE NOT IN WORKSHOP. KINDLY ARRANGE FOR SURVEY ON 19/2/2021

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 : LIU JUN
ADDRESS : BLK 867 TAMPINES ST 83
#10-247
SINGAPORE 520867
TELEPHONE : HP +65 96988666
TYPE OF CLAIM : OWN DAMAGE CLAIM
POLICY NO : 2100364322-06
VEHICLE NO : **SKL 8550 H**
MODEL CODE : AUDI Q5 2.0 TFSI QU
MODEL YEAR : 30/12/2013
ENGINE NO : CNC 027633
CHASSIS NO : WAUZZZ8R6EA040814
MILEAGE : -
DATE IN : -
ESTIMATED BY : JOHNNY BOO / ALLAN WU
ACCIDENT DATE : 10-Feb-21
PLACE OF ACCIDENT : BEDOK RESERVOIR, SINGAPORE



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 VEHICLLE. SKL 8550 H

S/N	NATURE OF JOBS		ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATIONS
1	TO REMOVE AND TRANSFER REAR PARKING AID. CHECK FUNCTION AND RENEW ACCORDING TO DAMAGES.	S/N \$	280.00	✓
2	TO DISMANTLE AND RENEW REAR BUMPER. RE-ORGANIZE CRASH MANAGEMENT COMPONENTS. REINSTALL ALL PARTS REMOVED.	\$	1,200.00	500
3	TO RESPRAY REAR BUMPER AND REAR BUMPER LOWER SPOILER..	\$	2,000.00	1100
4	TO CARRY OUT DIAGNOSTIC CHECK.	S/N \$	192.00	✓
TOTAL LABOUR CHARGES		:	\$ 3,672.00	

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MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SKL 8550 H

			DAMAGED PARTS & PRICES	
S/N	PARTS DESCRIPTION	QTY	S/NETT	REMARKS
1	REAR BUMPER <i>Reh d</i>	1	\$ 1,798.00	✓
2	REAR BUMPER FIXING PARTS <i>Meu</i>	1	\$ 166.00	+
3	REAR BUMPER SPOILER <i>Rejis</i>	1	\$ 866.00	+
4	REAR BUMPER CARRIER <i>Meu</i>	1	\$ 681.00	+
5	REAR BUMPER BRACKET HOLDER LH / RH <i>Meu</i>	2	\$ 428.00	+
6	REAR PARKING AID SENSOR <i>Meu</i>	1	TBC	+
7	REAR PARKING AID SENSOR SEAL RING <i>Meu</i>	4	\$ 6.00	+
8	REAR BUMPER TAILLIGHT <i>Cracked</i>	1	\$ 299.00	✓
9	SUNDRIES <i>Meu ?</i>		\$ 200.00	?
TOTAL SPARE PARTS		:	\$ 4,444.00	
TOTAL LABOUR CHARGES		:	\$ 3,672.00	
GRAND TOTAL		:	\$ 8,116.00	

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 : *Adrian Lj*
SURVEYED DATE : *19/02/21*
AUTHORISED DATE :
EXCESS COST :
LIABILITY :
REMARKS : *Not Authorised, 03 Rys*

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

JOHNNY BOO
BODY REPAIR MANAGER

ALLAN WU
CLAIMS CONSULTANT

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	315Z
Vehicle Details	
Vehicle No.:	SKL8550H
Vehicle to be Exported:	No
Intended Deregistration Date:	21 Feb 2021
Vehicle Make:	AUDI
Vehicle Model:	Q5 2.0 TFSI QUATTRO (EU6)
Primary Colour:	Black
Manufacturing Year:	2013
Engine No.:	CNC027633
Chassis No.:	WAUZZZ8R6EA040814
Maximum Power Output:	165.0 kW (221 bhp)
Open Market Value:	\$45,202.00
Original Registration Date:	30 Dec 2013
First Registration Date:	30 Dec 2013
Transfer Count:	1
Actual ARF Paid:	\$55,283.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	29 Dec 2023
PARF Rebate Amount:	\$33,169.00
Intended COE Rebate Details	
COE Expiry Date:	29 Dec 2023
COE Category:	E - Open Category
COE Period(Years):	10
QP Paid:	\$77,501.00
COE Rebate Amount:	\$21,611.00
Total Rebate Amount:	\$54,780.00

