

ASS. No. BY:

REP:

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. _____

Claims No. _____

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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SMF12387 Yr Regn: 2021 Dec

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

Truck / Trailer or

Make: Audi Q5 c.c. 1984

Colour: Blue A/C: Insured / Std / NI / NA

Sp. Reading: 1215 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WAUZZZFYG6N2026819

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: 255/45R20

R: 255/45R20

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

TOYO / YOKO or

Front

Rear

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

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

D.O.A. _____ D.O.I. 16/02/22

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
	<u>OD A/G.</u>
	<u>MV : 240K</u>
	<u>PV : 106.4K</u>
	<u>Nett : 133.6K</u>

Date/Time, File Pass to?

☐

Prel. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

Report Format:

Lump Sum / L.B. / C

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Insp (\$

☐

Weekend (\$

S - PS, L3

Photos

Other

SINGAPORE ACCIDENT STATEMENT

1. This Form is to be completed by the insured or the policyholder or the driver of the vehicle involved in the accident.
2. The information provided must be as truthful and accurate as possible. Any false information may lead to the insurers' right to repudiate the claim.
3. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurers.
4. Any false reporting may be referred to the Police for investigation.
5. 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.
6. 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 26/01/2022 18:50 (SGT)
Date of Accident 24/01/2022 13:50 (SGT)
Exact Location of Accident Grange Rd & Paterson Rd, Singapore
Additional Location Information INTERSECTION OF GRANGE ROAD AND PATERSON ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMF1238P

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LENNY RIYANTI
NRIC No SXXXX298Z
Email Address RIYANTI2@YAHOO.COM
Mobile Phone No (Phone) +65-81711088
Alternative Phone No (Office) +65-81711088

VEHICLE PARTICULARS

Manufacturer Audi
Model Q5
Variant Q5 2.0 TFSI QU
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 2000

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 7210154586
Cover Note Number -

DRIVER

Name of Driver LENNY RIYANTI
NRIC No SXXXX298Z

Date Of Birth	28/01/1980
Occupation	Indoor
Date Of Driving Pass	06/06/2019
Driving experience	2 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81711088
Alt. Phone Number	(Office) +65-81711088
Email Address	RIYANTI2@YAHOO.COM
Address	83 PATERSON RD
Address complement	#08-01
Postcode	239518
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 - Head to Rear
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	HADYA ASHLEY LIAN
Gender	Female

PASSENGER 2

Name	CHRISTOF ANDERSEN LIAN
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Queenstown Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004719999
Alt. Police Station Phone No	(Fax) +65-64715299
Police Station Address	No. 3 Queensway #01-03 Singapore 149073
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE SKETCH PLAN & POLICE REPORT NO. T/20220124/2081

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBM684J
Vehicle Manufacturer	
Vehicle Model	
Vehicle Variant	
Vehicle Status	
Vehicle Category	Motorcycle
Name of Driver	
Driver's Address	
Address complete	
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)

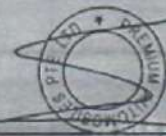
I understand, acknowledge, agree and consent that:

- (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' 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.

[Signature]

Policyholder's Signature / Date & Time

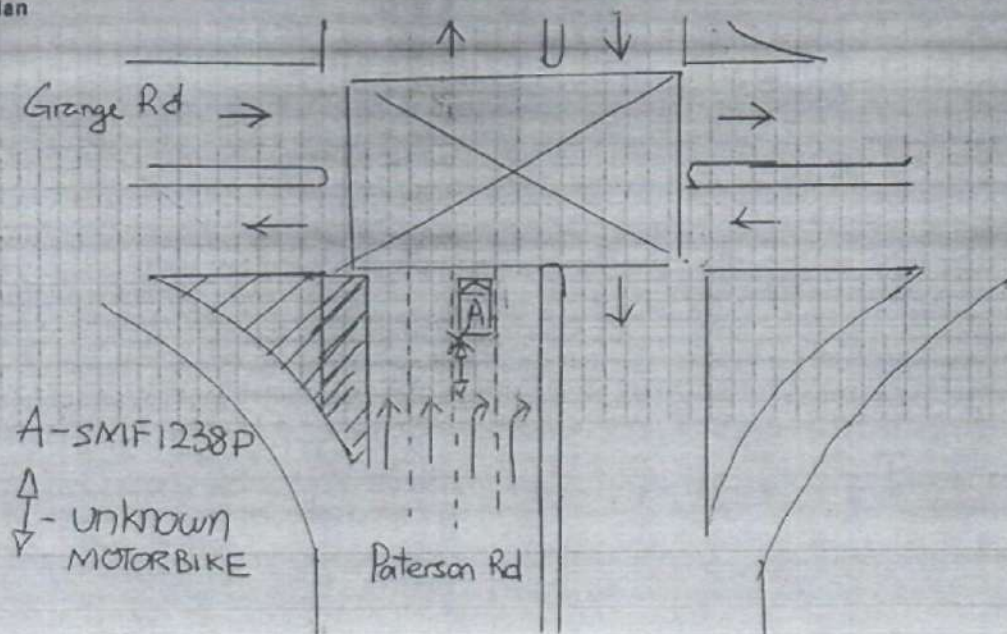
Driver's Signature (If driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel

