Ass DDS DV	REF:		
ASS, REC, BY:	AS	SIGNMENT	
			3 Zyr Regn: 2020 / NOV
From:	Date:		
Estimated Cost:		Type: M.Car / M.Cycle / Bus / Van / L	orry / Taxi / Prime Wover /
OD / TP / WS / TP RES / OD RES	S / EVA / INV / MV	Truck / Trailer or	120/
To Inspect Vehicle No:		Make: Audi QZ	c.c 1385
at Workshop m/s		Colour Black.	A/C: Insured / Std / NI / NA
of		Sp.Reading 6632	T/Radio: Insured / Std / NI / NA
Insured:		Eng/No:	
Policy No.		C/No: WAUZZZ F	39M102*9061.
Claims No.		Gen. Cond: Good / Fair / Poor / Burn	t
Sum Insured:	Excess:	Steering: Inorder / Jammed / Leaked	/ Burnt or
(Client's Record)	on trains you grade.	Brake: Inorder / Jammed / Leaked	1/Burnt or
Make of Veh:		Modi: Nil / S/Rim / STD A/Rim o	
		Tyre Size: F: 215/8	
(Policy Condition)		R: 215/	165R17.
Remark: The veh had commend	ced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA	/ MIC / OHTSU / PIR / SUMI /
repair at the time of in	spection.	TOYO/YOKO or	a Ken.
Bal, or Market Value:		Front	Rear
IDAC Accident Rport:	Consistent?: Yes or No	R/Bal. 06 mm	R/Bal. 96 mm
GIA / PR Seen:	Consistent?: Yes or No	L/Bal. 06 mm	L/Bal. 96 mm
Est. Repairs: da	ays Res.: Yes or No	D.O.A.	D.O.I. 19 03 21
Lum Sum:	3 Val.: Yes or No	Survey held at	ilm.
CA / REV / REP. / 24 H	RS Vehicle: IN / O	Des. of Damages Frt / Rear / O/S	I N/S / U/C / Rooftop or
Date: Person C	contacted:		dy Structure affected due to collision.
Date / Time Action / Instru		,	
OD AIS	9 -		1,04104 12 100000
			10 Hz. 2 - Hz 193
mv : 15	OK.		
PV: 63.	IK		10 to 14 to 14 to 1
Nett: 86	.9K		
Date/Time, File Pass to?	Preli. Report	Days Of Repair:	
1)	Final Report	Resurvey No. of Trip:	Survey Fee:
Date/Time, File Return to?			Transportation:
2)	Add	ee: Site Insp (\$)S+RS,SI
		: Interview (\$) Photos
Report Format:		: Tech. Invs (\$) Others

:Weel end (\$

Lump Sum / LBJ: (%

SPOR213F0004 / PREMIUM AUTOMOBILES PTE LTD [408699] ENTRY DATE & TIME: 15/03/2021 15:58 (SGT) SUBMITTED BY: HAIKAL RUDDIN VERSION: 1 (15/03/2021 15:58 (SGT))



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 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.

ACCIDENT STATEMENT

Date of Submission 15/03/2021 15:58 (SGT)
Date of Accident 12/03/2021 13:30 (SGT)

Exact Location of Accident Near Buangkok Dr, Singapore
Additional Location Information SLIP ROAD FROM UPPER SERANGOON ROAD TURNING TO BUANGOK DRIVE

Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SFQ3533Z

INSURED/POLICYHOLDER

 Is company?
 No

 Name Of Registered Owner
 LOH KHENG HENG

 NRIC No
 SXXXX315D

 Email Address
 KHENG_HENG@HOTMAIL.COM

 Mobile Phone No
 (Phone) +65-97477119

 Alternative Phone No
 +65-97477119

VEHICLE PARTICULARS

Manufacturer Audi Model Q3 Variant -

Exact purpose for which vehicle was being used at time of accident

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

Vehicle Category

Private use

No - Reporting only

Private car

INSURANCE COMPANY

Name of Insurance Company
Type of Coverage
Comprehensive
Fleet Policy
Policy Number

AIG
Comprehensive
No
2070165132

Cover Note Number

DRIVER

Name of Driver LOH KHENG HENG NRIC No SXXXX315D Date Of Birth 05/05/1972

Occupation Indoor Date Of Driving Pass 17/09/1991 Driving experience 29 YEARS AND 6 MONTHS Gender Male Mobile Number (Phone) +65-97477119 Alt. Phone Number +65-97477119 **Email Address** KHENG_HENG@HOTMAIL.COM Address 207C COMPASSVALE LANE Address complement #15-40 Postcode 544207 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles?

Insurance Company of Other Vehicle Owned by Driver

Vehicle Registration Number 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) 2 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No

PASSENGER 1

Name LOH MAN YONG 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

ON 12TH MARCH 2021, AROUND 1.30PM, I WAS DRIVING FROM SERANGOON ROAD. I WAS TRAVELLING TOWARDS THE SLIP ROAD TO BUANGKOK DRIVE, I TURNED MY HEAD RIGHT TO CHECK FOR ONCOMING VEHICLES AND FOUND THAT THE ROAD WAS CLEARED WITH NO TRAFFIC AND SAFE TO MOVE.

