SS. REG. BY: CC3 AIG	21004657 AVC	
	ASSIGNMENT	
	Veh No: SM Q5339N	1 - Yr Regn: 2019 , Nov
rom: Date:	Type: M.Car M.Cycle / Bus / Van / L	.orry / Taxi / Prime Mover /
stimated Cost:	Truck / Trailer or	
DD / TP / WS / TP RES / OD RES / EVA / INV / MV	Make: Andi Q3	c.c 1395
o Inspect Vehicle No:	Colour Grey.	
t Workshop m/s	Sp.Reading 16864	T/Radio: Insured / Std / NI / NA
·		
nsured:	Eng/No: WAUZ ZZ F 39	L1021914.
Policy No. 1900247537	Gen. Cond. Good) Fair / Poor / Burn	
Claims No. 7853903361SG	Steering: Inorder Jammed / Leaked	
Sum Insured: Excess: 800		
(Client's Record)		
Make of Veh:	Modi: Nil /S/Rim / STD A/Rim Tyre Size: F: 235/55	
(Policy Condition)	R: 035/55	
Remark: The veh had commenced its N/S	O/S BS / DUN / EXNOVA / GY / FS / LIZ.	A/MIC/OHISU/PIK/SUWI/
repair at the time of inspection.	TOYO / YOKO or	
Bal, or Market Value:	Front	
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. ob mm	R/Bal. of mm
GIA / PR Seen: Consistent?: Yes or No	L/Bal. Ob mm	L/Bal. 06 mm
Est. Repairs: days Res.: Yes or No	D.O.A.	D.O.I. 13/04/21.
Lum Sum: % 3 Val.: Yes or No	031.17	PMIVM.
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/	S [N/S / U/C / Rooftop or
Vehicle: 18	N/OUT	ody Structure affected due to collision
Date:Person Contacted:	The U/C / Chassis frame / B/	ouy Structure ancorda ago to sometre
Date / Time Action / Instruction A L (ericuse en
OVAIG.		
16/8/21 Final fig \$3676.80 confirmed	by email (Red 10,346.20, 73%	b)
mv : 135K		
PV: 57.3K		
Nett: 77.7K.		
See un discussión de la lace		
Date/Time, File Pass to? : Preli. Report	Days Of Repair: 4	
: Final Report	Resurvey No. of Trip: 1	Survey Fee:
Date/Time, File Return to?	- Comments	Transportation:
	dd Fee: : Site Insp (\$)S+RS,SI
OI OIZ 1-1 y PIST		N mi
	: Interview (\$) Fhotos
Report Format: Merimen	: Interview (\$) Cithers

TOTAL

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

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 Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

08/04/2021 15:48 (SGT) 08/04/2021 11:45 (SGT) 321 Orchard Rd, Singapore 238866 ORCHARD ROAD, JUST BEFORE ORCHARD SHOPPING CENTRE, Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMQ5039M

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No **Email Address** Mobile Phone No

No THAM CHING HIONG SXXXX010I EMACQT@GMAIL.COM (Phone) +65-97922858 +65-97856592

VEHICLE PARTICULARS

Alternative Phone No

Manufacturer Model Variant Exact purpose for which vehicle was being used at time of Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category Transmission

Private use

Audi

Q3

Yes Private car Auto 1395

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number

AIG Asia Pacific Insurance Pte. Ltd. Comprehensive No 1900247537

DRIVER

CC

Name of Driver

THAM CHING HIONG

 NRIC No
 SXXXX010I

 Date Of Birth
 17/11/1976

 Occupation
 Indoor

 Date Of Driving Pass
 12/11/2008

 Driving experience
 12 YEARS AND 5 MONTHS

Gender Male
Mobile Number (Phone) +65-97922858

 Mobile Number
 (Phone) +65-97922858

 Alt. Phone Number
 +65-97856592

 Email Address
 EMACQT@GMAIL.COM

Address 3Q LIMAU GARDEN, KEW GATE
Address complement -

Postcode 466050 Is the driver the policyholder? Yes

If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles?

