

ASS. REC. BY **ADRIAN**

REF: **CC3/AIG21006986/Avc**

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: **SNA 2069T**

at Workshop m/s **PREMIUM AUTOMOBILES**

of _____

Insured: _____

Policy No. **7210056892**

Claims No. **2868452204SG**

Sum Insured: _____ Excess: _____

(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

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: **SNA2069T** Yr Regn: **2021, June.**

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

Truck / Trailer or

Make: **Audi Q3** c.c. **1395**

Colour: **Green** A/C: Insured / Std / NI / NA

Sp. Reading: **247.** T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: **WAUZZZF38M1126574**

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: **215/65R17.**

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

TOYO / YOKO or **Falken.**

Front _____ Rear _____

R/Bal. **06** mm R/Bal. **06** mm

L/Bal. **06** mm L/Bal. **06** mm

D.O.A. _____ D.O.I. **23/06/21.**

*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
	OOAIG.
24/6/2021	Revert to AIG via Merimen.
	MV: 175
	PV: 82.9k.
	Nett: 92.1k

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

1) : **Final Report**

Date/Time, File Return to?

2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

3 + RS. SI

Photos

Others

TOTAL

Add Fee: Site Insp (\$ _____)

Interview (\$ _____)

Tech. Insp (\$ _____)

Weekend (\$ _____)

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 18/06/2021 19:05 (SGT)
Date of Accident 17/06/2021 21:00 (SGT)
Exact Location of Accident 23 Serangoon Central, Singapore 556083
Additional Location Information NEX SHOPPING MALL CARPARK
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SNA2069T

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner FENG LIYUAN
NRIC No SXXXX369B
Email Address BLAIRFENG1087@GMAIL.COM
Mobile Phone No (Phone) +65-90372113
Alternative Phone No +65-90372113

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 7210056892
Cover Note Number -

DRIVER

Name of Driver FENG LIYUAN
NRIC No SXXXX369B

Date Of Birth 08/11/1987
 Occupation Indoor
 Date Of Driving Pass 13/01/2018
 Driving experience 3 YEARS AND 5 MONTHS
 Gender Female
 Mobile Number (Phone) +65-90372113
 Alt. Phone Number +65-90372113
 Email Address BLAIRFENG1087@GMAIL.COM
 Address 130 SERANGOON AVENUE 3
 Address complement #01-04
 Postcode 554479
 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 Raining
 Road Surface Wet

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) 4
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No

PASSENGER 1

Name LU HAIYANG
 Gender Male

PASSENGER 2

Name LU XUAN
 Gender Female

PASSENGER 3

Name JIANG SHUFANG
 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

IN THE SHOPPING MALL CARPARK WHEN I GO OUT AND MAKE A TURN AND THE ROAD IS TOO NARROW, I SCRATCHED THE BACK OF THE CAR

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.
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.



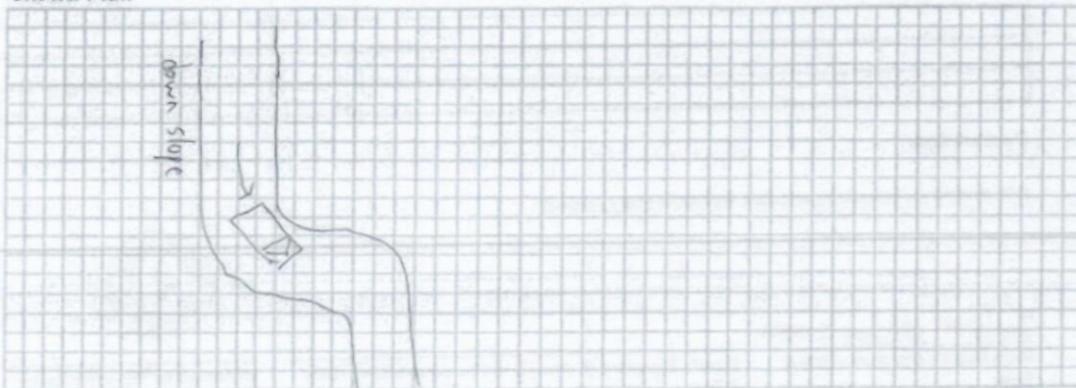
Tejlynn 18th June 2024

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel *Tom Fong*

Sketch Plan



Describe Circumstances of the Accident

In the Shopping Mall car park, when I go out and make a turn and the road is too narrow, I scratched the back of the car

Declaration

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

Tony Pagan 13th June 2:00pm
Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel Tony Pagan



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/0509/2021/ZK
DATE : 22-Jun-21
WIP : 32015

VEHICLE NOT IN WORKSHOP. KINDLY ARRANGE FOR SURVEY ON 23/06/2021

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 FENG LI YUAN
ADDRESS : BLK 130 SERANGOON AVE 3
#01-04
SINGAPORE 554479
TELEPHONE : HP +65 90372113
TYPE OF CLAIM : OWN DAMAGE CLAIM
POLICY NO : 7210056892
VEHICLE NO : **SNA 2069 T**
MODEL CODE : A4 SEDAN 2.0 TFSI S TRONIC
MODEL YEAR : Q3 1.4 TFSI S tronic
ENGINE NO : CZD C41552
CHASSIS NO : WAUZZZF38M1126574
MILEAGE : -
DATE IN : -
ESTIMATED BY : JOHNNY BOO / ALLAN WU
ACCIDENT DATE : 17-Jun-21
PLACE OF ACCIDENT : SERANGOON NEX SHOPPING MALL CARPARK