AS I WAS STARTING TO MOVE SLOWLY, THE VEHICLE IN FRONT OF ME SUDDENLY STOPPED. I BRAKED IMMEDIATELY BUT STILL HIT THE CAR INFRONT OF ME SLIGHTLY.

No

ATTACHMENT(S)

Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Was there any audio recorded? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GY8262T Vehicle Manufacturer Vehicle Model



Page 2 of 42

Vehicle Variant	-
Vehicle Colour	_
Vehicle Category	Goods vehicle
Name of Driver	-
Contact Number	
Address	
Address complement	
Postcode	
Insurance Company Name	2
Nature Of Damage	100
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.
- 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 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. 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 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
- (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.

Policyholder's Signature / Date &

BUANGKOK

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

Witnessed by Reporting Centre Personnel

Sketch Plan

SENGKANG EAST DRIVE

GY8262

SFQ 3522

MPP SERANGIOOF ROND

-	
- On	12th Mar 2021, crowned 1:30 pm, I was driving alper Strangoon Road, I was travelling towards the Slip to Burney Kox Drive, & I turned towards the Slip and found that the road was ad with no mattic and sate to move.
from	upper Stranggor Road, I was prevelling towards the Slip
road	to Burng Kox Drive + 1 turned that my head inalit
to d	leck for encoming relation and found that the and wal
clear	ed with no partic and cots to neve.
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0611	List of Stopped, I profed immediately but
31111	I was starting to move slowly, the vehicle in front a suddenly stopped. I brooked immediately but hit the car in front of me slightly.
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Driver's Signature (# driver is not the policyholder) / Date & Time

Time

Policyholder's Signature / Date &

We declare the foregoing particulars are true in every respect.

Witnessed by Reporting Centre Personnel

* 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/TP/0225/2021/HR

DATE : 17-Mar-21 **WIP** : 19807

VEHICLE NOT IN WORKSHOP. KINDLY ARRANGE FOR SURVEY ON 19/3/21

AIG ASIA PACIFIC INSURANCE PTE LTD

78 SHENTON WAY #07-16 AIG BUILDING SINGAPORE 079120 Attn: Motor Claims Dept

Tel: 6880 4602 - Fax: 6880 4838

OWNER'S NAME : MR. LOH KHENG HENG

ADDRESS : 207 COMPASSVALE LANE

#15-40

SINGAPORE 640980

TELEPHONE : HP +65 97477119

TYPE OF CLAIM : OWN DAMAGE CLAIM

POLICY NO : 2070165132 VEHICLE NO : SFQ 3533 Z

MODEL CODE : Q3 1.4 TFSI S TRONIC

 MODEL YEAR
 : 27/11/2020

 ENGINE NO
 : CZD C11290

CHASSIS NO : WAUZZZF39M1029061

MILEAGE : -

DATE IN : -

ESTIMATED BY : JOHNNY BOO / ALLAN WU

ACCIDENT DATE : 12-Mar-21

PLACE OF ACCIDENT : NEAR BUANGOK DRIVE





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 SFQ 3533 Z

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, HEADLIGHT WASHER ASSY AND FRONT PARKING AID.	S/N	\$ 480.00	/
2	TO REMOVE AND TRANSFER LHS HEADLIGHTS'S CONTROL UNIT AND POWER MODULE.	S/N	\$ 400.00	<i>x</i> .
3	TO DISMANTLE AND RENEW FRONT BUMPER, LHS FRONT FENDER AND LHS HEADLIGHT. RE-ORGANISE CRASH MANAGEMENT COMPONENTS. REINSTALL ALL PARTS REMOVED.		\$ 2,400.00	500
4	TO RESPRAY FRONT BUMPER & RHS FRONT FENDER.		\$ 2,500.00	550
5	TO CARRY OUT DIAGNOSTIC CHECK.	S/N	\$ 192.00	/
	TOTAL LABOUR CHARGES	:	\$ 5,972.00	





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TEL: 6366 2323 FAX: 6841 1183
EMAIL: NORA.KHAI@PREMIUMAUTO.COM.SG / CLAIMS@PREMIUMAUTO.COM.SG

MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SFQ 3533 Z

DAMAGED PARTS & PRICES

S/N	PARTS DESCRIPTION	QTY	S/NETT	REMARKS
1	FRONT BUMPER RES	1	\$ 1,008.00	×
2	FRONT BUMPER CONNECTING PIECE	1	\$ 145.00	x .
3	FRONT BUMPER CLOSING ELEMENT - LH Me Vec	2	\$ 59.00	t .
4	FRONT BUMPER LOWER GRILLE LONG - CENTER $\begin{tabular}{ll} \mathcal{M} & \sim \end{tabular}$	1	\$ 217.00	×.
5	FRONT BUMPER LOWER GRILLE COVER NU N	1	\$ 51.00	+
6	FRONT BUMPER LOWER GRILLE SHORT - LH	1	\$ 110.00	上 .
7	FRONT BUMPER CLOSING ELEMENT LOWER ">+ ~	1	\$ 190.00	t
8	FRONT BUMPER SPOILER > ~ ~	1	\$ 383.00	<i>¥.</i>
9	FRONT BUMPER SPOILER BRACKET	1	\$ 21.00	+
10	FRONT BUMPER AIR GUIDE GRILLE - LH	1	\$ 153.00	4
11	RADIATOR GRILLE (and d	1	\$ 1,433.00	1.
12	RADIATOR GRILLE STRICKER PLATE	1	\$ 244.00	3
13	RADIATOR GRILLE BRACKET	1	\$ 41.00	7
14	FRONT BUMPER FOAM FILLER PIECE	1	\$ 102.00	+
15	FRONT BUMPER CARRIER 2	1	\$ 916.00	×
16	FRONT BUMPER COVER	1	\$ 123.00	x
17	FRONT BUMPER GUIDE SECTION - LH	1	\$ 38.00	+
18	"CAUTION" LABEL 7	1	\$ 14.00	+
19	AIR CONDITIONER STICKER	1	\$ 8.00	¥
	FRONT PARKING AID SENSOR	1	\$ 244.00	*
	SUB TOTAL SPARE PARTS		\$ 5,500.00	

ALL CHARGES ARE NOT INCLUSIVE OF GST

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





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MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SFQ 3533 Z

DAMAGED PARTS & PRICES

S/N	PARTS DESCRIPTION	QTY	S/NETT	REMARKS
21	FRONT PARKING AID SENSOR SEAL RING ~~~	1	\$ 14.00	+
22	HIGH TONE HORN - LH 14 ~	1	\$ 137.00	+
23	HIGH TONE HORN SPRING SHACKLE - LH	1	\$ 22.00	+.
24	FRONT FENDER - LH	1	\$ 1,286.00	+
25	FRONT FENDER ATTACHMENT PARTS - LH \sim	1	\$ 63.00	*
26	FRONT FENDER BRACE - LH 2	1	\$ 88.00	6
27	FRONT FENDER BRACKET - LH	1	\$ 32.00	¥
28	HEADLIGHT MOUNTING - LH	1	\$ 118.00	×
29	LED HEADLIGHT - LH	1	\$ 5,589.00	×
30	HEADLIGHT LIFT CYLINDER - LH , LL ~	1	\$ 210.00	* /
31	FRONT WHEEL COVER - LH / RH Nu	1	\$ 536.00	
32	LOCK CARRIER AIR GUIDE - LH	1	\$ 38.00	¥
33	LOCK CARRIER AIR GUIDE - LOWER CENTER	1	\$ 84.00	r.
34	FRONT NUMBER PLATE BUT	S/N	\$ 60.00	/
35	SUNDRIES		\$ 250.00	?
	TOTAL SPARE PARTS	:	\$ 14,027.00	-
	TOTAL LABOUR CHARGES	:	\$ 5,972.00	
	GRAND TOTAL	:	\$ 19,999.00	

ALL CHARGES ARE NOT INCLUSIVE OF GST

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

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

: Adrian : 19/08/21

: Ne Anthorsed, 03 Days

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

Owner ID Type:	Singapore NRIC	
Owner ID:	315D	
Vehicle Details	(1910年) · · · · · · · · · · · · · · · · · · ·	Tales
Vehicle No.:	SFQ3533Z	
Vehicle to be Exported:	No	
Intended Deregistration Date:	19 Mar 2021	
Vehicle Make:	AUDI	
Vehicle Model:	Q3 1.4 TFSI S TRONIC (17")	
Primary Colour:	Black	
Manufacturing Year:	2020	
Engine No.:	CZDC11290	
Chassis No.:	WAUZZZF39M1029061	
Maximum Power Output:	110.0 kW (147 bhp)	
Open Market Value:	\$27,875.00	
Original Registration Date:	27 Nov 2020	
First Registration Date:	27 Nov 2020	
Transfer Count:	0	
Actual ARF Paid:	\$31,025.00	
PARF Eligibility:	Yes	
PARF Eligibility Expiry Date:	26 Nov 2030	
PARF Rebate Amount:	\$23,268.00	
PART REDALE AMOUNT.	Ψ20,200.00	
COE Expiry Date:	26 Nov 2030	
COE Category:	E - Open - all except motorcycle	
COE Period(Years):	10	
QP Paid:	\$41,503.00	
COE Rebate Amount:	\$39,810.00	
Total Rebate Amount:	\$63,078.00	

The information contained herein is correct as at 19 Mar 2021

