| 8/11/13) Wef SS REC BY 7 ASIAL  REF: CC3/A1621 OC  | 08422   Riga3 252I  |
|--|---|
| OC. N.C. B1.   | GNMENT  |
| ASSIC  From:  Date:  Stimated Cost:  D/TP/WS/TP RES/OD RES/EVA/INV/MV  DInspect Vehicle No:  SLS 4567  Workshop m/s  PREMIUM  DBI/MEXAMPEX RD  Sured:  All  Dicy No.  Laims No.  Laims No.  Laims No.  Laims Insured:  Excess: | Veh No: SLS 45°17 Yr Regn: 2017 / SCP  Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  Truck / Trailer or  Make: Awai A3 Schan 1-0 TF31 Trankc.c 999  Colour A/C: Insured / Std / NI / NA  Sp.Reading 74918 T/Radio: Insured / Std / NI / NA  Eng/No:  C/No: WAW 27728V 27 1507862  Gen. Cond: Good / Fair / Poor / Burnt  Steering: Inorder / Jammed / Leaked / Burnt or |
| (Client's Record) lake of Veh:   | Brake: fnorder / Jammed / Leaked / Burnt or  Modi: Nil / Strin / Std A/Rim or  Tyre Size: F: 265 5 R  |
| (Policy Condition)  emark: The veh had commenced its repair at the time of inspection.  al. or Market Value:  OAC Accident Rport:  Consistent?: Yes or No  Consistent?: Yes or No  days Res.: Yes or No                        | R: 22  BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Common    Front R/Bal. 6 mm R/Bal. 6 mm  L/Bal. 6 mm  D.O.A. 3067 21 D.O.I. 16/08/21  |
| um Sum: % 3 Val.: Yes or No CA / REV / REP. / 24 HRS  Vehicle: IN / OUT  | Des. of Damages : Frt / Rear   O/8 / N/S / U/C / Rooftop or   |
| Date / Time Action / Instruction  Paper / Limit - 39K  | The U/C / Chassis frame / Body Structure affected due to collision  |
|  |   |
| Date/Time, File Pass to?  : Preli. Report  : Final Report  | Days Of Repair:  Resurvey No. of Trip:  Survey Fee:  Transportation:  |
| Date/Time, File Return to?  Add F  | Transportation:  Site Insp (\$ )S + RS,SI  Interview (\$ ) Photos   |
| Report Format :  | : Tech. Invs (\$ ) Others   |
| Lump Sum / I.B.I: (\$  | : Weekend (\$   |

# \* 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 : 6366 2323

CONTACT NO

: 6841 1183

REFERENCE

: PA/TP/0648/2021/TF

DATE

FAX NO

: PA/1P/0648/2021/

DATE WIP

: 39320

VEHICLE <u>NOT IN</u> WORKSHOP. KINDLY ARRANGE FOR SURVEY KINDLY ARRANGE THE SURVEY ON 16/8/2021@2PM

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 LIM JUAT CHONG

**ADDRESS** 

: BLK 452 CHAO CHU KANG AVENUE 4

#16-139

SINGAPORE 680452

TELEPHONE

: HP +65 97638873

**TYPE OF CLAIM** 

: THIRD PARTY CLAIM

**POLICY NO** 

PNPV2020-00008958

VEHICLE NO

: SLS 459 T

MODEL CODE

: AUDI A3 SEDAN 1.0 TFSI

MODEL YEAR

06/09/201

**ENGINE NO** 

CHZ 513828

**CHASSIS NO** 

: WAUZZZ8V2]1007882

MILEAGE

: .

DATE IN

....

**ESTIMATED BY** 

: 10HNNY BOO / ALLAN WU

DATE OF ACCIDENT

: 30-Jul-21

PLACE OF LOCATION

BLK 4 TOH YI DRIVE OPEN CARPARK

# PREMIUM AUTOMOBILES



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 SLS 459 T**

| S/N | NATURE OF JOBS  |      |    | ESTIMATED<br>CHARGES | SURVEYOR'S<br>RECOMMENDATIONS |
|-----|---|------|----|----------------------|-------------------------------|
|     | TO REMOVE AND REINSTALL LHS REAR DOOR MULTI-LOCK      | S/N  | ¢  | 350.00               | <b>Y</b>                      |
| 1   | SYSTEM AND POWER WINDOW DEVICES. INSPECT FOR DAMAGES. | 5/IN | Ş  |                      |                               |
| 2   | TO REPAIR REAR RIGHT DOOR                             |      | \$ | 1,000.00             |                               |
| 3   | TO RESPRAY REAR RIGHT DOOR                            |      | \$ | 900,00               | 550                           |
| 4   | TO CARRY OUT DIAGNOSTIC CHECK.                        | S/N  | \$ | 192.00               | ×                             |
|     | GRAND TOTAL   | :    | \$ | 2,442.00             | •                             |

ALL CHARGES ARE NOT INCLUSIVE OF GST

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

SPARE PARTS ARE SPECIAL NETT.