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 EMAIL: NORA.KHAI@PREMIUMAUTO.COM.SG / CLAIMS@PREMIUMAUTO.COM.SG

ESTIMATED LABOUR CHARGES FOR ACCIDENT VEHICLE SNA 2069 T

S/N	NATURE OF JOBS		ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATIONS
1	TO REMOVE AND INSTALL REAR PARKING AID AND REAR LID KICK SENSOR	S/N \$	360.00	X
2	TO RENEW LHS 1/4 GLASS TO FACILLIATE FENDER RENEWAL	S/N \$	300.00	X
3	TO INSTALL SOLAR FILM FOR LHS 1/4 GLASS	S/N \$	400.00	X
4	TO CARRY OUT WATER SEEPAGE TEST FOR 1/4 GLASS	S/N \$	200.00	X
5	TO DISLODGE AND REINSTALL REAR WIRE HARNESS FOR LIGHT , BATTERY MANAGER , FUSE AND RELAY TRAYS , ELECTRICAL AND AUDIO EQUIPMENT. INSPECT FOR DAMAGE AND RENFW WHERE NECESSARY.	S/N \$	1,400.00	X
SUB TOTAL LABOUR CHARGES		:	\$ 2,660.00	



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ESTIMATED LABOUR CHARGES FOR ACCIDENT VEHICLE SNA 2069 T

S/N	NATURE OF JOBS	ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATIONS
6	TO REMOVE AND REINSTALL REAR SEAT , BACK REST , HAT TRAY , ABCD OILLAR TRIMS , LUGGAGE COMPARTMENT TRIMS. DISLODGE ROOF LINER AND DISENGAGE CURTAIN AIRBAG, ETC	S/N \$ 1,400.00	X
7	TO REMOVE AND TRANSFER LHS REAR DOOR'S MULTI LOCK SYSTEM AND POWER WINDW DEVICES. INSPECT FOR DAMAGES.	S/N \$ 400.00	280
8	TO DISMANTLE AND REINSTALL REAR BUMPER. TO RENEW LHS REAR DOOR. TO CUT OUT AND WELD LHS REAR FENDER. RE-ORGANIZE CRASH MANAGEMENT COMPONENTS. REINSTALL ALL PARTS REMOVED	\$ 6,400.00	750
9	TO RESPRAY LHS REAR FENDER , LHS REAR DOOR , LHS SILL PANEL , ROOF CHANNEL , DRAIN CHANNEL , DOOR ENTRANCE AND REAR END PANELLING	\$ 5,400.00	1200
	Door Handle 100		
10	TO CARRY OUT DIAGNOSTIC CHECK	S/N \$ 192.00	✓
TOTAL LABOUR CHARGES		: \$ 16,452.00	



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MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SNA 2069 T

S/N	PARTS DESCRIPTION	QTY	DAMAGED PARTS & PRICES		REMARKS
			S/NETT		
1	REAR PANEL - LH <i>Repair</i>	1	\$	3,388.00	X
2	REAR SIDE WINDOW - LH <i>Not in</i>	1	\$	614.00	X
3	PRIMER <i>Not in</i>	1	\$	20.00	+
4	REAR DOOR - LH <i>Dented</i>	1	\$	2,909.00	✓
5	REAR DOOR OUTER SEAL - LH <i>Not in</i>	1	\$	135.00	✓
6	REAR DOOR ATTACHEMNT PARTS <i>Not in</i>	1	\$	311.00	X
7	REAR DOOR CATCH - LH ?	1	\$	120.00	?
8	REAR DOOR LOWER COVER - LH <i>cut</i>	1	\$	257.00	✓
9	REAR DOOR HANDLE - LH <i>cut</i>	1	\$	198.00	✓
10	REAR DOOR HOUSING CAP - LH <i>Not in</i>	1	\$	27.00	+
11	REAR WHEEL SPOILER - LH <i>Not in</i>	1	\$	39.00	+
12	REAR WHEEL HOUSE LINER - LH	1	\$	241.00	+
13	REAR WHEEL HUOSE LINER ATTACHMENT - LH / RH <i>Not in</i>	1	\$	101.00	+
14	REAR WHEEL ARCH COVER - LH / RH <i>LH cut</i>	2	\$	536.00 268.	
15	1/4 GLASS SEALANT	S/N	\$	100.00	+
16	ACRYLIC SEALANT	S/N	\$	180.00	X
17	CAVITY WAX	S/N	\$	140.00	+
18	STONE CHIP	S/N	\$	180.00	+
19	METAL FILLER POWER	S/N	\$	280.00	+
20	SUNDRIES ?		\$	300.00	?
TOTAL SPARE PARTS		:	\$	10,076.00	
TOTAL LABOUR CHARGES		:	\$	16,452.00	
GRAND TOTAL		:	\$	26,528.00	

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



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

NAME : Adnan hiny
SURVEYED DATE : 23/06/21
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

JOHNNY BOO
BODY REPAIR MANAGER

ALLAN WU
CLAIMS CONSULTANT





Toyota Alphard
 \$208888 G'teed COE w/o top up. Viewing & Test Drive available at our showroom. Loan Interest @ 1.68%, No Admin Fee, Flexible Loan

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to

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Audi Q3  <ul style="list-style-type: none"> 1.4 TFSI S tronic [17" Rim] (A) \$184,780 <small>\$16,900 /yr ?</small> <p>sgCarMart Premium Crossover of the Year</p>		Premium Automobiles	Hungary	3 User Reviews
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Audi RS Q3  <ul style="list-style-type: none"> 2.5 TFSI qu S tronic (A) \$318,500 		Premium Automobiles	Germany	Rate It!
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