

(08/11/13) wef
ASS. REC. BY: *Pesul*

REF: CC3/A1621006323/Ruf3

1455H

ASSIGNMENT

From:

Date:

Estimated Cost:

☒ OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: SMX 7128P

at Workshop m/s *PREMIUM*

of *281, ALEXANDRA RD*

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

TBA

(Client's Record)

Make of Veh:

(Policy Condition)

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

Bal. or Market Value:

178K

IDAC Accident Report:

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:

Date / Time

Action / Instruction

Repair limit - 107K

Veh No:

SMX 7128P

Yr Regn:

2021 JAN

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

Truck / Trailer or

Make:

Audi A3 1.4 TFSI STRONK c.c 1395

Colour

BLACK

A/C: Insured / Std / NI / NA

Sp. Reading

4805

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

WAV 222F 36M 1044875

Gen. Cond: Good / Fair / Poor / Burnt

Steering: ☒ In order / Jammed / Leaked / Burnt or

Brake: ☒ In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

215/65R17

R:

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

TOYO / YOKO or

FALKEN

Front

Rear

R/Bal.

6 mm

R/Bal.

6 mm

L/Bal.

6 mm

L/Bal.

6 mm

D.O.A.

27/04/21

D.O.I.

01/06/21

Survey held at

PREMIUM

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

N/S Rear

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

Date/Time, File Pass to?

☐

: Prell. Report

1)

Date/Time, File Return to?

☐

: Final Report

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp (\$

) *S + RS* \$

☐

: Interview (\$

) Photos

☐

: Tech. Invs (\$

) Others

☐

: Weekend (\$

)

Report Format :

Lump Sum / I.B.I.: (\$

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/0440/2021/GW
DATE : 22-May-21
WIP :

VEHICLE NOT IN WORKSHOP. KINDLY ARRANGE FOR SURVEY

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 : MS. CHIN SIWEI
ADDRESS : 21 GHIM MOH ROAD
#10-151
SINGAPORE 270021
TELEPHONE : HP +65 94892016
TYPE OF CLAIM : OWN POLICY CLAIMS
POLICY NO : 721000107
VEHICLE NO : **SMX 7128 P**
MODEL CODE : AUDI Q3 1.4 TFSI
MODEL YEAR : 19/12/1984
ENGINE NO : CZDC 18735
CHASSIS NO : WAUZZZF36M1044875
MILEAGE : -
DATE IN : -
ESTIMATED BY : JOHNNY BOO / ALLAN WU
ACCIDENT DATE : 27-Apr-21
PLACE OF ACCIDENT : ALONG CORONATION WALK

55 UBI ROAD 1, SINGAPORE 408699

TEL : 6366 2323 FAX : 6841 1183

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ESTIMATED LABOUR CHARGES FOR ACCIDENT VEHICLE SMX 7128 P

S/N	NATURE OF JOBS	ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATIONS
1	TO REMOVE AND TRANSFER REAR PARKING AID REAR LID KICK SENSOR.	S/N \$ 360.00 ✓	
2	TO DISMANTLE AND RENEW REAR BUMPER. RE-ORGANISE CRASH MANAGEMENT COMPONENTS. REINSTALL ALL PARTS REMOVED.	\$ 1,200.00 500	
3	TO RESPRAY REAR BUMPER.	\$ 1,000.00 550	
4	TO CARRY OUT DIAGNOSTIC CHECK.	S/N \$ 192.00 ✓	
SUB-TOTAL LABOUR CHARGES		: \$ 2,752.00	

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MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SMX 7128 P

S/N	PARTS DESCRIPTION	QTY	DAMAGED PARTS & PRICES		REMARKS
			S/NETT		
1	REAR BUMPER <i>scr</i>	1	\$	1,634.00	
2	REAR BUMPER FIXING PARTS <i>X</i>	1	\$	211.00	
3	REAR BUMPER SPOILER <i>scr</i>	1	\$	459.00	
4	REAR BUMPER SPOILER BRACKET <i>?</i>	1	\$	48.00	
5	REAR BUMPER COVER-CENTER <i>X</i>	1	\$	97.00	
6	REAR LIGHT REFLECTOR-LH <i>scr</i>	1	\$	41.00	
7	REAR BUMER GUIDE SECTION <i>?</i>	1	\$	63.00	
8	REAR WHEEL COVER-LH/RH <i>scr</i>	2	\$	536.00	
9	SUNDRIES <i>?</i>		\$	200.00	
TOTAL SPARE PARTS		:	\$	3,289.00	
TOTAL LABOUR CHARGES		:	\$	2,752.00	
GRAND TOTAL		:	\$	6,041.00	