### PREMIUM AUTOMOBILES



55 LIBI 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** 

Pasul - Hp 9000068 16/08/21 @ 1500 2 days Rez after reper

**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 witholding of material facts may allow insurance companies to repudiate

- 5. Internation provided must be as adding and assessed 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 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 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 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 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 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 the report will be forwarded by the General Insurance Association of Singapore (GIA) for archiving the report will be forwarded by the General Insurance Association of Singapore (GIA) for archiving the report will be forwarded by the General Insurance Association of Singapore (GIA) for archiving the report will be forwarded by the General Insurance Association of Singapore (GIA) for archiving the report will be forwarded by the General Insurance Association of Singapore (GIA) for archiving the report will be forwarded by the General Insurance Association of Singapore (GIA) for archiving the report will be forwarded by the General Insurance Association of Singapore (GIA) for archiving the report will be forwarded by the General Insurance Association of Singapo
- and that copies 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.

  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 31/07/2021 15:28 (SGT) Date of Accident 30/07/2021 13:30 (SGT)

Exact Location of Accident Near 4 Toh Yi Dr. Block 4, Singapore 590004

Additional Location Information Open Car Park at Blk 4 Toh Yi Drive

Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SLS459T

#### INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner Lim Juat Chong NRIC No SXXXX282I Email Address kennylim007@outlook.com Mobile Phone No (Phone) +65-97638873 Alternative Phone No +65-97638873

#### VEHICLE PARTICULARS

Manufacturer Audi Model ..... Exact purpose for which vehicle was being used at time of -

Are you claiming under your own insurance policy for repair to

vour vehicle? Vehicle Category Transmission CC

No - Claiming third party

Private car Auto

998

#### **INSURANCE COMPANY**

Name of Insurance Company FWD Singapore Pte. Ltd. Type of Coverage Comprehensive Fleet Policy No

Policy Number PNPV2020-00008958 Cover Note Number 06/09/2020-05/09/2021

#### DRIVER

Name of Driver Lim Juat Chong NRIC No ..... SXXXX282I



| Date Of Birth  | 06/08/1975                          |
|--|-------------------------------------|
| Occupation   | Indoor                              |
| Date Of Driving Pass   | 20/04/1998                          |
| Driving experience   | 23 YEARS AND 3 MONTHS               |
| Gender   |                                     |
| Mobile Number  | Male                                |
|  | (Phone) +65-97638873                |
| Alt. Phone Number  | +65-97638873                        |
| Email Address  | kennylim007@outlook.com             |
| Address  | Blk 452 Choa Chu Kang Ave 4 #16-139 |
| Address complement   |                                     |
| Postcode   | 680452                              |
| 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   | Collision - Opening Door of 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 vehicle or property damaged?                   | Yes                                 |
| Number of Passengers (Including Driver)                      | 0                                   |
| 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?  | -                                   |
| n yes, against whom:   |                                     |
| CIRCUMSTANCES OF ACCIDENT                                    |                                     |
| Kindly refer to the sketch plan                              |                                     |
| ATTACHMENT(S)  |                                     |
| Are accident photos available for attachment?                | Vaa                                 |
|  | Yes                                 |
| Vas there any video captured by Car Camera?                  | No                                  |
| Vas there any audio recorded?                                | No                                  |
|  | 140                                 |

#### **DETAILS OF OTHER VEHICLE PROPERTY 1**

| Vehicle Registration Number | SLD6122D             |
|-----------------------------|----------------------|
| Vehicle Manufacturer        | LandRover            |
| Vehicle Model               | Discovery            |
| Vehicle Variant             | -                    |
| Vehicle Colour              | ·<br>•               |
| Vehicle Category            | Private car          |
| Name of Driver              | Carrie               |
| Contact Number              | (Phone) +65-94520586 |
| Address                     | -                    |
| Address complement          | -                    |



| Postcode Company Name       | *************************************** |
|-----------------------------|---|
| rance Company               |   |
| Lature Of Daillage          | *************************************** |
| Details of property damaged | in accident                             |
| No. Of Passenger (Including | Driver                                  |
| No. 011 333 3 1             |   |

### 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.
- 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 lodgment 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.
- B. 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:
  - 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

4

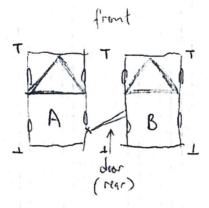
Policyholder's Signature

Date & Time: 3 ( / 1 / 2

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature
Name: Ratuberer. August
NRIC/FIN No.:

NRIC/FIN NO.