24/1/2022 @ 1700

Sketch Plan





**SINGAPORE
POLICE FORCE**



T/20220124/2081

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

1 of 3

Report No. T/20220124/2081

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/01/2022 17:33	Vide Report No.:	Station Diary No. 51
--	------------------	-------------------------

Informant's Particulars

Name of Informant: LENNY RIYANTI			Address: 83 PATERSON ROAD #08-01 SINGAPORE 238549		
ID Type / ID No.: NRIC NO / S8077298Z			Contact No.: Home/Office: Mobile: 81711088		
Nationality: INDONESIAN			Email:		
Sex: Female	Age: 41	Date of Birth: 28/01/1980	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Housewife			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

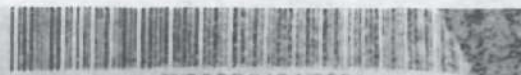
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 24/01/2022 13:50	Type of Location: X-Junction
Location: HOOT KIAM ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMF1238P	Car	AUDI	Q5 S LINE 2.0 TFSI QU S TRONIC (SR)	Blue	Slightly Damaged	2

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMF1238P	AIG ASIA PACIFIC INSURANCE PTE. LTD	7210154586	28/12/2021	27/12/2023



Police Station Of Origin
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No: T/20220124/2081

CONTINUATION OF REPORT

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA

Driver

Name	LENNY RIYANTI	ID No.	S8077298Z
Related Vehicle	NIL	Contact No.	81711088
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 24 January 2022 at about 1350hrs, I was driving my vehicle bearing car plate number SMF1238P along Hoot Kian Rd heading home at Paterson Rd. I was on the 2nd lane and as the traffic light turned amber, I slowed down and stopped. However, I felt an impact from the rear and there is one vehicle that had knocked onto my rear. The vehicle is one motorcycle orange in colour. No one was injured and my vehicle suffered dents and scratch marks at its rear. I exchanged contact number with the motorcyclist but I did not know that we need to exchange particulars with each other. I also did not take down of the motorcycle plate number. I had called the motorcyclist who gave his name and number as Jackson, 91482951 to ask for his plate number but he refused to give it to me and he said that there is no evidence. I refer the matter to my insurance and they advised me to lodge a police report.

I wish to state that I do not have any in car camera inside my car.



**SINGAPORE
POLICE FORCE**



T/20220124/2081

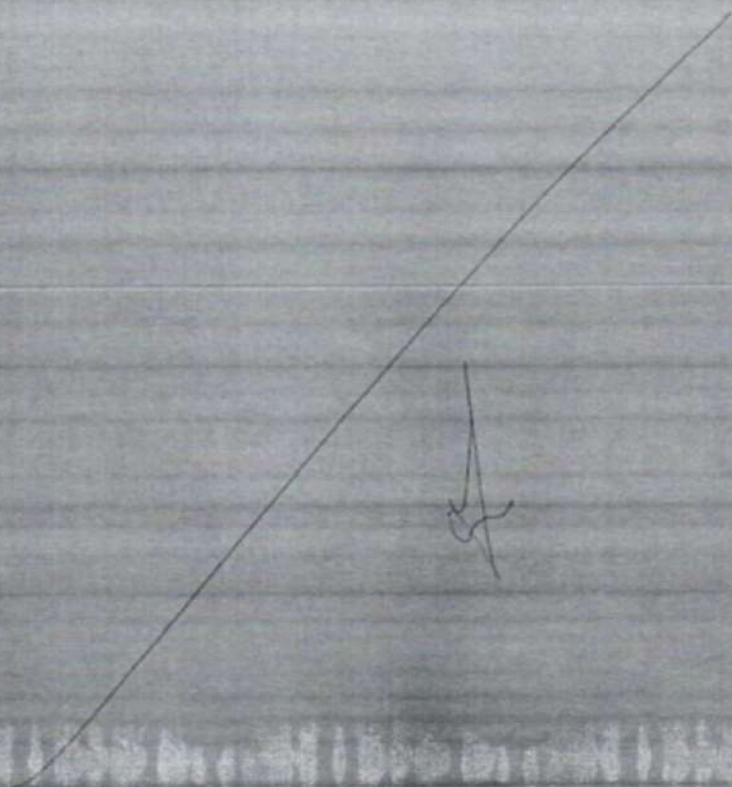
Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No. 1800-4719999

