

ASS. REC. BY:

REF:

CC3/AIG21005383/ATCN2

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. **2070055890**Claims No. **1231436162SG**Sum Insured: _____ Excess: **800**

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

N/S	O/S

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: **SMT1833Y** Yr Regn: **2020 / March**Type: **M.Car** / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: **Audi Q3** C.C. **1395**Colour: **Blue** A/C: Insured / Std / NI / NASp. Reading: **8543** T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: **WAUZZ2F36L1079544**

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: **215/65R17**R: **215/65R17**

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or **Continental**

Front

Rear

R/Bal. **06** mm R/Bal. **06** mmL/Bal. **06** mm L/Bal. **06** mmD.O.A. _____ D.O.I. **28/04/21**Survey held at **Premium**Des. of Damages: Frt / Rear / O/S / **N/S** / U/C / Rooftop or

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

Date / Time	Action / Instruction
	07 AIG.
	confirm repair cost of \$6290.24 @ 5 days
	(RED: 6292.76;50%)
	MV: 145K
	PV: 50.7K
	Nett: 94.3K.

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: **5**

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee: _____

Transportation: _____

S + RS _____ SI

Photos

Others

TOTAL

Report Format: _____

Lump Sum / L.B.J: (\$ _____)

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 28/04/2021 18:21 (SGT)
Date of Accident 26/04/2021 08:10 (SGT)
Exact Location of Accident 605 Tampines Street 61, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMT1833Y

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner THAM JIA YONG, KEVIN
NRIC No SXXXX022I
Email Address KEVINTHAMJY@GMAIL.COM
Mobile Phone No (Phone) +65-81881080
Alternative Phone No +65-81881080

VEHICLE PARTICULARS

Manufacturer Audi
Model Q3
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
Transmission Auto
CC 1395

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 2070055890
Cover Note Number -

DRIVER

Name of Driver THAM JIA YONG, KEVIN
NRIC No SXXXX022I

Date Of Birth	14/10/1988
Occupation	Outdoor
Date Of Driving Pass	27/05/2008
Driving experience	12 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81881080
Alt. Phone Number	+65-81881080
Email Address	KEVINTHAMJY@GMAIL.COM
Address	606C TAMPINES ST 61
Address complement	#09-380
Postcode	523606
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	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	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

SCRATCHED THE SIDE OF CAR AGAINST WALL WHILE TURNING.

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.

6. 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

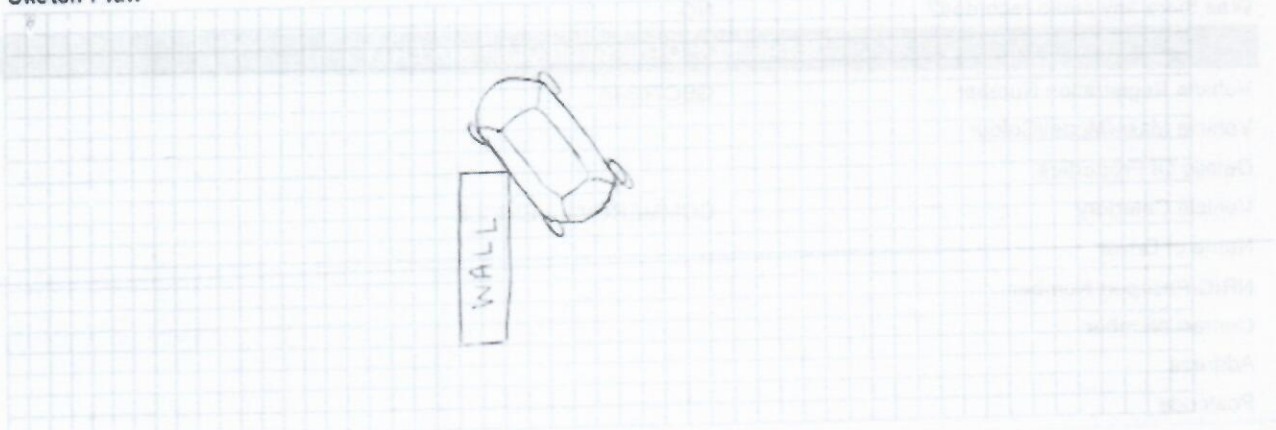
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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