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

SURVEYED DATE

AUTHORISED DATE

EXCESS COST

LIABILITY

REMARKS

: *PASU - 4p90010068*
: *01/06/21 @ 1300hrs*
: *3 days*
: *EXCESS: TBA*
: *Repair*
: *Resy before print*

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	22/05/2021 14:47 (SGT)
Date of Accident	27/04/2021 12:05 (SGT)
Exact Location of Accident	Coronation Walk, Singapore
Additional Location Information	ALONG CORONATION WALK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMX7128P
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHEN SIWEI
NRIC No	SXXXX145H
Email Address	CHENSIWEI.DAISY@GMAIL.COM
Mobile Phone No	(Phone) +65-87005875
Alternative Phone No	(Office) +65-87005878

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	1400

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	721000107
Cover Note Number	-

DRIVER

Name of Driver	BI CHONGLEI
NRIC No	SXXXX931A

Date Of Birth	19/12/1984
Occupation	Indoor
Date Of Driving Pass	26/12/2018
Driving experience	2 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94892016
Alt. Phone Number	-
Email Address	BICHONGLEI@GMAIL.COM
Address	21 GHIM MOH ROAD
Address complement	#10-151
Postcode	270021
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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 Parked Vehicle
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)	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

I DRIVER OF SMX 7128 P WAS TRYING TO PARK ALONG CORONATION WALK . I COULDN'T FIND A PARKING LOT AND WAS TRYING TO TEMPORARILY PARK AFTER A CAR WITH PLATE NO. SMS 5780 U WITH THE INTENTION OF LEAVING IN A FEW MINUTES. I WAS DRIVING A REVERSE PARALLEL PARKING TO PLACE MY VEHICLE BEHIND SMS 5780 U AND THE REAR LEFT OF MY VEHICLE SCRATCHED THE REAR RIGHT OF CAR SMS 5780 U. IT WAS A MINOR SCRATCH. THERE WAS NOBODY IN SMS 5780 U . I LEFT A NOTE WITH A SORRY MESSAGE AND MY NAME AND CONTACT NUMBER , AND PLACED THE NOTE ON THE FRONT WINDSHIELD (DRIVER SIDE) OF SMS 5780 U. I ALSO TOOK A VIDEO AND A PHOTO OF THE SCRATCH ON SMS 5780 U.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMS5780U
Vehicle Manufacturer	-
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.
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' law firms/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 firms/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 firms/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

A - SMX712SP
B - SMS5780V

Describe Circumstances of the Accident

I (the driver of SMX712EP) was trying to park along Coronation Walk. I couldn't find a parking lot and was trying to temporarily park after a car with plate No. SM55780U with the intention of leaving in a few minutes. I was doing a reverse parallel parking to place my vehicle behind SM55780U and the rear left of my vehicle scratched the rear right of car SM55780U. It was a minor scratch, there was ~~no~~ nobody in SM55780U. I left a note with a sorry message and my name and contact number and placed the note on the front windshield (driver side) of SM55780U. I also took a video and a photo of the scratch on SM55780U.

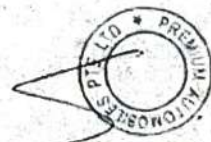
Declaration

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



> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC
Owner ID:	145H
Vehicle No.:	SMX7128P
Vehicle to be Exported:	No
Intended Deregistration Date:	02 Jun 2021
Vehicle Make:	AUDI
Vehicle Model:	Q3 1.4 TFSI S TRONIC (17")
Primary Colour:	Black
Manufacturing Year:	2020
Engine No.:	CZDC18735
Chassis No.:	WAUZZZF36M1044875
Maximum Power Output:	110.0 kW (147 bhp)
Open Market Value:	\$27,755.00
Original Registration Date:	12 Jan 2021
First Registration Date:	12 Jan 2021
Transfer Count:	0
Actual ARF Paid:	\$30,857.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	11 Jan 2031
PARF Rebate Amount:	\$23,142.00
COE Expiry Date:	11 Jan 2031
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$49,001.00
COE Rebate Amount:	\$47,077.00
Total Rebate Amount:	\$70,219.00

The information contained herein is correct as at 02 Jun 2021


OK

Audi Q3 1.4A TFSI S-Tronic

[Overview](#)[Financial](#)[Accessories](#)[Similar](#)[Research](#)[Photos](#)[Map](#)

Car Search
We Represent You

Price **\$178,800**

Depreciation  \$16,920 /yr
View models with similar depre .


Reg Date 26-Jan-2021
(9yrs 7mths 23days COE left)

Mileage 1,800 km

Manufactured  2020

Road Tax  \$624 /yr

Transmission Auto

Dereg Value  \$62,506 as of today (change)

OMV  \$27,788


COE  \$51,900

ARF  \$30,904

Engine Cap 1,395 cc

Power 110.0 kW (147 bhp)

Curb Weight  1,545 kg

No. of Owners  1

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