#### SKETCH PLAN



A - SCS 459T. B- SCP 61 22 0

#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

| My car wa  | s parked               | bes id      | e hi  | Vel   | ile       |                |
|--|------------------------|-------------|-------|-------|-----------|----------------|
| stationery. Ho   | l vé lic               | le se       | er d  | 00-   | Was       | (Pered         |
| by Jone of   | the poses              | 180         | and   | their | do        | orl            |
| hit my   | cov                    | Trear       | Joor  | ( ne  | ated      | a              |
| scratch and  | dent.                  | 0-1         |       |       |           |                |
|  |                        |             | 8     |       |           |                |
|  |                        |             |       | P     | V         |                |
|  | a                      | 1           | 1     |       |           |                |
|  | and a court            | 200         |       |       |           |                |
|  |                        |             |       | ř.    |           |                |
|  | 7                      | e 6         |       |       |           |                |
|  |                        |             | -     |       |           |                |
|  |                        |             | 1     |       |           |                |
|  |                        |             |       |       |           |                |
|  |                        |             |       |       |           |                |
| L.   |                        |             | 1     |       |           |                |
|  |                        |             | 4     |       |           |                |
|  |                        |             | -     | Repor | ting Only |                |
| You had been advised by workshop                                   | that in the event that | you wish to | claim | Claim |           |                |
| against your own policy (OD clair<br>whereby the claim must be mad | e within the stipulate | d timeframe | from  | Claim | TP        |                |
|  | of occurance.          |             | -     | Claim | 00/ (But  | other workshop |

DECLARATION

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

Policyholder's Signature

Policyholder's Signature
Date & Time: 31/1/21

Oriver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature Name: Rukecummn. Asm & NRIC/FIN No.: Weel: and the

### > Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

| Owner ID Type:                 | Singapore NRIC                           |
|--------------------------------|--|
| Owner ID:                      | 2821                                     |
| Vehicle No.:                   | SLS459T                                  |
| Vehicle to be Exported:        | A No |
| ntended Deregistration Date:   | 17 Aug 2021                              |
| Vehicle Make:                  | AUDI                                     |
| Vehicle Model:                 | A3 SEDAN 1.0 TFSI S TRONIC (LED)         |
| Primary Colour:                | Silver                                   |
| Manufacturing Year:            | 2017                                     |
| Engine No.                     | CHZ513828                                |
| Chassis No.:                   | WAUZZZ8V2J1007882                        |
| Maximum Power Output:          | 85.0 kW (113 bhp)                        |
| Open Market Value:             | \$24,475.00                              |
| Original Registration Date:    | 06 Sep 2017                              |
| First Registration Date:       | 06 Sep 2017                              |
| Transfer Count:                | 0  |
| Actual ARF Pald:               | \$16,265.00                              |
|                                |  |
| PARF Eligibility:              | Yes                                      |
| PARF Eligibility Expiry Date:  | 05 Sep 2027                              |
| PARF Rebate Amount:            | \$12,198.00                              |
| COE Evelou Date:               | 05 Sep 2027                              |
| COE Explry Date:               | A - Car up to 1600cc & 97kW (130bhp)     |
| COE Category:                  | 10                                       |
| COE Period (Years):            | \$42,900.00                              |
| QP Paid:<br>COE Rebate Amount: | \$25,961.00                              |
| Total Rebate Amount:           | \$38,159.00                              |

The information contained herein is correct as at 17 Aug 2021

# Audi A3 Sedan 1.0A TFSI S-tronic

| Overview Fina   | ancial Accessories Si                          | milar Research  | Photos Map  |
|-----------------|--|-----------------|---|
| Price           | \$77,888                                       |                 |   |
| Depreciation ⑦  | \$11,560 /yr<br>View models with similar depre | Reg Date        | 30-Aug-2017<br>(6yrs 12days COE left)   |
| Mileage         | 79,000 km (19.9k /yr)                          | Manufactured ⑦  | 2017  |
| Road Tax ⑦      | \$392 /yr                                      | Transmission    | Auto  |
| Dereg Value ⑦   | \$38,085 as of today (change)                  | OMV ⑦           | \$24,468  |
| COE ⑦           | \$42,900                                       | ARF ①           | \$16,256  |
| Engine Cap      | 999 cc   | Power           | 85.0 kW (113 bhp)   |
| Curb Weight ⑦   | 1,280 kg                                       | No. of Owners ⑦ | 2 dispersion services in the local services of the local services |
| Type of Vehicle | Luxury Sedan                                   |                 |   |
| Features        |  |                 |   |

Responsive 1L 3 Cylinder Turbocharged Engine With 7 Speed S-Tronic Gearbox, Push Start, Keyless Entry, DRL, Auto Headlights, Electric Foldable Mirrors View specs of the Audi A3 Sedan (2014-2021)