Scratched the side of car against wall while turning

Declaration

I/We declare the foregoing particulars are true in every respect

WHT 26/4/2021
5:40 PM
Policyholder's Signature / Date & Time

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

WHT
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/0372/2021/HR
DATE : 29-Apr-21
WIP :

VEHICLE NOT IN WORKSHOP. SURVEY TBC

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 JIA YONG, KEVIN
ADDRESS : 606C TAMPINES ST 61
#09-380
SINGAPORE 523606
TELEPHONE : HP +65 81881080
TYPE OF CLAIM : OWN DAMAGE CLAIM
POLICY NO : 2070055890
VEHICLE NO : **SMT 1833 Y**
MODEL CODE : Q3 1.4 TFSI S TRONIC
MODEL YEAR : 30/3/2020
ENGINE NO : CZD 891778
CHASSIS NO : WAUZZZF36L1079544
MILEAGE : -
DATE IN : -
ESTIMATED BY : JOHNNY BOO / ALLAN WU
ACCIDENT DATE : 29-Apr-21
PLACE OF ACCIDENT : NEAR 605 TAMPINES STREET 61, 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 VEHICLE SMT 1833 Y

S/N	NATURE OF JOBS	ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATIONS
1	TO REMOVE & REINSTALL LHS FRONT DOOR PANEL TRIM. TO REMOVE AND REINSTALL LHS WING MIRROR ASSY TO FACILITATE RESPRAY OF LHS FRONT DOOR.	S/N \$ 280.00 ✓	
2	TO REMOVE AND TRANSFER LHS REAR DOOR'S MULTI-LOCK SYSTEM AND POWER WINDOW DEVICES. INSPECT FOR DAMAGES.	S/N \$ 400.00 400.00 280.	
3	TO DISMANTLE AND RENEW LHS REAR DOOR. TO REPAIR LHS FRONT DOOR, LHS REAR FENDER AND DOOR ENTRANCE. RE-ORGANISE CRASH MANAGEMENT COMPONENTS. REINSTALL ALL PARTS REMOVED.	\$ 2,800.00 2,800.00 750.	
4	TO RESPRAY LHS REAR DOOR, LHS FRONT DOOR, LHS REAR FENDER, DOOR HANDLE AND DOOR ENTRANCE.	\$ 3,600.00 3,600.00 1750	3 x 550 = 1650 Handle = 100 1750
5	TO CARRY OUT DIAGNOSTIC CHECK.	S/N \$ 192.00 ✓	
TOTAL LABOUR CHARGES		\$ 7,272.00	

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. SMT 1833 Y

			DAMAGED PARTS & PRICES	
S/N	PARTS DESCRIPTION	QTY	S/NETT	REMARKS
1	REAR DOOR - LH <i>Dented.</i>	1	\$ 2,909.00	✓
2	REAR DOOR OUTER DOOR SEAL - LH <i>new</i>	1	\$ 135.00	✓
3	REAR DOOR CATCH <i>?</i>	1	\$ 120.00	?
4	REAR DOOR INNER SEAL <i>new</i>	1	\$ 191.00	x.
5	REAR DOOR SILL PANEL SEAL - LH <i>new</i>	1	\$ 135.00	x.
6	REAR DOOR HANDLE - LH <i>lit</i>	1	\$ 198.00	✓
7	REAR DOOR HOUSING CAP - LH <i>lit</i>	1	\$ 27.00	✓
8	REAR DOOR WINDOW REGULATOR - LH <i>Not new</i>	1	\$ 282.00	x
9	REAR DOOR WINDOW REGULATOR MOTOR - LH <i>new</i>	1	\$ 271.00	x.
10	REAR DOOR ARCH COVER - LH <i>lit</i>	1	\$ 257.00	✓
11	REAR WHEEL ARCH COVER - LH <i>lit</i>	1	\$ 268.00	✓
12	FRONT DOOR ARCH COVER - LH <i>new</i>	1	\$ 268.00	x.
12	SUNDRIES <i>?</i>		\$ 250.00	?
TOTAL SPARE PARTS			\$ 5,311.00	
TOTAL LABOUR CHARGES			\$ 7,272.00	
GRAND TOTAL			\$ 12,583.00	