Police Station Of Origin: 3 of 3
Case No. T/20220124/2081
Report No. T/20220124/2081
Tel No. 1800-4719999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan



IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report
D /
Sgt 3 DAMIEN LEONG JUN SIAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
DSP (2) YIP YEW SENG NELSON
Contact No.: 65476182

Authentication Stamp
NP166

Signature Of Informant:

Date/Time:
24/01/2022 17:33

Classification Of Case:

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 NO: A002207000 2022-02-07 at 12:15:13

ESTIMATE : ACCIDENT REPAIRS
WORKSHOP : UBI ROAD 1
CONTACT NO : 6366 2323
FAX NO : 6841 1183
REFERENCE : PA/OD/0093/2022/JT
DATE : 9-Feb-22
WIP : 10783

VEHICLE NOT IN WORKSHOP. KINDLY ARRANGE FOR SURVEY ON 16/2/22

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 LENNY RIYANTI
ADDRESS : 83 PATERSON ROAD
#08-01 PATERSON RESIDENCE
SINGAPORE 238549
TELEPHONE : HP +65 81711088
TYPE OF CLAIM : OWN DAMAGE CLAIM
POLICY NO : 7210154586
VEHICLE NO : SMF 1238 P
MODEL CODE : AUDI Q5 S LINE 2.0 TFSI QU
MODEL YEAR : 28/12/2021
ENGINE NO : DGK 013043
CHASSIS NO : WAUZZZF6N2026819
MILEAGE : -
DATE IN : -
ESTIMATED BY : JOHNNY BOO / ALLAN WU
ACCIDENT DATE : 24-Jan-22
PLACE OF ACCIDENT : INTERSECTION OF GRANGE ROAD
AND PATERSON ROAD

PREMIUM AUTOMOBILES

55 UBI ROAD 1, SINGAPORE 408699

TEL: 6366 2323 FAX: 6841 1183

EMAIL: NORA.KHA@PREMIUMAUTO.COM.SG



ESTIMATED LABOUR CHARGES FOR ACCIDENT VEHICLE SMF 1238 P

S/N	NATURE OF JOBS	ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATIONS
1	TO REMOVE, CHECK AND TRANSFER REAR PARKING AID AND REAR LID KICK SENSOR. CHECK FUNCTION.	S/N \$ 360.00 ✓	
2	TO DISMANTLE AND RENEW REAR BUMPER. RE-ORGANIZE CRASH MANAGEMENT COMPONENTS. REINSTALL ALL PARTS REMOVED.	\$ 1,200.00 500	
3	TO RESPRAY REAR UPPER BUMPER, REAR LOWER BUMPER AND BOTH REAR WHEEL ARCH TRIMS.	\$ 3,000.00 1100	
4	TO CARRY OUT DIAGNOSTIC CHECK.	S/N \$ 192.00 ✓	
TOTAL LABOUR CHARGES		: \$ <u>4,752.00</u>	