The information contained herein is correct as at 21 Feb 2021

OK

Leveraged trading is high risk. Losses can exceed deposits.

audi q5 Price Range Depreciation Year Reg Vehicle Type 

Advanced Search

Used Car Comparison

--- Comparing 3 Vehicles ---

Audi Q5 2.0A TFSI Quattro

Audi Q5 2.0A TFSI Quattro

Audi Q5 2.0A TFSI Quattro



Use search bar above to search to compare.

Clear All

Add all to Shortlist

Add to Shortlist

Add to Shortlist

Add to Shortlist

Back to search result

CAR DETAILS

Price	\$66,800	\$84,800	\$94,800
Instalment	\$1,895	\$1,413	\$1,344
Registration Date	14-May-2013	31-Dec-2014	21-Sep-2015
Manufactured	2012	2014	2015
Mileage	69,600 km	100,000 km	77,104 km
Transmission	Auto	Auto	Auto
Engine Cap	1,984 cc	1,984 cc	1,984 cc
Road Tax	\$1,194 /yr	\$1,194 /yr	\$1,194 /yr
Power	165.0 kW (221 bhp)	165.0 kW (221 bhp)	165.0 kW (221 bhp)
Curb Weight	1,830 kg	1,830 kg	1,845 kg
Features	2.0L Turbocharged Engine With Quattro All Wheel Drive, Drive Select, Keyless Entry And Start/Stop, Paddle Shifters.	2.0L Turbocharged Engine Producing 221Bhp And 350NM Of Torque 8 Speed Gearbox, Audi Drive Select, Multi-Function Steering With Paddle Shifts.	2.0L Turbocharged Engine, 8 Speed Auto Gearbox, Audi Drive Select, Multi-Function Steering, Paddle Shift, Traction/Cruise Control, Knockdown Rear Seat
Accessories	Factory Fitted Audio System With Navigation, Multi Function Steering Wheel, Parking Sensor, Power Tailgate, Retractable Side Mirrors.	Keyless Entry/Start, R/ Camera/Sensors, Electric Park Brake, Electric Seats With Memory, Auto Tailgate, Knockdown Rear Seats, GPS Nav,	Electric Memory Seat, Sport Rim, Keyless Entry/Start, Reverse Camera/Sensor, Electric Park Brake, Auto Tailgate, GPS Navi, Hill Descent Controls.
Description	Low Mileage In Excellent Condition For Short Term Usage. Great Unit To Renew 10 Years Anytime Before COE Due. Bank Or In House Loan Available. Call For More Enquiries! We Open Mon To Sat 10 AM To 7 PM. Please Call Us For Appointment On Sunday And Public Holiday. Thank You!	1 Owner, Serviced/ Maintained By Agent, Facelift Model With 8 Speed Gearbox That Drives More Smoothly, Well Maintained, Flexible Loan Package Available, Immediate Transfer Of Ownership Upon Collection	1 YEAR EXTENDED WARRANTY (Official Certificate), 1 Owner, High Loan Available, 1 Year Free Servicing And Maintenances, Accident Free, STA Or Vicom Evaluation Are Welcome, Bank And In House Loan Available At Competitive Interest Rate, Free Grooming, Warranty Not By 3rd Party Workshop, Kindly Call For Viewing Appointment.
COE	\$61,700	\$76,904	\$62,101
OMV	\$44,523	\$44,918	\$38,063
ARF	\$54,333	\$54,886	\$45,289
Depreciation	\$17,840 /yr	\$14,870 /yr	\$15,750 /yr
No. of Owners	2	1	1
Type of Vehicle	SUV	SUV	SUV
Category	PARF Car, Low Mileage Car	PARF Car	PARF Car
Availability	Available	Available	Available

SELLER INFORMATION