ALL CHARGES ARE NOT 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 Lim*
SURVEYED DATE : *08/04/21*
AUTHORISED DATE :
EXCESS COST :
LIABILITY :
REMARKS : *not Authorised, 05 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

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

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	0221
Vehicle Details	
Vehicle No.:	SMT1833Y
Vehicle to be Exported:	No
Intended Deregistration Date:	03 May 2021
Vehicle Make:	AUDI
Vehicle Model:	Q3 1.4 TFSI S TRONIC (17")
Primary Colour:	Blue
Manufacturing Year:	2020
Engine No.:	CZD891778
Chassis No.:	WAUZZZF36L1079544
Maximum Power Output:	110.0 kW (147 bhp)
Open Market Value:	\$27,762.00
Original Registration Date:	30 Mar 2020
First Registration Date:	30 Mar 2020
Transfer Count:	0
Actual ARF Paid:	\$30,867.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	29 Mar 2030
PARF Rebate Amount:	\$23,150.00
Intended COE Rebate Details	
COE Expiry Date:	29 Mar 2030
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$30,890.00
COE Rebate Amount:	\$27,502.00
Total Rebate Amount:	\$50,652.00

The information contained herein is correct as at 03 May 2021

OK



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audi q3

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	Make	Model	Price	Depreciation	Reg Date	Eng Cap	Mileage	Veh Type	Status
Search Selection	audi q3		Any	Any	2020	Any	Any	Any	Available
	Audi	Q3 1.4A TFSI S-Tronic	\$139,999	\$14,300 /yr	17-Jan-2020	1,395 cc	18,000 km	SUV	Available
5 Years Warranty (Till 2025) And 2 More Free Servicing Included In The Price! Most Value For Money Unit! Nice Number Plate (3666) Also Available! Whole Car Sound Insulation, Whole Car 3M Solar Film, Leather Cover Trunk Back! Trade-in And High Loans Available. Call No...									
Monster Motors Pte Ltd									
Posted: 29-Mar-2021 Tags: 2020 Audi Q3, Audi Q3, Audi, Q3									
	Audi	Q3 Sportback 1.4A TFSI S-tronic	\$148,000	\$14,680 /yr	30-Mar-2020	1,395 cc	-	SUV	Available
Beautiful Coupe SUV With Alcantara Interior Trimming, Ambient Lighting, Steering Wheel With Paddle Shifters, Spacious 2nd Row For Family. Unlimited Mileage Warranty Till 2025 March. Full Agent Serviced And Maintained. Pristine And Immaculate Condition, Trade In A...									
360 VR Cars									
Posted: 01-May-2021 Tags: 2020 Audi Q3, Audi Q3, Audi, Q3									
	Audi	Q3 Sportback 1.4A TFSI S-tronic	\$161,800	\$15,240 /yr	26-Oct-2020	1,395 cc	5,000 km	SUV	Available
Pristine Showroom Condition! Low Mileage, Less Than 5000km. Comes With 5yrs Warranty With Premium Automobiles. Adaptive Cruise Control ACC And Lane Departure Warning. Special Dew Silver Color With Alcantara Interior Trims. Attractive Loan Interest Rates And Tra...									
Posted: 02-May-2021 Tags: 2020 Audi Q3, Audi Q3, Audi, Q3									

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