Claims Dept

Claims Dept

PREMIUM AUTOMOBILES

PREMIUM AUTOMOBILES

55, UBI ROAD 1, SINGAPORE 408699

TEL: 6366 2323 FAX: 6841 1183

EMAIL: NORA.BHAID@PREMIUMAUTO.COM.SG CLAIMS@PREMIUMAUTO.COM.SG

MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SMF 1238 P

ESTIMATED LABOUR CHARGES FOR

13 APPICES

DAMAGED PARTS & PRICES

S/N	PARTS DESCRIPTION	QTY	S/NETT	REMARKS
1	REAR BUMPER - UPPER <i>3 Pairs</i>	1	\$ 2,548.00	X
2	REAR BUMPER - LOWER	1	\$ 1,316.00	X
3	REAR BUMPER TRIM - LH / RH <i>not in</i>	2	\$ 258.00	X
4	REAR BUMPER SPOILER <i>lit</i>	1	\$ 968.00	✓
5	REAR BUMPER TRIM - CENTER <i>not in</i>	1	\$ 300.00	✓
6	REAR BUMPER CLOSING ELEMENT - LH <i>not in</i>	1	\$ 318.00	X
7	REAR BUMPER CHROME TRIM - LH <i>not in</i>	1	\$ 287.00	X
8	REAR BUMPER TOWING EYE COVER - LH <i>not in</i>	1	\$ 54.00	X
9	TAIL LIGHT - LH <i>lit</i>	1	\$ 779.00	✓
10	REAR BUMPER REINFORCEMENT BEAM <i>not in</i>	1	\$ 1,043.00	X
11	REAR BUMPER SEAL - LH / RH ?	2	\$ 7.00	?
12	REAR BUMPER HOLDING STRAP ?	1	\$ 189.00	?
13	REAR BUMPER GUIDE SECTION - LH <i>not in</i>	1	\$ 95.00	X
14	REAR PARKING AID SENSOR <i>not in</i>	2	\$ 244.00	X
15	REAR PARKING AID SENSOR SEAL RING <i>3 pairs</i>	4	\$ 10.00	X
16	BOOT LID CONTROL UNIT	1	\$ 454.00	X
17	REAR WHEEL ARCH COVER - LH / RH <i>not in</i>	2	\$ 1,230.00	✓
18	SUNDRIES ?		\$ 300.00	?
TOTAL SPARE PARTS		:	\$ 10,400.00	
TOTAL LABOUR CHARGES		:	\$ 4,752.00	
GRAND TOTAL		:	\$ 15,152.00	

ALL CHARGES ARE NOT INCLUSIVE OF GST

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

HAELIST FOR ACCIDENT VEHICLE 125910 SMF 1233 F

ESTIMATED LABOUR MATERIAL LIST FOR ACCIDENT VEHICLE

NAME : *Adrian Lj*
 SURVEYED DATE : *18/02/22*
 AUTHORISED DATE :
 EXCESS COST :
 LIABILITY :
 REMARKS : *Not Authorised, 03 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

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:

2/16/22, 11:58 PM

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Singapore NRIC

Owner ID:

298Z

Vehicle Details

Vehicle No.:

SMF1238P

Vehicle to be Exported:

No

Intended Deregistration Date:

16 Feb 2022

Vehicle Make:

AUDI

Vehicle Model:

Q5 S LINE 2.0 TFSI QU S TRONIC (SR)

Primary Colour:

Blue

Manufacturing Year:

2021

Engine No.:

DGK013043

Chassis No.:

WAUZZZF6N2026819

Maximum Power Output:

183.0 kW (245 bhp)

Open Market Value:

\$50,858.00

Original Registration Date:

28 Dec 2021

First Registration Date:

28 Dec 2021

Transfer Court:

0

Actual ARF Paid:

\$63,545.00

Intended PARF Rebate Details

PARF Eligibility:

Yes

PARF Eligibility Expiry Date:

27 Dec 2031

PARF Rebate Amount:

\$47,658.00

Intended COE Rebate Details

COE Expiry Date:

27 Dec 2031

COE Category:

B - Car above 1600cc or 97kW (130bhp)

COE Period(Years):

10

QP Paid:

\$59,501.00

COE Rebate Amount:

\$58,685.00

Total Rebate Amount:

\$106,343.00

The information contained herein is correct as at 16 Feb 2022

OK

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AUDI Q5

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Vehicle Type

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Sort by Most Popular

15 results/page

Car Model	Price	Dealer	Built in	User Rating
Audi Q5 Sportback Mild Hybrid 2.0 TFSI qu S tronic Advanced (A) 	\$302,167 \$27,300 /yr ?	Premium Automobiles • 12.5km/L 245bhp 7-speed (A) S tronic	Mexico	Rate it!
Audi Q5 Mild Hybrid 2.0 TFSI qu S tronic (A) FACELIFT 	\$282,204 \$25,800 /yr ? \$296,127 \$26,800 /yr ?	Premium Automobiles • 12.5km/L 245bhp 7-speed (A) S tronic • 12.5km/L 245bhp 7-speed (A) S tronic	Mexico	Rate it!
Audi SQ5 NEW MODEL 3.0 TFSI qu Tip (A) 	\$376,986 \$33,600 /yr ?	Premium Automobiles • 10.9km/L 349bhp 8-speed (A) Tiptronic	Germany	Rate it!
Audi Q5 Sportback Mild Hybrid 45 TFSI qu S tronic S-Line (A) 	\$281,000	Parallel Importers • n/a 261bhp 7-speed (A) S tronic	Mexico	Rate it!
Audi Q5 Mild Hybrid NEW MODEL 2.0 TFSI qu S tronic S-Line (A) FACELIFT 	\$261,000	Parallel Importers • 12.5km/L 245bhp 7-speed (A) S tronic	Mexico	Rate it!

Car Model

Price

Dealer

Built in

User Rating

15 results/page

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(2017-2020)Audi Q5
(2009-2017)Audi SQ5
(2013-2017)

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