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 Side Swipe
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?

Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged?

Yes
Number of Passengers (Including Driver)

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?

Was notice of intended Prosecution given?

No
If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

AT ABOUT 11:42 AM, I WAS DRIVING ALONG CAIRNHILL ROAD TURNING LEFT INTO ORCHARD ROAD. I WAS DRIVING AT A SLOW SPEED, TURNED LEFT INTO THE SECOND LANE FROM THE RIGHT.

WITHIN A SECOND, I HEARD A LOUD KNOCK ON MY CAR AND NOTICED THAT ANOTHER CAR WHO WAS ALSO TURNING LEFT (VRN SMY 4843 Y) HAD HIT ME

ACCIDENT TOOK PLACE BETWEEN 1142AM-1145AM

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

No
Was there any audio recorded?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMY4843Y
Vehicle Manufacturer Hyundai
Vehicle Model Accent
Vehicle Variant -



Vehicle Colour -	
	ivate ca
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.
- 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 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;
- (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' 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.

8 APAIL 1328 H Policyholder's Signature / Date & Driver's Signature (If driver is not the policyholder) / Date Witnessed by Reporting Centre Time & Time Personnel NEADOR Sketch Plan IRF My CAR SMG 5039 M (pinhill SMY 4843 Y]

At about 11.42 AM, I was driving along cairbhill Road	1 and mumma
left into Orchard Road. I was driving at a slow	a series totality
ict into victora Road. I was driving of a slow	speed !
turned left into the second lone from the right	
Within a second, I heard a loud knock on my cost	and noticed
that that another car who was also turning left	(venicle
registration number SMy 4843 y) had hit me.	1
Accident tak place between 11.42 - 1145 om.	
	Marina a Dilea a
	State of the second
	Carrie Anna Salata
An analysis and a simple field and a first state of the s	And the second
	T POTO N PROPERTY
	Appelled Made State
	NAME OF THE OWNER O
	S. ADDRESS TO SEE
	NAME OF TAXABLE PARTY.

IWe declare the foregoing particulars are true in every respect.

ure / Date & Driver's Signature (if driver is not the policyholder) / Date & Time Policyholder's Signature / Date & Time 1235 PM

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/OD/0304/2021/HR

DATE : 9-Apr-21 **WIP** : 22672

VEHICLE NOT IN WORKSHOP. KINDLY ARRANGE FOR SURVEY ON 9/4/21

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. THAM CHING HIONG

ADDRESS : 3Q LIMAU GARDEN

SINGAPORE 466050

TELEPHONE : HP +65 97922858

TYPE OF CLAIM : OWN DAMAGE CLAIM

POLICY NO : 1900247537 VEHICLE NO : SMQ 5039 M

MODEL CODE : Q3 1.4 TFSI S TRONIC

 MODEL YEAR
 : 21/11/2019

 ENGINE NO
 : CZD 884429

CHASSIS NO : WAUZZZF39L1021914

MILEAGE : DATE IN : -

ESTIMATED BY : JOHNNY BOO / ALLAN WU

ACCIDENT DATE : 8-Apr-21

PLACE OF ACCIDENT : NEAR 321 ORCHARD 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 SMQ 5039 M

S/N	NATURE OF JOBS		CHARGES CHARGES	SURVEYOR'S RECOMMENDATIONS
1	TO REMOVE AND REINSTALL REAR PARKING AID AND REAR LID KICK SENSOR. CHECK FUNCTION.	S/N	\$ 360.00	<i>x.</i>
2	TO REMOVE AND TRANSFER LHS REAR DOOR'S MULTI-LOCK SYSTEM AND POWER WINDOW DEVICES. INSPECT FOR DAMAGES.	S/N	\$ 400.00	1
3	TO DISMANTLE AND REINSTALL REAR BUMPER. TO RENEW LHS REAR DOOR. RE-ORGANISE CRASH MANAGEMENT COMPONENTS. REINSTALL ALL PARTS REMOVED.		\$ 2,400.00	
4	TO RESPRAY REAR BUMPER, LHS REAR FENDER AND LHS REAR DOOR.		\$ 3,000.00	550.
5	TO CARRY OUT DIAGNOSTIC CHECK.	S/N	\$ 192.00	/
	TOTAL LABOUR CHARGES	:	\$ 6,352.00	





S5 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. SMQ 5039 M

DAMAGED PARTS & PRICES

S/N	PARTS DESCRIPTION	QTY	S/NETT	REMARKS
1	REAR DOOR - LH Revis	1	\$ 2,909.00	+
2	REAR DOOR OUTER SEAL - LH	1	\$ 135.00	>
3	REAR DOOR ATTACHMENT PARTS LUCL	1	\$ 311.00	t
4	REAR DOOR CATCH we u	1	\$ 120.00	¥
5	REAR DOOR ARCH COVER - LH	1	\$ 257.00	
6	REAR WHEEL ARCH COVER - LH / RH LH wt	1	\$ 536.00	262.
7	REAR BUMPER UPPER GUIDE SECTION - LH	1	\$ 63.00	+
8	Rear wheel Rim XIOP NEC	1	\$ 1,566.00	X
9	SUNDRIES		\$ 200.00	7
	TOTAL SPARE PARTS	:	\$ 6,097.00	
	TOTAL LABOUR CHARGES	:	\$ 6,352.00	
	GRAND TOTAL	:	\$ 12,449.00	

ALL CHARGES ARE NOT INCLUSIVE OF GST

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

SPARE PARTS ARE SPECIAL NETT.

PREMIUM AUTOMOBILES



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

: All And Lig

13/04/21.

13/04/21.

Authorised

AND Day's

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

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC	
Owner ID:	0101	
Vehicle Details	TO A SECURE OF THE PROPERTY OF	
Vehicle No.:	SMQ5039M	
Vehicle to be Exported:	No	
Intended Deregistration Date:	13 Apr 2021	
Vehicle Make:	AUDI	
Vehicle Model:	Q3 1.4 TFSI S TRONIC	
Primary Colour:	Grey	
Manufacturing Year:	2019	
Engine No.:	CZD884429	
Chassis No.:	WAUZZZF39L1021914	
Maximum Power Output:	110.0 kW (147 bhp)	
Open Market Value:	\$27,687.00	
Original Registration Date:	21 Nov 2019	
First Registration Date:	21 Nov 2019	
Transfer Count:	0	
Actual ARF Paid:	\$30,762.00	
Intended PARE Rebate Details	Yes	
PARF Eligibility:	1,00	
PARF Eligibility Expiry Date:	20 Nov 2029	
PARF Rebate Amount:	\$23,071.00	
COE Expiry Date:	20 Nov 2029	
COE Category:	B - Car above 1600cc or 97kW (130bhp)	
COE Period(Years):	10	
QP Paid:	\$39,700.00	
COE Rebate Amount:	\$34,153.00	
Total Rebate Amount:	\$57,224.00	

The information contained herein is correct as at 13 Apr 2021

Audi Q3 1.4A TFSI S-Tronic

\$148,800 \$13,620 /yr

26-Jan-2021

1,395 cc

1,800 km

SUV

Available CONSIGNMENT

5 Years Agent Warranty, Secured And Well Maintained By Fussy Owner, Immaculate Condition Inside And Outside, Give Yourself A Peace Of Mind! Buy It From Us! A Company With Professional Sales Serviced Assured. Call Our Sales Team And Arrange For Viewing.

Posted: 06-Apr-2021 Tags: 2021 Audi Q3, Audi Q3, Audi, Q3

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